Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	TLC Centre Maynooth
Name of provider:	Veritdale Limited
Address of centre:	Straffan Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	21 November 2023
Centre ID:	OSV-0000684
Fieldwork ID:	MON-0041757

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

TLC Centre Maynooth is a ground-floor nursing home located on the outskirts of Maynooth, Co. Kildare. The centre is registered to accommodate up to 123 residents within two buildings that are divided into five areas- Kinvara House, The Courtyard, Oak House, Arkle House and Champ House (Corridor 4). Kinvara House is in a separate building that accommodates 57 residents. Bedroom accommodation consists of 41 single bedrooms and eight double/twin bedrooms with full en-suite facilities. A variety of open-plan and communal spaces were available. Meals were transported to the Kinvara House kitchenette/dining room from the kitchen located in the other/main building. Oak House, located in the main building, accommodates 13 residents living with dementia or Alzheimer's disease. Bedrooms comprise eight single and two twin/double. The Courtyard accommodates 31 residents in single en-suite bedrooms. Arkle House and Champ House (Corridor 4) consist of 22 twin/double en-suite bedrooms. These areas share the facilities and communal areas within the main building. The ethos of the centre is to promote residents' independence and value individuality. The aims of the centre are to meet the individualised needs of residents by encouraging them to continue to lead as active and fulfilling a life as is within their desires and capacities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	121

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 November 2023	08:30hrs to 19:10hrs	Sinead Lynch	Lead
Tuesday 21 November 2023	08:30hrs to 19:10hrs	Frank Barrett	Support
Tuesday 21 November 2023	08:30hrs to 19:10hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspectors spent time in the centre to see what life was like for residents living at TLC Centre Maynooth. The atmosphere in the centre was relaxed and calm. Some residents told the inspectors that they felt safe in the centre and were well cared for by staff. Other residents, due to speech or cognitive impairment were unable to elicit their opinion on the service being provided in the centre however, they appeared happy and content in their interactions. The inspectors observed that, the registered provider had made positive changes in response to the previous inspection to improve the delivery of services, however further improvement was required to meet the requirements of the regulations and will be discussed further in the report.

Visitors were observed to be taking place with no restrictions in place. Visitors were positive about their experience in the centre. One visitor who spoke with the inspector said her relative is 'very happy and content here'. While another visitor said 'my relative is here along time and they never had an issue'.

Residents were provided with surveys where they got to give their opinion on the service that was being provided to them. The response was mainly positive. Other forms of feedback was through residents meetings. Minutes of these residents meetings were observed by the inspectors. Some points were discussed such as changes to the menu and activities. There were action plans developed by the management team and clear target dates identified. Some of these changes were observed on the day such as diversifying the menu.

On arrival at the centre, inspectors observed that the foyer appeared bright and inviting and were greeted by a member of staff at reception. Following an opening meeting with the associate regional director and associate director of nursing, the inspectors were accompanied on a tour of the centre. The person in charge was off duty, however came in and helped facilitate the inspection.

The centre was laid out on ground floor level and was divided into two buildings; Main Building and Kinvara. The lived in environment was pleasantly decorated and met residents' needs. There was sufficient private and communal space for residents. Access to enclosed external courtyards was unrestricted. CCTV was in use within the centre and signage was visible to indicate this to residents. Overall, the premises was mostly well maintained however some areas required attention and will be discussed under regulation 17: Premises and regulation 28: Fire.

Bedroom accommodation comprised of both single and multi-occupancy bedrooms. Inspectors saw that residents were supported to personalise their bedrooms, with items such as photographs and ornaments, to help them feel comfortable and at ease in the home. Inspectors noted a strong odour from one of the ensuite toilets, however this was rectified prior to the end of the inspection. Inspectors saw that bedroom storage required review; the majority of wardrobes and drawers were not

fully functional and did not facilitate a smooth opening and closing and the clothes were not arranged in a tidy manner. Inspectors observed some inappropriate storage. This will be discussed under regulation 12: Personal possessions.

Laundry facilities were provided on site. The inspectors noted that since the last inspection, an iron-on labelling system of identifying residents clothing was introduced. This helped residents retain control over their clothing and prevent them from going missing. Residents said that their clothes were regularly laundered and that they were happy with laundry service.

The dining experience was observed on the day of inspection. There was a relaxed atmosphere with adequate staff observed to support residents at mealtimes. The lunch food served on the day of inspection was seen to be wholesome and nutritious. The daily menu was displayed on the tables in all dining rooms except in the Oak unit. Inspectors observed that there was a choice available for the main meal at dinner, dessert and tea time. Residents spoken with said the food was good. However, inspectors found that staff assisting residents with modified textured diets were mostly unaware of what they were serving particularly in relation to the meat. When the inspectors asked the staff what meat was being served to the residents receiving minced-moist and puree diet they could not answer. Therefore, they could not inform the residents what they were being served.

There was an activity schedule displayed within the designated centre which detailed activities planned for the week of the inspection. On the day of inspection, inspectors observed a visit from a singer entertainer. The show proved very popular with residents as the singer and staff appeared very enthusiastic and encouraged resident participation. The inspectors observed a lively game of bingo which the residents appeared to enjoy. Inspectors acknowledge that the centre was striving to provide meaningful individual activities for residents that were unable to partake in group activities. They observed the activity table being used in one bedroom and relaxation and meditation happening in another bedroom.

Overall, the centre appeared clean and bright on inspection. However, a number of areas under infection control required action and will be discussed further under regulation 27.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that the governance and management systems in place had made some progress following the previous inspection in February 2023. Improvements were observed in relation to staffing, training and development and records. While there were some improvement found, there were areas which

required significant and sustained improvements. Many of the regulations were found to have repeated non-compliance's following the inspection in February 2023. For example; Regulation 23: governance and management, 28: fire precautions, 17: premises, 18: food and nutrition.

This was an unannounced risk-based inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspectors reviewed actions from the last inspection, the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider of the centre is Veritdale Limited. This centre is part of the Orpea Group, which owns and operates a number of nursing homes throughout the country. The provider had nominated the assistant regional director to be based in the centre to assist the director of nursing to progress the compliance plan following the previous inspection. The management team within the centre consists of a person in charge, two Assistant Directors of Nursing and a team of clinical nurse managers. The management team within the centre also had support from the group's regional director of operations, human resource department and finance department.

There was an appropriate level of staffing in the centre. Call bells were observed to be answered promptly and residents were assisted when required or requested.

Staff had been provided with mandatory training as required. However, further training in relation to food and nutrition was required. Staff were observed to be assisting residents with their meals but were unaware of what type of food they were providing or what consistency it was.

The centre had a suite of policies as required under Schedule 5 of the regulations. However, these policies did not guide practice. The centre was using a framework to guide staff on the different consistencies of food and fluids. This framework was not found in the centres policy and in turn did not guide practice. There was a policy on personal possessions for residents. This policy stated that each resident will have a lockable space in their bedroom. However, on the day of the inspection many bedrooms were found to have no lockable space available. Many room had a space that could be locked but with no access to keys. The person in charge informed the inspectors that they had this lockable space with keys available but had not yet distributed them to the residents bedrooms.

Regulation 15: Staffing

There was appropriate staff to meet the needs of the residents in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been facilitated to attend all mandatory training as required under the regulations. However, staff required further training and supervision in relation to the provision of appropriate food and nutrition to residents.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had ensured that the records set out in Schedule 2, 3 and 4 were kept in the designated centre and were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- The monitoring and oversight of food and nutrition in relation to staff' knowledge and the consistency throughout each dining room required further strengthening. This is further detailed under regulation 18: Food and nutrition. This was a repeat non-compliance.
- The oversight of the physical environment and fire precautions was not robust as per Regulation 17; Premises and Regulation 28; Fire Precautions. This was a repeated non-compliance.
- The system in place to manage the referrals to other healthcare professionals such as the speech and language therapist required further strengthening. This is to ensure when a resident requires further assessments, it is completed in a timely manner. This is detailed under regulation 6: Healthcare
- Oversight systems related to policies in the centre did not ensure that they guided practice. For example; personal possessions and food and nutrition.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had a suite of policies as required in Schedule 5 of the regulations. However, these policies did not always guide practice. For example;

- The framework being used to determine the consistency of food and fluids were not in the centres food and nutrition policy.
- The personal possessions policy states that each resident has a lockable space in their room, this was not the case in the majority of bedrooms.

Judgment: Substantially compliant

Quality and safety

Residents told the inspectors that they were happy living there and they felt safe. The inspectors found that although improvements had been made across most regulatory requirements further improvements were required.

There was a safeguarding policy that detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. Training records indicated that all staff had completed safeguarding training. Inspectors spoke with several staff on the day of inspection and they were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority, and that they would calm the situation and report all incidents to their managers. The provider acted as pension-agent for eight residents and inspectors noted that the financial arrangements in place were inadequate to protect residents from financial abuse. This will be discussed further under Regulation 8; Protection.

Inspectors observed that residents had access to a range of media, including newspapers, telephone and TV. The registered provider had information displayed on notice boards relating to advocacy services available to residents. On the day of inspection activity co-ordinators were on site to organise and encourage resident participation in events and were observed to be very enthusiastic and caring to

residents. Further action was required to ensure that residents' may exercise choice in so far as such exercise does not interfere with the rights of other residents, as discussed under Regulation 9: Residents' rights.

A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and were co-signed. Inspectors were not assured that residents were supported to manage their own property while ensuring that safeguards were in place to protect them and prevent financial abuse. Residents were provided with a lockable space however, they were not provided with the key. This will be further discussed under Regulation 12; Personal possessions and Regulation 9: Residents rights.

The inspectors observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome. However, action was required to come into compliance with the regulations, as outlined under Regulation 18: Nutrition and hydration.

The inspectors observed improvements since last inspection in relation to Regulation 29: Medicines and pharmaceutical services. The previous practice of thickened juice on the medication trolley for medication administration was not in use, medication was found to be stored according to manufacturers instructions and ongoing refusal of medications was documented in care plans. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and correctly. There was good pharmacy oversight with regular medication reviews carried out.

Inspectors reviewed arrangements at the centre to manage the risk of Fire. While the provider had engaged a competent person to complete a fire safety risk assessment (FSRA) in October 2021 and a fire door audit, the remedial works to doors appeared to be restricted to some compartment doors only, and some of the issues raised were not completed. A service area within the centre where the kitchen, Laundry and internal plant rooms were housed, had been identified as an area of fire risk within the centre on this fire risk assessment. On the day of inspection, a number of fire safety concerns were noted as not having been actioned in this area including fire rating issues with walls, doors and electrical cabinets.

Gas was used as a fuel in the plant room, and there were appropriate measures to detect and shut off the gas in this area, however, this gas supply continued into the laundry area where gas is also used as a fuel. There were no safety devices in place.

In the Laundry area, similar safety devices were not in place, which posed a risk of fire from a gas leak during times when the laundry was not staffed. These and other fire safety concerns are discussed under regulation 28: Fire Precautions.

Regulation 12: Personal possessions

Action was required to come into compliance with the regulation in the following areas:

- Residents did not have access to adequate lockable space to store and maintain personal possessions in their bedrooms. New locks had been fitted to bedroom furniture but keys were not distributed to residents.
- Inspectors also observed that residents' clothing in personal wardrobes and lockers were not always arranged in a neat and tidy manner. There were also pillows, hoist slings and other items not for personal used found stored in these wardrobes.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- A support chair was stored in the ensuite bathroom for one resident
- Wardrobes required review in relation to drawers and doors not closing correctly
- One bedroom was found with no call bell, while another room the call bell was not working
- Ventilation in some bathrooms was not appropriate.
- Furniture in communal rooms was not in good condition and had broken hinges, and doors. For example, there were damaged cabinets in the dining room of the Oak Unit.
- Damage was noted on walls and doors in the centre. This damage was repeated in several areas, and required maintenance attention.
- A section of guttering was leaking in the main building courtyard. There was a gap in the guttering causing rainwater to fall to the ground from the roof in this area. This was impacting on the use of the space.
- A fire extinguisher was coming off the wall in the oak unit. The fixings had come loose, and the device was partially disconnected from the wall.

Judgment: Not compliant

Regulation 18: Food and nutrition

Action was required to come into compliance with the regulations, as evidenced by,

- Inspectors were not assured that the dietary needs of residents prescribed by health care or dietetic staff were met. Inspectors observed discrepancies

between the health care professional, the care plan and the handover sheet. Inspectors observed beverages of the incorrect consistency being offered to some residents which may have a negative impact on their health and wellbeing.
- Inspectors were not assured that all residents had access to a supply of fresh drinking water at all times. For example, on the morning walk around jugs of water were observed in the bedrooms, mostly out of reach of the resident and there was no glass. This was observed again in the middle of the day.
- Staff were not knowledgeable about the food on offer on the day of inspection in relation to modified textured diets.
- Inspectors were not assured that the food was properly cooked and served. For example, inspectors observed food on breakfast trays beside sleeping residents. There was no milk or condiments on the tray and food was left to go cold. Other foods, example eggs were seen served inappropriately. A resident had asked staff to locate their dentures but had not returned with them, therefore their food had gone cold.

Judgment: Not compliant

Regulation 27: Infection control

The provider had not ensured that adequate precautions to ensure practices for effective infection control was part of routine delivery of care to protect people from preventable health care-associated infections. For example;

- Several items of resident equipment and furniture observed during the inspection were visibly unclean. For example, an unlabelled dirty pressure cushion was observed in a communal room posing a risk of cross infection. Resident seating in the nursing home required review as most seats were visibly dirty and some were worn, preventing effective cleaning. Hand rails were visibly unclean and had sticky residue, and may contribute to cross-contamination.
- Some equipment, for example a food trolley in the Oak unit, was visibly dirty and rusty, preventing effective cleaning and leading to a risk of cross contamination.
- Inappropriate storage was identified. For example, a worn, torn pillow was found lying at the bottom of the wardrobe covering personal clothing and boxes were stored on the floor in a store room, preventing effective cleaning.
- A recently changed vent was left in a residents en-suite bathroom. The vent was very dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- No fire extinguisher was provided in the sitting room or within the immediate vicinity of corridor 4. This room was used for activities.
- The ash-tray used in the smoking shed was made of wood. This could cause a fire to start while a resident was using the smoking shed. This ash-tray was removed on the day of inspection.
- A door holder fitted to a residents room was sounding an alarm that indicated that the units battery was almost used. This could result in the unit failing to activate in the event of an alarm sounding during a fire.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- There was no procedure in place to shut off the gas in the laundry area. There would not be staff in this area at night, and a gas leak would remain undetected. There was a gas detection device fitted to the ceiling in the laundry, however, this was not linked to the fire alarm, which meant that staff would not be alerted to a gas leak if there was nobody in the laundry.
- The provider had put in place personal emergency evacuation plans (PEEPs) for each resident. The PEEP's were used as a guide for evacuation of the residents. Some PEEP's lacked the detail that staff would require during times of low staff numbers. For example, the plan did not identify how many staff were required to evacuate the resident.

The registered provider did not make adequate arrangements for containing fires. For example:

- An electrical cabinet fitted on the service corridor did not have any fire containment measures in place. This cabinet was fitted on the evacuation corridor.
- While some attic hatches had been replaced with fire rated hatches, inspectors noted some hatches in the ceilings which did not appear to be fire rated and assurances could not be obtained to this effect. For example in the kinvarra unit.
- Fire Doors were found to have gapping around the perimeter, or damage to the door and fire seals, for example:
    - A significant gap under the door of a cross corridor door near room 21.
    - Large gapping around services cupboard door at residents sitting room
    - 60 minute fire door to equipment store on corridor 4 had non-fire rated foam used to fill the space behind the frame of the door.
    - Entrance doors to kitchen and plant rooms along the service corridor were damaged.
- Inspectors could not be assured that ironmongery fitted to some doors along the protected escape route had the appropriate fire rating. This included:

- Some of the cross corridor doors in the Oak unit with non fire rated hinges and screws.
- A cross corridor door adjacent to store room 5 in the Kinvarra unit with (seven) missing screws and non fire rated hinges.
- Bedroom doors in main building with non fire-rated hinges and handles.

The registered provider did not make adequate arrangements for evacuating where necessary in the event of a fire, of all persons in the designated centre. For example:

- There was no clear external assembly point designated for the buildings incorporated in the centre. Reference to assembly points at the adjoining building was made in policy, and fire action, however, there was no assembly point in place at these buildings.
- An exit door was sticking in the floor when opened from the sitting room.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The person in charge had arranged a comprehensive assessment, by an appropriate health care professional prior to a residents admission. Residents had a care plan prepared within 48 hours of admission to the designated centre.

Judgment: Compliant

Regulation 6: Health care

The person in charge had not made available professional expertise as advised by the GP. For example; the GP had advised for one resident to be referred to the speech and language therapist 16 months prior to the inspection. This referral had not yet been completed.

Judgment: Substantially compliant

Regulation 8: Protection

Action was required to ensure residents' finances was safeguarded. The process in operation involved resident money initially transferred to a residents' client account for all TLC centres. From the residents' client account the payment was withdrawn and the balance credited into the TLC Maynooth company account. This system did not ensure that residents' finances were safeguarded and assurances were given on the day of inspection that this process was under review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were not assured that residents rights were being maximised, as evidenced by;

- A call bell missing from one room and not working in another room , impacted negatively on residents' right to have the opportunity to seek help if required.
- There was no menu displayed for residents in Oak dining room, this restricted residents the opportunity to be informed or reminded of the options available to them.
- Residents did not have access to adequate lockable space to store and maintain personal possessions in their bedrooms. New locks had been fitted to bedroom furniture but keys were not distributed to residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for TLC Centre Maynooth OSV-0000684

Inspection ID: MON-0041757

Date of inspection: 21/11/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Staff education and training will continue in relation to residents' modified diets and consistencies. Furthermore, training has been booked through a speech and language therapist for the preparation of modified fluid consistencies for all clinical and non-clinical staff. This will be completed by 28 February 2024 and confirmed by the PIC.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23: Governance and management Not Compliant Outline how you are going to come into compliance with Regulation 23: Governance and management: • Staff education and training will continue in relation to residents' modified diets and consistencies. Furthermore, training has been booked through a speech and language therapist for the preparation of modified fluid consistencies for all clinical and non-clinical staff. This will be complete by 28 February 2024 and confirmed by the PIC. • A new system to oversee the daily completion of physical environmental tasks is being implemented and will be complete by 31 March 2024. The PIC and Maintenance Manager	

will monitor and supervise this and the report will be reviewed at monthly governance meetings by the Regional Director.

• A new template was introduced immediately post-inspection to enhance communication between staff nurses and nurse-managers following GP reviews and to ensure more effective communication in relation to advanced health professional referrals. ADONs will audit improvement in communication through use of the template monthly, with the PIC reviewing three-monthly.

• The framework of the IDDSI guidelines will now be included into the Nutrition Policy. This will be completed by 28 February 2024 by the Chief Quality Officer.

• All residents' rooms have a lockable space with keys; this was completed on the 31 December 2023. This will be audited three-monthly by the Housekeeping and Catering Manager and reviewed by the PIC.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• The framework of the IDDSI guidelines will now be included into the Nutrition Policy. This will be completed by 28 February 2024 by the Chief Quality officer.

• All residents' rooms have a lockable space with keys; this was completed on 31 December 2023. This will be audited three-monthly by the Housekeeping and Catering Manager and reviewed by the PIC.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• All residents' rooms have a lockable space with keys, this was completed on the 31 December 2023. This will be audited every 3 months by the housekeeping and catering manager and reviewed by the PIC.

• A new system is being introduced for wardrobe cleaning. Plastic boxes with lids will store hoist slings and incontinence wear separately in wardrobes. This will be complete

by 31 January 2024 and audited monthly by the Housekeeping and Catering Manager and reviewed by the PIC.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• On the day of inspection, the support chair from the ensuite-bathroom was removed and stored in the equipment room. Staff received training in relation to appropriate storage of equipment. Storage will be monitored daily by the PIC or designate.

• A monthly room audit to be carried out by the maintenance team with a core focus on the environment will be implemented by 31 January 2024. The PIC will have oversight of the audit and all actions arising will be discussed at monthly governance meetings with the Regional Director.

• All residents have access to a call bell. The faulty call bell was fixed and missing call bell replaced on the day of inspection. Senior HCAs now complete a weekly call bell audit to confirm residents have access to a call bell in working condition and report adverse findings to a CNM for immediate resolution. Audit findings are reviewed weekly by the PIC or designate and discussed at monthly governance meetings with the Regional Director.

• All ensuite ventilation systems will be checked and replaced as necessary. The PIC and Maintenance Manager will ensure completion of this action by 28 February 2024. A quarterly audit is to be completed of all ventilation systems by the maintenance team. The PIC will have oversight of audit findings which will be discussed at monthly governance meetings with the Regional Director.

• The damaged cabinet in Oak unit will be replaced/repaired by the maintenance team by 31 January 2024.

• The gap in guttering in the courtyard will be repaired by the maintenance team by 31 January 2024.

• The loose fixing on the fire extinguisher was attended to on the day of inspection. Maintenance team have been reminded to review loose fixings and mend immediately. The PIC or designate has oversight of this action.

• A new end-of-day handover sheet has been introduced for the maintenance team to clearly identify tasks completed and those that need to be escalated to the regional maintenance manager. This is provided daily to the PIC or designate.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

• The residents' information will be updated on all relevant documents post-changes in resident's health needs; this will be supervised and monitored daily by the in-house management team. The PIC will ensure this is correct and completed through regular audits.

• Staff education and training will continue in relation to residents' modified diets and consistencies. Furthermore, training has been booked through a speech and language therapist for the preparation of modified fluid consistencies for all clinical and non-clinical staff. This will be completed by 28 February 2024 and confirmed by the PIC.

• All residents have access to fresh drinking water daily; water jugs and glasses are kept near to the resident for easy access. This is supervised and monitored daily by the Housekeeping and Catering Manager and overseen by the PIC. Complete.

• Staff have received enhanced training on serving meals so as to best meet the needs of all residents. This will be monitored daily by the Housekeeping and Catering Manager with oversight from the PIC or designate. Complete.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• By 28 February 2024, the training and supervision of housekeeping staff will be enhanced to include further emphasis on the deep cleaning and the chemicals being used for furniture and equipment. This will be undertaken by the Housekeeping Manager and overseen by the PIC.

• The Housekeeping and Catering Manager and maintenance team will complete an audit on furniture and equipment by 31 January 2024 and a replacement programme where required will be complete by 30 June 2024. The PIC will have oversight of this action.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Staff reminded to alert the maintenance team immediately if door closure alarms and batteries need changed. A fortnightly change of batteries has also been introduced to prevent door closures alarming. The Maintenance team are responsible for tracking same with oversight by the PIC. • A gas detector is being fitted to the laundry and will be in place before 31 January 2024. The maintenance manager is responsible for this with oversight from the PIC. • All attic hatches are fire rated. Additional work to the cabinet in the service corridor will be complete by 31 January 2024 to ensure it is also fully fire rated. The maintenance manager will be responsible for this with oversight from PIC. • PEEPs have now been enhanced with additional information to support safe evacuation. The PIC and ADON's to ensure completion and update of same. • An audit has been carried out on all fire doors and works are scheduled to close any gaps identified. This work will conclude by 30 June 2024. • By 31 January 2024, the gap in the equipment room fire door on Corridor 4 will be filled by fire-rated foam, the entrance door to the kitchen and plant room will be replaced and the exit door from sitting room to corridor repaired. This will be addressed by the maintenance manager with oversight by PIC.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: • A new template was introduced immediately post-inspection to enhance communication between staff nurses and nurse-managers following GP reviews and to ensure more effective communication in relation to advanced health professional referrals. ADONs will audit improvement in communication through use of the template monthly, with the PIC reviewing three-monthly.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • A new finance policy is currently under development to ensure the safeguarding of resident's monies; this will be implemented by 30 June 2024.	

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• All residents have access to a call bell. The faulty call bell was fixed and missing call bell replaced on the day of inspection. Senior HCAs now complete a weekly call bell audit to confirm residents have access to a call bell in working condition and report adverse findings to a CNM for immediate resolution. Audit findings are reviewed weekly by the PIC or designate and discussed at monthly governance meetings with the Regional Director.

• All residents' rooms have a lockable space with keys, this was completed on the 31 December 2023. This will be audited every 3 months by the housekeeping and catering manager and reviewed by the PIC.

• Immediately following the inspection, a clear menu for the day was displayed in the Oak Unit. This is monitored by the Housekeeping and Catering Manager.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/01/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2024
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	28/02/2024

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Not Compliant	Orange	22/11/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	28/02/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	28/02/2024

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/06/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Not Compliant	Orange	30/06/2024

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/02/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a	Not Compliant	Orange	31/12/2023

	resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2023