



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

Issued by the Chief Inspector

Name of designated centre:	St Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 April 2023
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0039779

About the designated centre

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

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years and is registered to provide care to 30 residents. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. Communal accommodation in the form of dining and day rooms are on the ground floor and bedroom accommodation is on the first and second floors. There are three single bedrooms and six twin bedrooms on each floor. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Wednesday 12 April 2023	10:00hrs to 19:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The feedback from residents was that St. Teresa's Nursing Home was a nice place to live. The inspector greeted the majority of the residents and spoke in more detail with four residents. Not all residents were able to converse but residents that spoke with the inspector gave positive feedback.

After an opening meeting with the proposed person in charge and the manager, the inspector was accompanied on a tour of the premises. Alcohol hand gels and PPE (personal protective equipment) dispensers were readily available throughout the centre to promote good infection control procedures.

St. Teresa's Nursing Home is a three storey premises located in the centre of Cashel town, County Tipperary and is registered to provide care for 30 residents. On the day of this inspection there were 28 residents living in the centre. The building was formerly a convent, dating back to the 1800s, and as a result it is a protected structure. It was established as a nursing approximately 20 years ago and is family owned and operated.

There is a driveway leading up to the centre with designated parking spaces, all of which were occupied by staff cars on the morning of the inspection. Immediately inside the main entrance, there is a stairwell leading up to the first and second floors. The inspector noted that there was one emergency light midway up the stairwell to provide emergency lighting for all three landings. There is a second door to a corridor, leading to the main part of the centre. The inspector did not identify any emergency lighting on this corridor. Off the corridor, there is an office, a sitting room, with an adjacent smaller room/library and a conservatory. The inspector also could not identify any emergency lighting in this area. This area can only be accessed through the keypad controlled door and was used for visiting on the day of the inspection. The inspector used the library area as a base on the day of the inspection and it was noted to be cold and would not be suitable for residents to spend time in this area when the weather was cold. There is office equipment in both the sitting room and the library area. There was also personal belongings of a deceased resident stored in a suitcase and black bag in the conservatory area.

Further into the premises, there is a large sitting/dining room. This is where residents predominantly spend their day. One side of the room is designated the dining area and the other side of the room is the designated sitting area. Some residents remain in the sitting area, where their meals are served on tray tables.

All bedroom accommodation is on the first and second floors and all communal rooms are on the ground floor. Bedroom accommodation on each floor comprises 6 twin bedrooms and three single bedrooms. Three of the bedrooms on each floor, two twin and one single, are en suite with a shower, toilet and wash hand basin. Each of the other bedrooms share a bathroom with one other bedroom. Access to the upper floors is via a standard passenger lift located off the main sitting/dining

room. There is also a large platform lift to the rear of the premises that is used by residents that have speciality seating. There are also two stairwells, situated at either end of the building. There are evacuation pads located on each of the landings should there be a need to evacuate residents down the stairs in the event of an emergency.

The design and layout of the centre, partly related to the age and protected nature of the premises, poses challenges for staff. There is no designated nurses' office and as a result, residents' records are stored in a cupboard in the corner of the sitting room. Nursing and care staff use this area to record care delivered to residents each day. There are nurses stations on each floor and these areas are mostly used by staff at night time. Some medications and clinical equipment are also stored at the nurses stations as there is no designated treatment room.

Other than the library and the conservatory, the centre was generally warm and appeared clean throughout and there was a relaxed atmosphere. Despite being generally cleaning, there were parts of the premises that required attention. There was some damage to the wall surrounding a window frame in the conservatory area, there was dark staining on the paintwork on the walls of the main sitting room and the floor covering on the corridor of the first floor was damaged and it would be difficult to clean effectively.

Improvements noted included the reorganization of the laundry room. While it was small, adequate measures were in place for segregating clean and dirty linen. A small room immediately outside the laundry was used to store used linen and this was only brought into the laundry to be put directly into the washing machine. The laundry was clean and tidy on the day of the inspection. There was a need to review the location of the wash hand basin as it was partially obstructed by the washing machine. A new bedpan washer had been purchased since the last inspection and this was seen to be functioning appropriately.

Residents appeared well cared for and were relaxed. Residents with whom the inspector spoke with gave positive feedback about the choice and quality of activities provided in the centre. The inspector observed residents watching television, reading newspapers and engaging in a group activity on the morning of the inspection. A holistic therapist visited the centre in the afternoon and provided therapies such as hand and foot massages to individual residents.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

The inspector observed that visiting was facilitated throughout the day of the inspection. The residents told the inspectors that there was no booking system in place and that their visitors could call to the centre anytime.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This unannounced risk inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).

Overall, the findings of this inspection were that action is required in relation to the governance and management of the centre. While improvements were noted in some areas, adequate arrangements were not in place to ensure there was adequate oversight of the day to day operation of the centre. Areas in which action was required included governance and management, staff recruitment, night time staffing and the submission of notifications.

St. Teresa's Nursing Home is a family run centre, owned and operated by Cashel Care Limited, the registered provider. The company is made up of two directors. One of the directors is the person in charge and oversees the day to day operation of the centre. The other director is also involved in the non-clinical operation of the centre.

Shortly prior to the previous inspection, conducted in July 2022, changes were made to the organisational structure involving the appointment of a manager and an assistant director of nursing (ADON). The role of the manager was to oversee the non-clinical operation of the centre and the ADON was to support the person in charge with clinical oversight of the centre. Prior to this inspection provider had recruited a person for the role of person in charge, however, this person did not meet the requirements of the regulations in terms of the required managerial experience. The ADON had also reduced their hours and now worked part time in the centre. The appointed person in charge was on a planned absence on the day of the inspection.

Oversight of the quality and safety of care was achieved through a comprehensive programme of audits in relevant areas, such as medication management, infection control, fire safety and falls management. There was also an annual review of the quality and safety of care delivered to residents in 2022. While recognising the enhanced management structure and improvements in the oversight of quality and safety, further action was required in relation to governance and management and this is discussed in more detail under regulation 23 of this report.

At the registration renewal in April 2022, a condition had been attached to the registration of the centre to comply with Regulation 27 by May 2022. An inspection conducted in July 2022 found that the centre had not achieved compliance with this regulation and an application by the provider to vary this condition to allow more time was granted. On this inspection, improvements were noted in relation to infection control practices, predominantly in relation to the management of laundry.

The provider was now substantially compliant with the regulation.

Staff were observed to be kind and caring. All interactions by staff with residents were noted to be respectful. Staff were knowledgeable of residents needs and preferences. On the day of the inspection, the person proposed to be person in charge was the only nurse on duty. The rosters showed that there five carers in the morning, four in the afternoon, three in the evening and two until 10pm. There was one nurse and one carer on duty overnight. Assurances were required that staffing at night time was adequate to meet the needs of a potential of 30 residents during this time. This is addressed under regulation 15 of this report. A review of training records identified that staff were facilitated and supported to attend training relevant to their role. Not all staff, however, had up to date training in relevant training and this is outlined in more detail under regulation 16 of this report.

Records and documentation required by Schedule 2, 3 and 4 of the regulations were made available on the inspection day. The records required by Schedule 2 for staff were not complete, as as detailed under Regulation 21: Records.

Regulation 14: Persons in charge

A notification had been submitted by the provider of the proposed change of person in charge on 23 March 2023. The proposed new person in charge did not meet the requirements of the regulations in terms of managerial experience.

Judgment: Not compliant

Regulation 15: Staffing

A review was required of night time staffing levels. There was one nurse and one healthcare assistant on duty from 22:00hrs to 08:00hrs. Given the layout of the centre over three floors, assurances were required that the current staffing levels could meet the needs of residents during this time and in particular that residents could be safely evacuated in a timely manner in the event of a fire.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Action was required by the provider to ensure that all staff had attended training relevant to their role. A review of training records indicated that staff were overdue attendance at training in fire safety, supporting residents with responsive behaviour,

safeguarding residents from abuse and manual handling.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A review of the directory of residents indicated that the information recorded in relation to each resident in the centre was in accordance with Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four personnel records found that:

- a recently recruited staff member did not have a Garda vetting disclosure relating to their current employment
- there were gaps in the employment history for three of the four personnel records reviewed and there was no explanation contained in the record for these gaps

Judgment: Not compliant

Regulation 23: Governance and management

Action was required in relation to governance and management of the centre. For example:

- the provider was in the process of appointing a person to the role of person in charge that did not meet the requirements of the regulations
- Garda vetting had not been obtained in advance of commencing employment for all employees
- management in the centre on the day of the inspection were unaware of their obligations in relation to notifications required to be submitted to the office of the Chief Inspector
- while the inspector was informed that a management meeting had taken place in January 2023, a record of this meeting was not available to the inspector on the day of the inspection. The most recent meeting for which a record was available was held in July 2022

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications required to be submitted to the Chief Inspector on a quarterly basis in relation to specified incidents were not submitted. These included notifications relating to the use of restraint and deaths that were not unexpected.

Judgment: Not compliant

Quality and safety

Overall, the feedback from residents was positive and the inspector was satisfied that residents were happy living in the centre. There was evidence of consultation with residents and their needs were being met through timely access to healthcare services. However, action was required in the areas of fire safety, access to communal facilities and the premises. These issues and other areas of required improvements are discussed in more detail under the relevant regulations of this report.

Staff were familiar with the residents' needs and residents received a good standard of nursing care and support. The inspector reviewed a sample of residents' files. Residents' records were paper-based. Following admission, residents' social and health care needs were assessed using validated tools, to inform care planning. Residents were assessed using validated assessment tools for issues such as nutrition, skin integrity, falls and dependency levels. New care plans had been introduced since the last inspection and improvements were noted in the degree of personalisation of care plans. Part of the care plans were pre-printed and lacked personalisation. While there was a section in the care plans that allowed free text and therefore facilitated personalisation, this was not always completed. As a result, some care plans were generic in nature and did not provide guidance on an individual basis on the care to be delivered to each resident. Further work is required to ensure that care plans provide an adequate degree of person-centred guidance to staff and this is outlined under regulation 5 of this report.

Residents' health and well-being was promoted by regular reviews by general practitioner (GP) services that visited the centre regularly and as required. Residents also had timely access allied health services, such as occupational therapy, speech and language therapy, dietetics, and tissue viability nursing, when requested by residents or as required.

Further focus was required on fire safety. While arrangements were in place for the

preventive maintenance of fire safety equipment, there were gaps in the records indicating that it was not always conducted in accordance with relevant standards. A review was required of the adequacy of emergency lighting throughout the centre. There was also a need for assurances that all residents could be evacuated in a timely manner when most residents were in bed and staffing was at its lowest. These and other issues in relation to fire safety are outlined in more detail under regulation 28 of this report.

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. Staff spoken with were knowledgeable of what constitutes abuse, the different types of abuse and how to report any allegation of abuse. A sample of Garda (police) vetting disclosures reviewed indicated that one staff member did not have Garda vetting completed prior to commencing employment in the centre. This is addressed under Regulation 21 of this report.

Improvements were noted in relation to infection prevention and control practices. The laundry is small, measuring 6.44 metres squared. Following the last inspection a small store room located directly outside the laundry was re-purposed and is now used to store and sort used laundry. This facilitates the segregation of clean and dirty laundry and reduces the risk of cross contamination. A new bedpan washer had been purchased since the last inspection and this was seen to be functioning appropriately on the day of the inspection. Staff were familiar with residents that may be colonised with multi-drug resistant organisms (MDROs) and arrangements were in place for antimicrobial stewardship. Some areas for improvement were required and these are outlined under Regulation 27 of this report.

Residents were consulted about the running of the centre through meetings and a satisfaction survey as a means of providing feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities. There was not always an action plan associated with the meetings to ensure that issues raised were addressed. While residents could exercise choice over many aspects of their day, such as when to get up, residents did not have full access to all communal areas in the centre. There was one large sitting room, that also served as a dining room. This is where most residents spent their day. While there were other communal spaces, these were located in an area of the centre that could only be accessed through a door that was controlled by a keypad. The inspector observed this area being used for visiting and no residents were observed to access this area independently.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

Action required in relation to the premises included:

- residents did not have lockable space in the bedrooms in which to store personal possessions
- the floor covering on the first floor corridor is in need of replacement as due to the worn nature of the flooring, it would be difficult to effectively clean
- some bedrooms and the main sitting room were in need of redecorating due to damaged paint work and scuffed surfaces. The paint of the wall of the sitting room was discoloured
- the door to a number of the wardrobes could not be closed properly
- the conservatory area was cold and would not be conducive to residents spending time there in inclement weather

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to support compliance with infection prevention and control standards. For example:

- there was an armchair in the conservatory area with torn upholstery that would make it difficult to effectively clean
- there was a urinal sitting in a holder hanging from the back of a communal toilet bowl
- the taps on the wash hand basin in the staff toilet were not hands free
- there was inadequate racking in the sluice room for the storage of basins following cleaning. These were seen to be sitting on draining boards and there was not an adequate system in place to identify that they had been decontaminated
- the wash hand basin in the laundry was difficult to access due to being located at the back of the washing machine
- there were mop buckets and a vacuum cleaner stored in a sluice room. This poses a risk of cross contamination and is not a suitable place to store cleaning equipment

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to protect residents from the risk of fire. For example:

- a full review of the adequacy of emergency lighting throughout the premises was required to ensure that it supported the evacuation of residents in the event of a fire. Examples of deficits identified by the inspector included the absence of emergency lighting on a corridor leading to the main sitting room from the front entrance; the absence of emergency lighting in the sitting room predominantly used for visiting; the absence of emergency lighting on the ground floor of the rear stairwell that also serves as the smoking area; and there was one emergency light midway up the front stairwell to provide emergency lighting on three levels. The review should be conducted by a competent person with knowledge of fire safety regulations and standards
- there was a lock on a cross corridor fire door. Even though this could only be operated with a key and there was no evidence that it was being used, there was a need to remove the lock and eliminate the potential risk that it posed. Management were requested to remove this as soon as possible
- there were keypad controlled locks on two bedrooms. There was a need to risk assess and if necessary remove these locks due to the risk the locks posed of delaying the evacuation of residents in the event of a fire
- while there were regular fire drills, these did not routinely include night time simulation. Given the low level of staffing at night time, assurances were not available that all residents could be evacuated in a timely manner in the event of a fire
- there were gaps in the preventive maintenance records for the fire alarm and emergency lighting that extended beyond the required quarterly intervals
- routine safety checks, such as the weekly sounding of the fire alarm were not conducted
- there was inadequate supervision of residents that smoked. For example, the inspector observed a used cigarette end resting on a waste bin in the smoking area. Management were requested to review the smoking area to eliminate any risks of fire, such as the waste bin

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While improvements were noted in care planning since the last inspection, some care plans were again found to be generic in nature and required more personalisation to guide staff in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by GP. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was a reduction in the use of bed rails from 62% to 40% of residents, this was still a high percentage. Records were not available to indicate that alternatives were trialled prior to the use of bed rails. Additionally, the record of one resident indicated that they had climbed out over the bed rail, which is a contraindication to using bed rails, yet the bed rails were put in place afterwards.

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions by staff with residents were observed to be courteous and respectful.

Judgment: Compliant

Regulation 9: Residents' rights

While there are a number of communal areas, not all of these areas are readily accessible to residents. For example, there is a sitting room and an adjacent conservatory inside the main entrance, however, this area of the premises is secured by a keypad controlled lock and is therefore not readily accessible to residents. On the day of the inspection this was being used as a visiting room and residents are accompanied to this area by staff to meet with visitors.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Teresa's Nursing Home OSV-0000293

Inspection ID: MON-0039779

Date of inspection: 12/04/2023

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The proposed PIC will continue as ADON until she has accrued the sufficient managerial experience required under the regulations. The appointed PIC will continue in role.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>All our staff have training to evacuate residents in a progressive, horizontal evacuation style within the fire zones in the home. Night time fire drill will be performed and regular fire drills will be performed monthly. Staffing will be reviewed dependent on occupancy and resident dependency levels within each zone. Zones will be assessed monthly with the Nursing Home fire officer. Dependent on assessment staffing levels will be reviewed accordingly by management.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training needs analysis will be performed and any gaps identified will be rectified. As we</p>	

onboard new staff, it can take time to implement the training required due to availability of courses and specific trainers. Management team will continue to provide the training for all employee's by developing a targeted training and development plan specific to resident needs.

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 The member of staff had Garda vetting within the last year from a previous employer and management were awaiting vetting response, this has since been received by management. Management will undertake a review of all personnel records and any gaps in employment history will be recorded and updated for each record in the next month.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The provider delayed at present the new person in charge as per new requirements of regulations.
 Garda vetting has been applied for new employees and updated every 4 years for all the employees .
 Management team will continue to ensure all notifications are recorded and reported within the time-frame to the office of the Chief Inspector.
 Management meeting was documented in the computer but wasn't printed out for last meeting which was on January 2023.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 Management have previously notified HIQA regarding any notifiable incidents. The incident in question had just happened in the 24 hours prior to inspection and was notified within the time-frame set within the regulations. Management will continue to

ensure notifications are recorded as set out within regulations. Notifications will be followed up and reported within the time-frame. All notifications are acted on accordingly by the management team.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 All residents will be offered a lockable space in their bedroom and management will assess residents' capability of managing a lockable device dependent on their specific needs. This will be offered and provided to residents within the next two months.
 The flooring on the first floor will be replaced once economics allow.
 An extensive redecorating plan is in place within the home and the sitting room is going to be painted in the summer as more feasible and comfortable for the residents.
 Storage within the home is tight due to the nature of the building structure. Team will review storage with each resident and family to optimize to best capacity.
 The doors from the wardrobes were checked by the management staff. Therefore, a schedule is in place to fix the wardrobe doors and the residents' clothes to be always kept tidy by all the staff members.
 The conservatory area is in renovation at the moment, and it will be accessible for the residents in the coming month.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Due to the recent reconfiguration of the laundry which had resulted in the wash hand basin being partially blocked. Laundry sink and staff hand basin taps will be changed in the next month. As explained on the day of inspection the racking for sluice room was waiting to be delivered and has since been installed. Armchair has been removed from conservatory. Management will reiterate with all staff the importance of IPC guidelines and ensure resident urinals are not stored in communal areas. The vacuum cleaner and mops have been removed from the sluice room since inspection.

Regulation 28: Fire precautions	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Action is taken under review by the management team to protect the residents in the event of a fire.</p> <p>Therefore:</p> <ul style="list-style-type: none"> • The absence of emergency lighting identified by the inspector will be reviewed by a competent person with knowledge of fire regulations and standards. • The lock from the cross-corridor fire door was removed the next day after the inspection to eliminate the risk in case of a fire. • The keypad-controlled locks on the two bedrooms were risk assessed and was concluded that they could delay the evacuation in case of a fire. Therefore, the keypad control locks were removed to minimise the risk. • The fire drill simulation for the night staff will be conducted and documented to ensure the staff level in the nighttime can evacuate the residents in a timely manner in the event of a fire. • The gaps in the preventive maintenance records for the fire alarm were explained on the day of inspection. The previous contractor got sick and the service was delayed, in this instance, action was taken by the management team and a new contract was signed with another company. Therefore, the service is done regularly at quarterly intervals. • routine safety checks, such as the weekly sounding of the fire alarm will be conducted after the inspection. • The smoking area was reviewed by the management team and waste bin was removed from area to eliminate risk. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>New care-plans were implemented in Quarter 1 2023 along with a personal resident chart overview in each residents room. Named Nurse was also allocated to each resident care-plan. These also include an overview care-plan chart encompassing the residents care-plan within. Management will review each file with the named Nurse to enhance residents personalisation within the care-plan.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing	

behaviour that is challenging:

All residents who are identified as high falls risk will be assessed and alternatives will be trialed prior to using bed rails. A 72 hour trial will be used to assess a residents requirement for bed rails. Whilst we have reduced bed rails within the home, a vast amount of residents choose to have bed rails as they feel more secure. Management will continue with the goal to reduce and eliminate need for bed rails dependent on resident needs and assessment

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the advice from Chief Inspector all our communal areas are now accessible to residents, keypad from lounge to sitting room has been deactivated to offer residents access to the sitting room and to the adjacent conservatory area.

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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	31/01/2025
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	31/07/2023

	have access to appropriate training.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/06/2023
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.	Substantially Compliant	Yellow	31/05/2023
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	Substantially Compliant	Yellow	31/05/2023

	Authority are implemented by staff.			
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	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/06/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	30/06/2023
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 designated centre and, in so far as is	Not Compliant	Orange	30/06/2023

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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.	Not Compliant	Orange	31/05/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	23/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2023
Regulation 7(3)	The registered	Substantially	Yellow	23/05/2023

	provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Compliant		
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023