



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Teile Carraig, Killerisk Road, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	11 April 2022
Centre ID:	OSV-0000566
Fieldwork ID:	MON-0035719

About the designated centre

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

Tralee Community Nursing Unit is a designated centre located in the urban setting of the town of Tralee. It is registered to accommodate a maximum of 43 residents. It is a single-storey facility set on a large site. Residents' bedroom accommodation is set out in two units, Loher unit with 22 beds and Dinish unit with 21 beds. Each unit is self-contained with a dining room, kitchenette, day room and comfortable seating throughout the units; each unit has an enclosed courtyard with garden furniture seating and tables, raised flower beds and shrubbery and paved walkways. Bedroom accommodation comprised single, twin and multi-occupancy wards, all with wash-hand basins, some had shower, toilet and wash-hand basin en suite facilities. There were additional shower and toilets and a bath room in each unit. The Rose Café is located at the entrance to the centre with café style seating and a seasonal life-size display as decoration; calligraphy adorned the pillars of the café. The atrium was a large communal space located between the two units with comfortable seating, where the group activities were held. The activities room with situated off the atrium. The ladies and gents 'Finishing Touches' hair salon, 'Oifig and Phoist' and 'Treasure Trove' had shop frontage of a bygone era as decoration. The quiet visitors room was located between both units. The oratory was situated on the corridor by the main entrance. Tralee Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

40

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
Monday 11 April 2022	09:00hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke with four residents in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided, and said that staff were kind and helpful.

There were 40 residents residing in Tralee Community Nursing Unit (TCNU) on the day of inspection. On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the administrator, which included a signing in process, temperature check, hand hygiene and face covering. Infection prevention and control social distancing signage was displayed to remind people to maintain appropriate distance as part of their infection control safety precautions.

An opening meeting was held with the person in charge and the clinical nurse manager (CNM) which was followed by a walk-about the centre. Initially the inspector was on their own as a relative came to speak with the person in charge, and the CNM accompanied the GP on ward rounds.

Tralee Community Nursing Unit was a single-storey building. The main entrance was wheelchair accessible and led into a reception area where information such as the statement of purpose, residents' guide and complaints procedure were available on the reception desk. Administration offices, office of the person in charge and meeting rooms were located to the left of reception and staff facilities to the right. There were two main corridors leading to the two units, namely, Loher (21 beds) and Dinish (22 beds). One of the enclosed garden was between these corridors and could be accessed from either side as well as from the day room in Loher. The second enclosed garden was alongside Dinish. This was being developed at the time of inspection and the person in charge showed the progress photographs from where the project started to its current state. The area had been re-claimed and pathways were clear and well maintained. There was a large circular table which had been decorated by residents with a pebble and shell inlay and looked gorgeous. The raised flower beds were due to be planted up as part of the activity programme. Photographs seen showed the residents' involvement in the project and the fun people had with all the different activities including painting, decorating and planting.

The 'Rose Café' was a wide space with tables and chairs for residents to relax and enjoy the comings and goings, as well as the view of the enclosed garden café which provided a lovely backdrop to residents while they were chatting or doing their exercises. Exercise bikes and parallel bars were here and used as part of residents' exercise regimes. An Easter display featured colourful Easter eggs and chicks to brightened the café. Shop frontages were painted along the corridor with

'The Post Office' and Hairdressers' salon. The hairdresser was on site and was preparing the room for resident who were seen throughout the day enjoying the chit-chat with each other while getting their hair up-styled and said there was 'nothing like getting your hair done to make you feel good'. The library and activities room were located beyond the Rose café; the library was known as the 'crossroads' as it was a large space between Loher and Dinish, and was also decorated for Easter. There was a huge smart TV which made it very easy for residents to see and programmes such as the Easter services were streamed for residents. Residents were happy with the display of Easter programmes such as the stations of the cross. Mass was live streamed in day rooms, and later at 12MD a resident led the group in the rosary. In the library area there were book shelves and display units with an array of books and games; there was a large table for activities and comfortable seating for residents to relax. The activities room was located to the left of this space and this room was packed with activity paraphernalia. Snowybell was a rare white bird who provided entertainment in the activities room; there was a small aquarium which some residents preferred. In the morning, the rehabilitation activities co-ordinator facilitated a group session in this room which was followed by a larger group session in the library. The activities co-ordinator explained that this space was large enough to facilitate residents from both units while keeping them socially distanced from each other.

One-to-one activities were facilitated in residents' bedrooms and all staff were observed to actively engage with residents and chat about the events of the day, ask how residents were and enquired about their families and chatted about community events. The activities programme was varied but the rehabilitation activities co-ordinator explained that she encouraged residents to have some exercise every day as part of the daily routine to help maintain their muscle tone and degree of mobility. The physiotherapist was on site during the inspection and was seen to provide one-to-one care and exercise regime to residents in their bedrooms.

The kitchen on site was not a fully equipped or a fully functioning kitchen. Main meals were prepared in the acute hospital and brought over to TCNU in heated containers and seen to be plated up in TCNU. Displayed in the kitchen was a list of residents, their likes and dislikes along with their specialist nutritional needs such as diabetic diets. Specialist consistencies were also detailed in the information displayed which ensured that all staff had easy access to this valuable information.

Entry to both units was unrestricted allowing freedom of movement for residents. A wander-guard system was in place and a few residents had this alarm bracelet to alert staff of their where-abouts in line with their assessed needs. Loher and Dinish were self-contained in that they had their own dining room, day room, comfortable seating areas along corridors, clinical rooms, sluice room and nurses station. The sluice room was swipe-card access and clinical room was key coded to ensure security and prevent unauthorised entry.

Visitors were observed coming into the centre and guided through the IP&C procedures. The quiet visitors room was between Loher and Dinish for residents to meet their visitors in private if they wished. There was orientation signage displayed

around the centre to orientate residents to rooms such as the day room, Loher and Dinish, to allay confusion and disorientation. The old signage was still displayed on Loher for the physiotherapy unit, which had been converted to the dining room on Loher.

Residents bedroom accommodation comprised single, twin and four-bedded multi-occupancy rooms. Some single and twin bedrooms were personalised, however, due to the multi-occupancy nature of the four-bedded rooms, personalisation of these rooms was difficult; residents were unable to bring in some of their own furniture if they wished to have it nearby. Flat-screen TVs were wall-mounted in bedrooms. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers. Privacy screens in shared rooms were effective and ensured residents' privacy.

Dining rooms on both units were spacious rooms with kitchenette facilities. There was a large clock displaying the month, date and day on top of the clock to orientate residents. Pictorial and written menus were displayed on dining tables. Meal times were protected as medications were administered before meals to enable a normal dining experience. Serving of meals was observed and residents sitting together at tables were served together and staff actively engaged with residents when serving meals. Residents gave positive feedback about their meals and meals were seen to be well presented and appetising.

Wall-mounted hand sanitisers were displayed throughout the centre with advisory signage demonstrating hand hygiene and in general staff were observed to comply with best practice hand hygiene.

Controlled drugs were securely maintained in the secure clinical room. The daily temperature checks of medication fridges were seen to be recorded. Medicines were labelled with dates of opening of the medication recorded.

Advocacy services were available to residents and information was displayed around the centre regarding this. The complaints procedure was displayed but it did not explain how someone would or could make a complaint, or include the additional information available of 'Your Service Your Say', or how this fed into the complaints procedure.

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

Capacity and capability

Overall, improvement was noted in the service where a person-centred approach to care was promoted. The governance and management systems in place promoted a good quality of care to residents living in the centre. The registered provider had

ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The inspector reviewed the findings from the previous inspection and found that actions were taken in relation to training and staff supervision, meal time experience, and fire safety precautions. However, from this inspection, further action was required in relation to the complaint procedure, transfer information when a resident was temporarily discharged from the centre, care planning documentation, residents' satisfaction surveys and kitchen facilities.

Tralee Community Nursing Unit was a designated centre for older persons that was owned and managed by the Health Service Executive, who was the registered provider. It was registered to accommodate 43 residents. The organisational structure for this service was clear, with roles and responsibilities understood by the management team, residents and staff. The management team reported to a general manager, who represented the provider. The management team operating the day-to-day running of the centre comprised the person in charge, and clinical nurse manager (CNM). The person representing the provider was in regular contact with the centre. The management team within the centre was supported by the CH04 regional management team of quality, clinical development coordinator, finance, catering, maintenance and human resources (HR).

Governance meetings such as quality and patient safety meetings were held regularly with the other HSE centres of the CH04 area. Records of these management meetings provided to the inspector showed that issues were discussed, and corrective actions were implemented as required. There was also the additional support of an infection prevention and control specialist to staff working in the centre.

The provider had management systems in place to monitor the quality and safety of the care through a regular schedule of audit and monitoring of risks to residents such as falls and risk to skin integrity. The schedule of audit for 2022 had monthly, quarterly, six-monthly and annual audits to monitor the service. Results of these audits showed a good level of compliance and where required, action plans were implemented to drive improvement. Nonetheless, residents satisfaction surveys formed part of the audit suite to be completed, however, there was just one resident surveyed in the documentation provided on inspection which would not provide robust feedback about the service to inform change.

Monthly directors of nursing (DONs) meetings (CH04 area) were held to support each other during COVID-19 outbreaks and the implementation of HPSC guidelines, and share ideas and learning. The food and nutrition committee met on a monthly basis and these were attended by the dietician, speech and language therapist, catering staff, senior staff, HCA and person in charge to provide a holistic picture of residents and their food and nutrition care needs to enable best outcomes for residents.

Medication errors were recorded and followed up along with action plans such as staff completing HSEland online training and staff supervision. The CNM facilitated team-talks with staff on current issues arising such as infection control and

medications errors for example.

Staffing levels were adequate to the assessed needs of residents and the size and layout of the centre. Two additional health-care assistants (HCAs) completing training in 'activation in care' to support residents with physical exercise and mobilisation. Training was ongoing and on-site training had increased following the lifting of some HPSC restrictions. Good oversight was seen of the training needs of staff and ongoing staff training was seen to be scheduled.

There was a comprehensive record of all accidents and incidents that took place in the centre, and all had been notified as required by the regulations. Complaints were recorded in line with regulatory requirements. Records showed that complaints were followed up and investigated and the complainant was liaised with; the outcome of the complaint and whether the complainant was satisfied with the outcome was recorded. However, the complaints procedure was not in an easily accessible format for readers.

Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care, with a rights-based approach to care delivery promoted.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as specified in the regulations. She actively engaged in the governance and operational management of the service and demonstrated good knowledge regarding her regulatory responsibilities and commitment to promoting a rights-based approach to care.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix examined showed that staff training was up to date for mandatory and other training such as imagination gym, activation in care and palliative care. Heretofore, training was on-line due to COVID-19 restrictions, but more on-site training was scheduled to enable staff participation and interaction.

Judgment: Compliant

Regulation 21: Records

An Bord Altranais registration pins were in place for all nurses. Records were maintained and made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

Kitchen facilities as specified in Schedule 6 of the regulations were not available in this centre. The kitchen on site was not a fully equipped or a fully functioning kitchen.

Resident satisfaction surveys formed part of the suite of audits completed. However, just one resident was surveyed to gain their feedback of the service they received. Cognisant that the centre was registered for 43 residents, this did not provide robust information to drive improvement in line with residents' stated wishes and preferences.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that notifications were submitted as required by the regulations. There was also evidence of learning from incidents to improve the quality of care and safeguard residents and staff.

Judgment: Compliant

Regulation 34: Complaints procedure

'Your Service Your Say' was part of the complaint process, however, the reader was not directed to this as part of the complaints process. Overall, the information relating to complaints available was not in an easily accessible format for people to follow.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies as specified in Schedule 5 of the regulations were in place and were up to date.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life where their rights and independence were promoted.

A sample of care documentation was examined including those of a resident that was recently admitted to the service. These showed mixed findings. Comprehensive assessments were in place, however, while some care plans were individualised to support a person-centred approach to care, others were clinical. This was identified in their audit process and notes indicating that these plans required expansion were seen in the care plan documentation. Following assessments of residents, referrals were made to allied health professionals such as speech and language therapy to enable best outcomes for the resident. However, while there was really good individualised information in care plans, narrative updates were also included such as GP reviews. Care plans were in place to support residents in the event of an outbreak of COVID-19 and showed personalised interventions to mitigate risk of anxiety for example. A 'head-to-toe' skin assessment was included in this and reflected a thorough review of the resident's skin condition so that staff had a good baseline of the resident's condition. Wound care monitoring was undertaken using a validated assessment tool. The care plan relating to communication showed good insight into the individual and personal interventions to support the resident's communication needs. Residents' nutrition and hydration needs were comprehensively assessed. Bed-rail assessments showed that residents were involved in the decision-making and when possible, they signed their own consent for bed-rails. Where appropriate, records evidenced that families were also consulted with in the care-planning process. Residents' support needs were clearly

documented in their personal emergency evacuations plans (PEEP).

'Let Me Decide for residents with Partial Capacity' was part of the care documentation. The records seen showed that time was spent with residents, including residents with cognitive impairment, to establish their wishes, For example, the GP had written in one resident's notes that while 'the resident had not scored high in their functional assessment' the resident was 'very clear about his wish for palliative care to remain in the centre' should they become unwell.

Residents had good access to GP services and medical notes showed regular reviews by their GPs, on-going assessment and responses to medication and the importance of pain medication prior to wound care and dressing change. Medical notes demonstrated that feedback from nursing staff about residents progress and responses to treatments was sought to inform decisions regarding the resident's care management. Multi-disciplinary team inputs were evident in the care documentation reviewed. The physiotherapist was on site on a daily basis and completed a full assessment on residents on admission to establish residents base-line. A programme of exercise was developed for residents to help maintain their level of mobility and muscle tone.

Residents had good access to specialist services such as palliative care, geriatrician, psychiatry and tissue viability nurse specialist services. While information was included in transfer documentation out of the service, this was not comprehensive to ensure the resident could be cared for in accordance with their current acute needs.

Mealtimes were protected as medications were given before meals. Prescriptions and administration records examined were completed in line with professional guidelines. There was an antibiotic log as part of the resident's documentation for easy access to their antibiotic history. Controlled drug records and storage was examined and these were maintained in line with professional guidelines.

Overall, this inspection found that management and staff strove to ensure residents received a safe and quality service.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had good knowledge of residents and their communication needs. Staff actively engaged with residents to promote their independence and enable them to be involved in the life and activity in the centre.

Judgment: Compliant

Regulation 11: Visits

Visiting had opened up in line with current HPSC guidance of April 2022, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre). Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents personal storage space comprised a double wardrobe and bedside locker with lockable storage space; some residents had a chest of drawers as further storage for their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The kitchen in the centre was neither fully equipped or fully functioning as specified in Schedule 6 of the regulations. Main meals were prepared off site and transported to the centre, where meals were plated up and served to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents for risk of malnutrition and dehydration. Residents' weights were monitored and there was timely referral and assessment of residents' by the dietician and speech and language therapist.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents in the dining room in both pictorial and written format.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While some information was included in transfer documentation out of the service, this was not comprehensive to ensure the resident could be cared for in accordance with their needs, including their acute needs.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was visibly clean. Cleaning protocols and regimes were in place to ensure the centre was cleaned to a high standard. Hands-free sinks were available in clinical areas with appropriate advisory signage regarding proper hand washing. Hand hygiene dispenser and signage were available throughout the centre. Rooms such as the sluice room, clinical rooms, storage rooms had items appropriately stored in them.

Judgment: Compliant

Regulation 28: Fire precautions

Simulated fire drills were routinely completed. These were timed and included information such as how the exercise was completed, those part-taking in the evacuation, lessons learned and follow-up actions when necessary.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications stored in medication fridges were labelled and stored appropriately. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions. Controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While some care plans were individualised to support a person-centred approach to care, others were clinical. This was identified in their audit process and notes

indicating that these plans required expansion were seen in the care plan documentation. On occasion, daily narrative updates were included in care plans, for example GP visits and their reviews. One resident had intermittent episodes of diarrhoea and abdominal craps in the previous month, however, care plans were not updated to reflect their current care needs, for example, their skin integrity, personal care or toiletry requirements.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to GP services and residents notes showed that time was spent with residents to elicit their thoughts and wishes, for example their end of life care wishes and preferences. Where a resident's care management had changed, GPs monitored residents' progress and discussed the overall well-being of residents with nursing staff to form a holistic picture of the resident to enable best outcomes for them.

The physiotherapist was on site on a weekly basis. Residents had good access to allied health services such as dietican and speech and language services.

Judgment: Compliant

Regulation 9: Residents' rights

The rehabilitation activities co-ordinator facilitated residents' meetings. The most recent meeting was held in January where 15 residents attended and she visited seven residents in their bedrooms who preferred not to attend the meeting but wished to give feedback. They reported that they were delighted that the priest was back on site saying mass, as well as the hairdresser and visitors.

Two HCAs were in the process of being training in 'activation in care' following feedback and observation audits completed. There was a 20% increase in residents who were mobile identified and an action plan put in place to facilitate appropriate activation for them. Equipment was ordered to support this programme and the person in charge explained that they were awaiting it's delivery.

Judgment: 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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tralee Community Nursing Unit OSV-0000566

Inspection ID: MON-0035719

Date of inspection: 11/04/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Residents Satisfaction Surveys will be completed on a regular basis (monthly). The Resident Satisfaction Surveys will be disseminated to Healthcare Assistants to complete. The outcome of the satisfaction surveys will be monitored and reviewed by the local Management Team to inform a quality improvement action plan; Effective immediately. The Main Kitchen has been upgraded, a COMBI Oven has been supplied to facilitate cooking food onsite to enhance individual resident’s meals and snacks.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The internal information display notice (Have You Got A Concern Or Complaint) will be reviewed to incorporate Your Service Your Say; and direct the reader to this Policy as part of the complaints procedure.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

<p>The Main Kitchen has been upgraded to allow for suitable and sufficient cooking facilities in line with Schedule 6.</p>	
<p>Regulation 25: Temporary absence or discharge of residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Registered General Nurses will read the Temporary Absence Policy. The reason for transfer / temporary discharge of a residents will be stated on the Nursing Transfer document.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The accurate documentation of data relating to the nursing assessment with be discussed with nurses in Staff Nurse Meetings; the ongoing review of nursing documentation will continue and the outcome will be communicated to staff nurses. Nurses will be asked to complete the HSE-Land training; HIQA Introduction to Data Quality. Nurses will have a role in completing documentation audits.</p>	

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 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	30/05/2022
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	23/05/2022
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	23/05/2022

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 34(1)(e)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall assist a complainant to understand the complaints procedure.	Substantially Compliant	Yellow	30/05/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	23/05/2022
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	Substantially Compliant	Yellow	24/05/2022

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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