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:	St Luke's Home
Name of provider:	St Luke's Home Cork Company Limited by Guarantee
Address of centre:	Castle Road, Mahon, Cork
Type of inspection:	Unannounced
Date of inspection:	16 September 2024
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0043791

About the designated centre

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

St Luke's Home is a purpose-built facility, in operation on the current site since 1994 and provides residential accommodation for up to 128 residents. Following a series of redevelopments and extensions accommodation is arranged throughout four nominated 'houses' or units. Three of these units provide accommodation for 30 residents, comprising 18 single, two twin, and two four-bedded bedrooms. The fourth unit is dedicated for residents with dementia or a cognitive impairment, and the design and layout of this unit is in keeping with its dementia-specific purpose. Accommodation on this unit is laid out in a north and south wing, comprising 30 single and four twin rooms and accommodates 38 residents in total. All bedrooms have en-suite facilities including toilet, shower and hand-wash basin. Each of the units have their own dining and living rooms. There are numerous additional communal areas and facilities available in the central area of the centre which includes the main restaurant, a large oratory for religious services and a spacious conservatory/ activity area that was bright with natural lighting. There is an arts and craft room and a separate library. Residents also have access to a hairdressing facility in this area. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers palliative care, care to long-term residents with general and dementia care needs and has two respite care beds for residents with dementia. The centre provides 24-hour nursing care with a minimum of nine nurses on duty during the day and four nurses at night time. The nurses are supported by the person in charge, nurse managers, care, catering, household and activity staff. Medical and allied health care professionals provide ongoing health care for residents. The centre employs the services of a physiotherapist five days per week, occupational therapy, chiropody, dietetics, dentistry, ophthalmology and speech and language therapy is also available in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	128

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
Monday 16 September 2024	09:30hrs to 18:15hrs	Siobhan Bourke	Lead
Monday 16 September 2024	09:30hrs to 18:15hrs	Ella Ferriter	Support

What residents told us and what inspectors observed

St. Luke's Home is a well-established centre, where residents were supported to enjoy a good quality of life. The inspectors met with many of the residents living in the centre and spoke with 12 residents in more detail, to gain an insight, into their daily life and experiences. The inspectors also met with eight visitors. In general, feedback from residents and their relatives was that staff were kind and respectful of their needs. One resident described staff as "excellent", " couldn't be any better." and how " they really care about us." The inspector found that residents received a high standard of care in the centre from a team of staff, who were knowledgeable regarding residents' individual preferences.

St. Luke's Home is a designated centre located in Blackrock, near Cork City, and is registered to accommodate 128 residents. The inspectors observed a warm and welcoming atmosphere in the centre during the day. On arrival to the centre, the receptionist outlined the signing in procedures for the centre. The reception area was a bright space, with comfortable seating and decor that was homely. Residents are accommodated on the ground floor in four houses or units namely Wise, Gregg, Exham and Maguire House.

Wise, Gregg and Exham House each have accommodation for 30 residents with 18 single rooms, two twin rooms and two four bedded rooms. Maguire House provides accommodation for residents with dementia and was divided further into Maguire South and North. Maguire House had 30 single rooms and four twin rooms. Residents' bedrooms all had ensuite shower, toilet and hand wash basin facilities. Inspectors saw that residents' living in single or twin bedrooms had plenty room for storage of residents' clothes and personal belongings, however as outlined in previous reports, the layout of some of the four bedded rooms required review, as residents living in these rooms had less space.

Many bedrooms in the centre were noted to be personalised with family photographs, pictures and residents' personal possessions. The inspectors saw that some door-frames to ensuite bathrooms were chipped and worn; and in some bedrooms, furniture such as bed-tables were also worn. Paintwork in some bedroom walls also required attention. This is outlined further in the report under Regulation 17 premises.

The inspectors walked around the premises and met with staff, residents and visitors during this time. In the morning, the activity staff were setting up the conservatory for the day's activities where the social club was attended by many of the residents. There were many spacious communal areas and rooms available for residents' use in the centre. The library was under renovation of the day of inspection and was being fitted with new flooring and being repainted. The inspectors saw the centre had a large oratory where residents could come and sit during the day. There was some seating areas and tables along the main concourse, where residents and visitors were sitting during the day. Each house had communal

areas such as a dining room and day room in Gregg House, Wise House and Exham House. While Maguire House had two dining rooms, an activity room, a day room and a large bright conservatory area. Flooring in some of the dining rooms was worn and scuffed such as Wise House. The centre also had two hairdressing salons, one on the main corridor and a smaller quieter one in Maguire House.

There were a number of secure garden areas, that were well maintained that residents could access easily. The inspectors saw bird-feeders and tables in some of these areas. Raised beds and mature planting and seating was seen in the gardens. A number of residents were sitting out, enjoying the September sunshine, or walking around the gardens during the day.

The inspectors spent time observing the lunch time meal in two houses and the main restaurant "Oyster Restaurant" which was full for the lunch time meal. Residents were chatting together and with staff during the meal and choices were displayed at each table. An inspector saw that food was presented well and appeared appetising and wholesome. The dining experience in Maguire House had improved, with more residents eating in the dining room and at the table, in the activity room. The inspectors saw that residents who required assistance with their meals were provided with this, in an unhurried and respectful way.

The inspectors saw that there were many visitors coming and going throughout the day and that they were welcomed by staff. Visitors confirmed that visiting was unrestricted in the centre. Visitors met their relatives in their bedrooms, in the seating areas along the concourse or in the communal rooms. Feedback from residents' surveys outlined that they would like more private space for meeting their visitors and this was under review by the management team.

Inspectors observed that alcohol hand gel was available at point of care within each room. There was easy access to personal protective equipment (PPE) for staff in each house, however, inspectors saw that some staff members were wearing rings, which may impede effective hand hygiene practices.

The inspectors observed a relaxed and friendly atmosphere in the centre during the day. The person in charge appeared well known to the residents and staff seemed aware of residents' preferences and dislikes. Residents who spoke with inspectors were aware of the activities available in the centre and some residents outlined, how they loved the live music sessions, that were held regularly there. Inspectors saw that the social club was a hive of activity in the morning with many residents knitting, painting, doing puzzles, reading newspapers or having their nails done. Inspectors saw displays of knitting and lavender bags created by residents. A resident told an inspector that there was "always something to do here" and how the days were good fun there. In the afternoon, many of the residents celebrated mass in the centre's chapel/oratory. Feedback from a review of the residents meetings outlined, that they were disappointed that weekend mass was no longer feasible, due to access to a priest, so it had changed to Mondays in the recent weeks. The management team told inspectors that they were continuing to try to get a priest to celebrate weekend mass.

The inspectors observed staff interactions with residents were respectful and caring and saw many person-centred interactions during the day. Those residents who could not communicate their needs appeared comfortable and content. Residents appeared well dressed in accordance with their preferences. In the morning, the GP was on site reviewing residents and a dentist was also in the centre in the afternoon to see some residents.

Residents views were sought on the running of the centre through regular residents' meetings and an annual survey of residents and relatives. Feedback from residents' surveys were mainly positive, however, a number of residents identified issues such as the evening meal served too early, staff not being easily identifiable and how some residents would like a room to meet visitors in private. The management team were reviewing the issues that had arisen and were developing a response to the survey findings.

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 was an unannounced inspection, carried out over one day, by two inspectors of social services, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). 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. Overall, the inspectors found that the provider had effective management systems in place to ensure residents were provided with good quality safe care. However, some action was required to ensure compliance, as outlined under the relevant regulations in this report.

The centre is owned and managed by St Luke's Home Cork, Company Limited by Guarantee who is the registered provider. The inspectors found that management structures were clearly defined with identified lines of responsibility and accountability. The centre had a full time chief executive officer, who has overall responsibility for the day-to-day operation of the centre. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The centre has an executive management team, whose membership included, the chief executive officer, the director of nursing, finance manager and human resources manager, head of services manager and director of education. The executive management team met regularly to ensure oversight of services in the centre.

The director of nursing, who is the designated person in charge, is full time in position, and supported in their role by two assistant directors of nursing. Each house had an assigned clinical nurse manager.

The inspectors found that the number and skill mix of staff was appropriate to meet the assessed needs of the 128 residents living in the centre on the day of inspection. The management team outlined the ongoing challenges they faced with staff turnover and ongoing recruitment was evident, with interviews held on the day of inspection. Where gaps arose in rosters due to staff shortages, staff working extra shifts or agency staff were used to fill these gaps where possible.

The inspectors saw that staff were appropriately supervised in the centre. A clinical nurse manager was rostered each night and at weekends to support and supervise staff working in the centre. One of the nursing managers were also on call at night and weekends. There was an ongoing programme of face-to-face training and online training available for staff working in the centre, whereby uptake of this training was monitored by the human resources manager. Fire safety training was up-to-date for staff and fire training was ongoing on the week of inspection. Staff who spoke with inspectors were knowledgeable regarding residents care needs and their roles and responsibilities. The management team were aware that a number of staff were overdue refresher training in safeguarding, restrictive practice and infection control and had scheduled sessions to facilitate staff to attend these in the coming weeks. This is outlined further under Regulation 16; Training and staff development.

The arrangements for the review of accidents and incidents within the centre was good, with input from members of the multidisciplinary team, to identify any areas for improvement or learning. From a review of the incident log maintained at the centre, incidents occurring in the centre were notified to the Chief Inspector in line with legislation.

Restrictive practices such as bed rail usage was also monitored by the person in charge. The inspectors observed that a number of doors to the outer garden area were alarmed and were not recorded as a restrictive practice, This is outlined under Regulation 31; Notification of incidents.

The person in charge ensured that the centre's schedule of clinical audits was implemented and improvements put in place where issues were identified. Falls, medication practices, quality of interactions audits and complaints management were a sample of practices audited. Tissue viability and preventative processes were good resulting in a low incidence of residents acquiring pressure ulcers in the centre.

The complaints procedure for the centre was displayed and the inspectors saw that complaints were recorded and investigated as required by the complaints officer.

The annual review of the quality and safety of care delivered to the residents in 2023 had been prepared, in consultation with residents and was made available to inspectors. This review was comprehensive and included findings from feedback from residents.

Residents meetings were held every two months in the centre to involve residents in the running of the centre. Following residents' meetings, members of the management team along with a family representative reviewed the feedback and developed an action plan. Over the summer months, residents requested a further meeting with management, as concerns were raised regarding the turnover of staff, issues with food temperature, quality of cups and change of mass day. An action plan was developed and further meetings were held to keep the residents up-to-date with progress made resolving the issues.

Regulation 15: Staffing

The inspectors found that there was an adequate number and skill mix of staff to meet the assessed needs of the 128 residents living in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors saw that while the uptake of training was monitored in the centre and staff had access to appropriate training, a number of staff required training and refresher training in restrictive practice, safeguarding and infection control. The inspectors saw that training was scheduled for staff in the coming weeks.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by the following:

- ineffective oversight of residents assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan
- there was no evidence available to indicate that findings from the previous inspection, in relation to compartment evacuations had been actioned.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a signed contract. The contract detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees and the room number.

Judgment: Compliant

Regulation 30: Volunteers

The inspectors saw that there were a number of volunteers working in the centre. From a review of a sample of staff files, it was evident that volunteers had their roles and responsibilities set out in writing, and that they were vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

Judgment: Compliant

Regulation 31: Notification of incidents

While most of the restrictive practices in place in the centre were reported as required, a number of exit doors to the garden areas were alarmed to alert staff if a resident went out to these spaces, and these were not reported as a restriction.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was in line with the regulations. An inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy, and included the outcome and any areas for improvement were identified.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in St. Luke's Home were supported to have a good quality of life, where staff worked to ensure that residents' choices were respected and promoted in the centre. However, action was required to ensure the quality and safety of care provided to residents was consistently provided, particularly with regard to care planning, premises and infection control.

Residents had good access to medical care, whereby two general practitioners (GP) attended the centre, to review residents four days a week and as required. There was evidence that access to community mental health services and palliative care services, were also available in the centre for residents.

Nursing staff used validated assessment tools to support care planning for residents. The inspectors saw from a sample of care plans reviewed, that residents' care plans were person-centred and updated every four months in line with the regulation. However, action was required, as some care plans were not updated when residents needs changed, as outlined under Regulation 5:Individual assessment and care plan.

Residents' weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Modified diets and specialised diets, as prescribed by health care or dietetic staff were implemented and adhered to. There was an adequate number of staff to ensure that residents who required assistance could be provided with it in a timely manner.

The inspectors saw that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans for residents who experience responsive behaviour were detailed and person-centred. There was evidence of a multidisciplinary approach, where residents presented with responsive behaviours, to ensure the best possible outcome for residents. Where restrictive practices such as bed rails were in use, they were supported by appropriate risk assessments and alternatives to bed rails such as low-low beds and crash mats were in use.

Over all, the premises was warm, clean and welcoming and promoted residents' independence and well being. Residents had access to well maintained outdoor secure garden spaces, when weather was suitable. Work was underway on the day of inspection to renovate the centre' library. The inspectors saw that there was a rolling maintenance programme, whereby residents' rooms were renovated as they became vacant. A design team had been assigned to plan the conversion of the four bedded rooms to single rooms. The management team assured inspectors that the centre had an ongoing maintenance and capital expenditure plan to address premises issues. The inspectors saw that flooring in some of the communal rooms in the centre were worn and required repair and woodwork and paintwork also required attention as outlined under Regulation 17; Premises.

One of the clinical nurse managers working in the centre was assigned as the lead for infection prevention and control. There were a structured schedule in place to ensure residents' bedrooms were cleaned daily and deep cleaned regularly. The

inspectors saw that there where residents were known to be colonised with multi-drug resistant organisms, these were reflected in residents' care plans. The management team ensured that there was close monitoring of antimicrobial usage in the centre. The inspectors saw that some furniture such as bed table and chairs were worn which may impede effective cleaning and oversight of hand hygiene required action as outlined under Regulation 27;Infection control.

Residents had access to an independent advocacy service.There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities. Residents views on the running of the service were sought through regular meetings and surveys. Feedback from surveys indicated that some residents would like a later tea time and more spaces to meet visitors in private. The management team had developed an action plan to respond to these findings.

Regulation 11: Visits

Visiting was unrestricted in the centre and numerous visitors were seen coming and going on the day of inspection. Visitors were warmly welcomed by staff and met with residents in the residents' bedrooms, the communal rooms, in the seating area along the concourse and outside in the seating areas.

Judgment: Compliant

Regulation 17: Premises

Inspectors saw that, overall, the premises was seen to be appropriate to the number and needs of the residents living in the centre and in accordance with the statement of purpose. However, the following areas required action.

- door frames of some of the ensuite bathrooms in residents' bedrooms were chipped and worn and required repair or replacement
- paintwork on the walls of some residents' bedrooms was marked
- flooring in some of the communal rooms was worn and scuffed
- the layout of the four bedded rooms continued to require review, to ensure they met the needs of residents sharing these rooms and afforded them the required privacy and dignity.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

It was evident to inspectors that residents were offered a choice at mealtimes and the lunch time meal appeared to be wholesome and nutritious. Residents who required assistance were provided with it in an unhurried and respectful manner. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. This was documented in the care plan to ensure staff were aware of the nutritional status and dietary requirements of each resident.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

Regulation 27: Infection control

The following required action to ensure procedures were consistent with the National Standards for infection prevention and control in community services (2018).

- Oversight of staff compliance with hand hygiene practices required review as evidenced by the following; staff were observed wearing rings that were not in keeping with ensuring hand washing could be effectively cleaned.
- A bedpan was observed inappropriately stored behind a grab rail in a shared bathroom, this was immediately removed by the person in charge on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While overall, care plans were person centred, action was required to ensure assessments and care planning documentation was in line with specified regulatory requirements as follows:

- Care plans were not consistently updated with the changing needs of residents, for example a resident who had returned from hospital's care plan had not been updated to reflect their changing needs.
- A resident's care plan did not reflect changes subsequent to a recent fall.
- While progress notes indicated a resident was on supplementary fluids, this was not reflected in their care plan.

This may lead to errors in care provision.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. One of the two general practitioners (GP) who attended the centre was on site on the day of inspection reviewing residents. From a review of a sample of residents records, it was evident that residents had access to specialist wound care expertise when required. Residents were referred to health and social care professionals such as occupational therapists, dietitians and speech and language when required. A physiotherapist was employed in the centre to provide assessments and treatments as required. There was evidence that recommendations made by health and social care professionals were implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices such as bedrails were monitored in the centre by the person in charge and inspectors saw evidence of alternatives to bed rails such as low low beds were used. The person in charge ensured staff were up-to-date with the required knowledge and skills to ensure staff were able to support residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents were provided with facilities for occupation and recreation. The inspectors saw that there was a schedule of activities available for residents each day. During the morning of the inspection, a member of the activity team was facilitating a group of residents in a group activity in the dementia specific unit. In the main conservatory, residents from the centre participated in group activities such as art, knitting , reviewing the newspapers and chats. In the afternoon, a large group of residents celebrated mass in the centre's oratory. Residents' views on the running of the centre were sought, through regular surveys and residents' meetings. Issues discussed at these meetings were actioned by the management team. Residents had access to independent advocacy when required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Luke's Home OSV-0000290

Inspection ID: MON-0043791

Date of inspection: 16/09/2024

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: Training Plan insitu and plan for continuous review of same at our quarterly Meetings.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Education Plan in progress regarding care plans and audit tool updated to reflect same. Fire Training updated as required by the regulations.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Internal Exit Doors risk assessed and added to our restrictive practice registrar and under continuous review.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Major capital expenditure plan underway.Ongoing and rolling maintenance plan will provide the required solutions.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Improve our internal IPC resources and continuously audit same.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Education Plan in progress regarding care plans and audit tool updated to reflect same.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2024
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	31/07/2025
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	30/11/2024
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2024

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	24/10/2024
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	24/10/2024