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:	Riverdale House Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Blackwater, Ardnacrusha, Clare
Type of inspection:	Unannounced
Date of inspection:	01 August 2024
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0040365

About the designated centre

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

Riverdale House is a two storey nursing home. It can accommodate up to 29 residents. It is located in a rural area, six kilometres from Limerick city and close to many local amenities. Riverdale house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, palliative care, respite and post operative care. The centre does not accommodate persons with acquired brain injury or intellectual disability. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 11 single and nine twin bedrooms. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors' room. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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
Thursday 1 August 2024	09:45hrs to 17:40hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind and responsive to their needs. The consistent feedback from residents was that they were happy with the care they received and their life in the centre. The inspector heard many positive comments in such as 'they provide a good service' and 'the staff cater for everyone', and one resident described the welcoming atmosphere in the centre.

The inspector was greeted by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre, giving the opportunity to observe the lived experience of residents in their home environment, and to observe staff practices and interactions.

Located in the village of Ardnascrusha, Co. Clare, Riverdale Nursing Home is registered to provide long-term and respite care to a maximum of 29 residents. On the day of inspection, there were 29 residents accommodated in the designated centre and the inspector. The centre was a purpose-built, two-storey facility, with stairs and passenger lift access between floors.

The inspector spent time walking through the centre, and residents were seen to be up and about, relaxing in their bedrooms or in the communal areas on the ground floor, which included a spacious dining room and a sitting room that was furnished for resident use. There was constant activity in these rooms, and many residents were seen spending time here attending activities, reading newspapers, chatting together and watching television. The inspector observed that there was a staff presence in the communal sitting room at all times. The inspector noted that other communal areas provided, included a visitors room and a secure garden area.

Resident bedroom accommodation was laid out over both floors of the centre and it consisted of single and twin bedrooms, some with en-suite facilities. Many residents bedrooms were decorated with personal memorabilia, such as photographs and soft furnishings. Televisions and call bells were provided in all bedrooms. The inspector observed that residents had access to storage facilities for their personal possessions. However, the layout of some of the shared bedrooms did not fully support the privacy needs of the residents. For example, the location of the wardrobes in two shared bedrooms did not ensure that residents' could access their own belongings without entering the bed space of another resident.

The centre was bright and clean throughout and the provider had taken action to address the findings of the previous inspection in relation to storage facilities.

The atmosphere in the centre was relaxed and friendly, and residents were seen to be comfortable in the company of staff. The inspector spoke with nine residents, and those who could express a view told the inspector that staff were kind and they

were satisfied with the service they received. One resident told inspector that they wished they had moved into the centre long ago. Residents told the inspector that they felt safe living in the centre, and they expressed that they could raise complaints or concerns to the management team with ease.

The resident lunch-time service was noted to be a sociable occasion. Staff and management were present to support and supervise residents. Several residents expressed high levels of satisfaction with the quality of the food provided. The inspector heard positive feedback from two residents in relation to the salmon dish served on the day of inspection. Residents were provided with a choice of main meal and residents informed the inspector that they were provided alternative meals, if requested.

There were two staff members assigned to the provision of activities in the centre and the schedule of activities in place included exercises, music, bingo and reiki. The inspector observed a group of residents engaged in a game of bingo on the afternoon of the inspection and it was evident they enjoyed this activity.

The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. The inspector heard positive feedback from visitors in relation to the quality of the service provided.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection in August 2023, and while some action had been taken, the statement of purpose, training and staff development, governance and management, and notification of incidents did not meet the requirements of the regulations. This inspection also found that while there were management systems in place to oversee the quality of care, oversight of adverse incidents was poor, and nursing staff resources were insufficient.

The registered provider of the centre was Cosgrave Nursing Consultancy Limited. The company comprised of two directors, one of whom represented the provider entity and was the person in charge of the centre. Additional governance support was provided by the second company director.There was a clearly defined management structure in place. The person in charge was supported in the centre by an assistant director of nursing (ADON) who worked in a supervisory role. The assistant director of nursing deputised in the absence of the person in charge. A

facilities manager, clinical nurse manager, and a team of nurses, health care assistants, activities, maintenance, cleaning, catering and administration staff made up the staffing complement.

There were 29 residents accommodated in the designated centre. The inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. However, a review of rosters demonstrated that there were inadequate nursing staff resources available to fulfil planned rosters. This did meant that the daily skill mix of nursing and care staff was not consistent. This arrangement did not ensure adequate clinical supervision and support to residents, particularly in the event of an adverse incident in the centre.

The registered provider had submitted a statement of purpose to the office of the Chief Inspector which contained the required information, as set out in Schedule 1 of the regulations. However, this inspection found that the management and nursing staffing complement, in whole time equivalent (WTE) hours, did not align with the rosters viewed on inspection. This is discussed further under Regulation 3: Statement of purpose.

There was a training programme in place for staff, which included mandatory training and training in other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Notwithstanding this positive finding, the inspector found that supervision systems were not robust in all areas. This is detailed further under Regulation 16: Training and staff development.

There was a programme of auditing clinical care and environmental safety, to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of audits relating to care planning, activities and medication management. A review of clinical audits found that quality improvement plans were developed following audits completed. The provider maintained a record of monthly key performance indicators (KPIs), which included frequency of infections, wounds and restrictive practices in use in the centre. This information was discussed at quarterly clinical governance meetings, scheduled to review key clinical and operational aspects of the service. While there were oversight systems in place, the inspector found there was insufficient management oversight of adverse incidents in the centre. For example, a key performance indicator (KPI) audit tool was used to track the monthly frequency of resident safeguarding concerns and incidents of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector noted that these areas were scored as zero for each month from January 2024 to August 2024, which did not align with the resident records for that time-frame.

A review of residents records found incidents of responsive behaviours were recorded in a validated antecedent-behaviour-consequence (ABC) assessment tool. Nursing records demonstrated that concerns regarding incidents of responsive behaviours were escalated to allied health services promptly and behavioural

support and safeguarding care plans were developed where required. However, the inspector found that adverse incidents of responsive behaviours and potential safeguarding incidents were not recorded in the incident reporting log. Consequently, there was limited analysis of the frequency of incidents, to inform decisions on how to minimise the risk of repeated occurrences ,and to inform quality improvement. Furthermore, while the provider completed monthly reviews of staffing resources, required to support and care for residents, this review was based on a validated assessment of residents physical needs only. It did not account for residents' psychosocial needs and for residents who may required enhanced supervision.

The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, two potential safe-guarding incidents had not been notified to the Chief Inspector in the required time-frame. Furthermore, although nursing records demonstrated that corrective actions were taken, records of the investigations into two potential safeguarding incidents were unavailable.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were in place for all staff.

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre. The provision of inadequate nursing resources to maintain planned rosters is addressed under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of resident.

Records viewed indicated that staff were up to date with the centre's mandatory training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the centre had sufficient resources to ensure the effective delivery of care. For example:

- The total number of nurses available to complete planned rosters were inadequate. This did not ensure effective clinical supervision.

The management systems in place did not ensure that the service provided to residents was safe, appropriate and consistent. This was evidenced by:

- There was no record of an analysis or trending of incidents of responsive behaviours and safeguarding incidents, to facilitate the implementation of corrective measures, in order to prevent similar incidents from occurring.
- Poor oversight systems to monitor medication storage. For example, unused medication was incorrectly documented and not returned to the pharmacy as required.
- Management systems had failed to identify the regulatory requirement to notify the Office of the Chief Inspector of two notifiable incidents, as set out in Schedule 4.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of the residents' contract for the provision of care. Each contracted detailed the terms and conditions of the residents accommodation and the services provided. Contracts outlined the fees to be charged for services and they were signed by the resident or their nominated representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not accurately reflect the total staffing and management complement, in whole time equivalents for the designated centre. For example;

- Roster records demonstrated that nursing and supervisory hours worked by the clinical nurse manager did not align with the proposed whole time equivalents (WTE) recorded for nursing and management in the statement of purpose.
- Rosters viewed by the inspector showed that health-care assistant and nursing staffing levels did not align with the whole-time equivalents (WTE) recorded for nursing and management in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider did not notify the Chief Inspector of two potential safeguarding concerns, as required by the regulations.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated.

Judgment: Compliant

Quality and safety

Residents who could express a view were satisfied with the quality of the care they received and the inspector observed pleasant engagement between staff and residents throughout the inspection. Notwithstanding these positive finding, the inspector found that safeguarding, fire precautions, infection control, and premises did not align fully with the requirements of the regulations. Additionally, full compliance with residents' rights was not achieved at the time of this inspection.

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding

policy provided support and guidance in recognising and responding to allegations of abuse. The provider did not act as pension agent for any resident. However, records of investigation of two safeguarding concerns were not available on the day of inspection. This is detailed under Regulation 8: Protection.

Infection prevention and control measures were in place and monitored by the person in charge. While the resident bedroom and communal accommodation was found to be clean, the inspector noted a number of issues which had the potential to impact on effective infection prevention and control. For example, some items of resident equipment were visibly unclean. This is detailed further under Regulation 27: Infection control.

The design and layout of the premises was generally suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be clean, well-lit and warm, and resident's bedroom accommodation was individually personalised. However, some areas of the residents' living environment were not maintained to a good standard. These observations included scuff marks and chipped paint on a small number of walls surfaces and damage to the floor surface of one shared bedroom

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. Staff had received fire safety training, and evacuation aids were available in each resident bedroom. However, fire detection was not available in the external laundry room, meaning that staff may not be alerted to a fire in this area. This is detailed further under Regulation 28: Fire precautions.

The inspector observed that information regarding advocacy services was displayed in the reception area of the centre, and one resident described the support they received to access this service. Residents had the opportunity to meet together and discuss management issues in the centre. Records demonstrated that an advocate attended resident meetings. Residents' satisfaction surveys were carried out and feedback was acted upon. Residents informed the inspector that they were free to exercise choice about how they spent their day. Several residents reported that they felt safe in the centre and that their expressed wishes were respected. Notwithstanding this positive feedback, the inspector found that the layout of two shared bedrooms did not always support the privacy of residents as one resident could not access their wardrobe without entering the bed space of the other resident. This is detailed under Regulation 9: Residents rights.

There was a schedule of activities which included bingo, exercise and music. Residents' wishes in relation to their preferred religious practices were recorded and respected. A local priest attended the centre on a regular basis to celebrate Mass. Other religious and pastoral services could also be made available, if required.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had access to health and social

care professionals for additional professional expertise. There was evidence that recommendations made by allied health care professionals were implemented.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A number of validated nursing tools were used to assess residents' care needs. Care plans were informed through the assessment process and developed in consultation with residents. A sample of resident care plans, were noted to be person-centred and reviewed in line with regulatory requirements.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was encouraged. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

A review of the premise found that some areas were not maintained in line with the requirements of Regulation 17;

- Paintwork on the wall surfaces along some corridors was scuffed and chipped.
- Floor covering that was continued to form skirting at the base of the walls in one residents shared bedroom was peeling away from wall surfaces.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- The area around the water outlets in sinks used by staff for hand hygiene was visibly stained in the sluice room and nurses station. This finding did not give assurances that these areas had been thoroughly cleaned.
- Two items of continence equipment which were visibly unclean were stored on the clean drying rack in the sluice room.
- The equipment drying rack was positioned over a sink in the sluice room and there was no drip collection tray fitted, to prevent residual liquid from falling onto the sink surfaces below.
- There were insufficient local assurance mechanisms to ensure that communal equipment, such as shower chairs, were cleaned in between resident use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire precautions in place to protect residents and others from the risk of fire were inadequate. For example;

- The external laundry room did not contain a fire detector. This posed a risk that staff would not be alerted to a fire in this room.
- Hoist batteries were being charged on a first floor corridor fire escape route. This practice could introduce a potential fire hazard to a designated safe area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported to

access allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist.

Judgment: Compliant

Regulation 8: Protection

While there were measures in place to protect residents from abuse, including the provision of a safeguarding policy and staff training, records of an investigation into two safeguarding concerns was not available for the inspector to review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could carry out personal activities in private. This was evidenced by the following finding;

- Residents' in a number of twin rooms could not undertake activities, such as dressing, in private. This was because accessing their wardrobe space, intruded on their neighbouring residents private space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0040365

Date of inspection: 01/08/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Two new Nurses have commenced employment in the Centre 30/08/24 which increases our WTE and which will ensure effective clinical supervision is provided across all shifts (Day & Night Duties). And • At our Nurses Meeting on 8th August 24, it was explained to all staff who documented ABC's on Responsive Behaviours, that these "untoward incidents" are required to be documented on Epiccare (computerized recording system) and reported to management at the earliest opportunity. Management will then record same as part of our Monthly Key Performance Indicators, to be discussed and actioned at our quarterly Clinical Governance Meetings and if required complete the relevant HIQA Notification as set out in Schedule 4. • The Safeguarding incidents that were highlighted by the HIQA Officer on 01/08/2024 re the ABC Assessments completed by the Nursing Team re Residents displaying Responsive Behaviours have now been fully investigated by the PIC and two NF03's was informed to HIQA via their portal on 01/08/24 and 07/08/24. Both untoward incidents have now been closed with the satisfaction of all concerned. • The external Pharmacy Team along with the Senior Nursing Team completed an internal Medication Management Audit on 06/08/2024, Action Plans for improvements were implemented thereafter, and corrected action has been taken to improve the medication management systems and processes within the NH. The next external pharmacy audit is scheduled for Nov 24, which will be completed with the new ADoN (who commenced employment within the NH in July 24).	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The Statement of Purpose and Function has been updated to reflect the WTE Staffing Levels within the Centre as of 16th September 2024 and submitted to HIQA Registration as part of the Registration Process due for completion by 26th Sept 2024.
• And as documented above in Regulation 23, two new Nurses have commenced employment in the Centre in Aug 24 which increases our WTE and which will ensure effective clinical supervision is provided across all shifts (Day & Night Duties).
• The HR/Staffing Team have been informed that the Roster WTE'S are required to match the WTE's documented within the SoP, and which they have assured the Registered Provider that they will keep cognizance of this point when completing the duty rosters (which are completed two weekly).

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• The RP's plan re rectifying the Inspectors findings on 01/08/2024 have been documented above in Regulation 23, point 2, thus ensuring that all notifiable incidents are made to the HIQA portal in the required time frame.
• Both incidents identified by the HIQA Inspector were notified on 01/08/2024 and 07/08/2024 and both have now been closed with no additional follow-ups.
• Internal Staff Training & Education in the management of Safeguarding, Responsive Behaviours and Risk Management & Assessments is planned on w/c 28/10/2024 with our Practice & Professional Consultant Nurse (coming from the UK). This planned training will inform, highlight, and assist all staff in identifying "critical incidents" that require reporting to management who will complete their duties in informing HIQA as set out in Schedule 4.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Internal Maintenance continues within the NH on a daily basis and is managed by the Facilities Manager. A full schedule of internal maintenance (including Painting & Decorating) has re-commenced as of 02/09/2024.
• The external contractor who continues with Flooring upgrades within the NH (since Nov 2022) have continued these upgrades in Sept 2024, who have completed mending of the

damaged section as identified by the HIQA Inspector on 01/08/2024 and are planned to be fully completed by 30/09/2024.

Regulation 27: Infection control	Substantially Compliant

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

• All areas within the Sluice Room have been upgraded on the Cleaning Schedule as of 12/08/2024 and are checked weekly by the Facilities Manager to ensure they meet the IPC requirements.

• It transpires that the Bedpan/Bottle Washer was out of order on the day of HIQA Inspection on 01/08/2024, but same has since been serviced by external contractor (on 09/08/24) and now all items are cleaned and disinfected to the required standards.

• A new Drip Protection Tray was implemented on 09/08/24 (as same arrived with the external contractor who the Drip Tray was purchased from). The equipment drying rack was also repositioned over the drain sink so as not to impede staff who would be using the Hand Wash Sink post completing their cleaning duties within the Sluice Room.

• A new cleaning schedule/list has been implemented as of 6th Aug 2024 to ensure all communal equipment (Shower Chairs, Commodes, Hoists etc.,) are always cleaned in-between Resident usage.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• The external electrical contractor has assessed the external laundry facility in late Aug 24, re connecting this external department to the Nursing Home Fire Alarm and a plan to implement/to connect to the NH Fire Panel has been commissioned to be implemented by 30/09/24.

• The internal maintenance team (Electrician) has now moved the Hoist Charger (as of 13/09/24) to a designated safe area and an internal Risk Assessment has also been completed to minimize all potential risks of fire hazard’s (as of 13/09/24).

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: As documented in Regulation 23, please review points 2 & 3, as all records relating to Regulation 8: Protection have now been provided to the HIQA Inspector as of the 1st & 7th August 2024 and are now documented as KPI's to be discussed further at our next Clinical Governance meeting planned for 04/010/2024.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The layouts of the shared bedrooms identified by the HIQA Inspector have been reviewed and additional furniture added to ensure all Residents have their Privacy & Dignity maintained while they complete or are being assisted to complete their personal care (as of 02/09/2024).

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	02/09/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	08/08/2024

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	09/08/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/09/2024

Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	07/08/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	07/08/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	02/09/2024