



**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:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	13 August 2024
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0044394

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 August 2024	09:00hrs to 16:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 19 residents residing in Cois Abhainn at the time of inspection. The inspector met with many residents during the inspection to gain insight into their experience of living in Cois Abhainn. Residents spoken with gave positive feedback and were complimentary about staff, their kindness, good humour and helpfulness, and they reported that the quality of food was excellent. The inspector met two visitors and they said that this was a great service and that they were very happy with the care and attention their relative received.

Cois Abhainn is a single-storey building laid out in a rectangle which enclosed a large garden. The main entrance is wheelchair accessible and leads to a small enclosed porch with hand hygiene sanitiser. Beyond this was a foyer with comfortable seating by a dresser for residents to sit and enjoy the comings and goings of the centre; the a sign-in register was on the dresser for visitors to record their entry. Directional signage was displayed throughout the building to orientate residents and visitors to the centre. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed in the foyer. There is a large white board with information for residents such as the activities programme, meal times, information on SAGE advocacy and bus times.

From the foyer, the dining area was on the right and the main day room area to the left. The nurses' office was to the left, and administration offices were on the left beyond the day room. Residents' bedroom accommodation was located on adjoining corridors to the right and left of the centre. Handrails were on both sides of corridors. Call bells were fitted in bedrooms, bathrooms and communal rooms. Emergency call bells were located along corridors should residents or staff require urgent attention.

The dining room was a lovely bright space with views of the main entrance on one side and the garden on the other side. Tables were set for residents' breakfast; residents were seen coming and going to the dining throughout the morning. The inspector chatted with seven residents as they came for their breakfast and were offered a variety of choice in accordance with their preferences. Later, the chef was observed to go around to residents explaining the menu choices for their dinner and again in the afternoon for their supper. Snacks and beverages were offered at 11:00hrs, 15:00hrs and again at 20:30hrs. Tables were seen to be appropriately set for dinner with glasses, cutlery, napkins and condiments. The dining room was full at dinner time and meals were seen to be served appropriately and staff chatted with residents during their meal to ensure they were happy with their food. Mealtime was relaxed and was seen to be a social affair where residents met up with their friends and chatted. Some residents chose to have their meal in their bedrooms and this was facilitated.

The main day area was a bright space with similar views as the dining room. There was ample space and comfortable seating and foot rests for residents to enjoy and

relax. There was a large flat screen TV and music centre for residents. Other communal space included the small sitting room with flat screen TV, comfortable seating and book shelves with a variety of books. There was a larger sitting room on the back corridor with flat screen TV, comfortable seating, a computer for residents and a specialist magnifying viewing screen to enable residents' with very poor eyesight to read. The oratory for residents to enjoy peace and reflection was also located on the back corridor. The hairdressers room was along the corridor to the right and the hair dresser visited the centre on request. Artwork that previously adorned the walls of the centre was temporarily removed to facilitate painting and decorating.

Residents' bedroom accommodation comprised 18 single and four twin rooms. The twin bedrooms had shared facilities of toilet and wash-hand basin; single rooms had a wash-hand basin in their bedrooms. There were two shower rooms and one assisted bathroom with specialist bath available to residents. Toilet facilities were located near communal areas and residents' bedrooms. Bedrooms could accommodate a bedside locker and armchair; bedrooms had large TV's enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobes and cupboards for storage and hanging their clothes; bedrooms were seen to be decorated in accordance with residents' preferences. Profiling and low low beds with specialist pressure relieving mattress were seen in residents' bedrooms. Privacy screens in twin bedrooms were upgraded following previous inspection findings and residents could use them independently.

The schedule of activity for the week was displayed on the notice board by the day room and on the second notice board on the back corridor. An external activities company visited the centre twice a week on Tuesdays and Fridays; there was live music twice a week; designated staff were allocated to activities such as bingo and 'residents' choice' other days. Residents listened to mass on the radio every morning and had their morning coffee following this. The external activities person was unable to attend the centre during the morning of the inspection so staff stopped and chatted with residents and discussed local news and events; they brought the daily news paper and local news magazine to residents who were seen to enjoy reading. In the afternoon, the activities person was unable to attend the centre and two members of staff played bingo with residents; this was scheduled for the afternoon and residents wanted to play. The inspector observed good fun and craic during the game of bingo. Visitors were seen coming and going throughout the day and visited residents in the day room area. Visitors were seen to be welcomed by staff and lovely social interaction was observed.

Wall-mounted hand sanitisers were available throughout the centre along with advisory signage showing appropriate usage. The centre was visibly clean and tidy; there was a daily cleaning schedule and a deep cleaning schedule to ensure cleanliness. Rooms such as the treatment room and sluice room were clean and tidy and did not have any inappropriate storage; the laundry room and cleaners' room had inappropriate storage and mops on the floor. In the secure clinical room medication trolleys were locked and securely attached to the wall; the medication fridge was locked. The housekeeping, laundry and sluice room had separate hand-wash sinks with hands-free taps. Cleaning trolleys facilitated the storage of cloths to

enable household staff to change cleaning cloths and floor mop-heads between rooms. There were two washing machines and one industrial dryer in the laundry. One washing machine was designated for cleaning mop-heads and other cleaning cloths; the second washing machine was used for residents' personal clothes. Bed linen laundry was outsourced. Appropriate signage was displayed on rooms where oxygen was stored and used.

Emergency evacuation plans were displayed in the centre and orientated appropriately so the display correlated with their relevant position in the building. The area designated as a smoking area was a space outside one of the fire exit doors; there was a fire extinguisher mounted on the wall here; there was no call bell available should residents require assistance. This area was not a sheltered space to protect residents during inclement weather.

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

While there was a clear governance structure in place for Cois Abhainn, the roles and responsibilities of the person in charge and director of nursing were not clearly defined and some of the management systems in place required review as they did not provide assurance that residents were consistently safeguarded.

The inspector reviewed the actions from the previous inspection and found that the following regulations were addressed: privacy curtains in twin bedrooms. Issues identified regarding Schedule 5 policies and procedures, and safeguarding remained outstanding. On this inspection, further action was necessary regarding regulations relating to safeguarding, resident care documentation of assessment and care planning, and wound care records. On a previous inspection, the inspector was informed that segregation of duties for multi-task attendants regarding household and care responsibilities was implemented, however, this had not been actualised.

Cois Abhainn Residential Centre is a residential care setting operated by the Health Services Executive (HSE) providing accommodation for low to medium dependency residents. It is registered to accommodate 26 residents. The organisational structure comprises the general manager who is the liaison person between the registered provider and the regulator. The director of nursing reports into the general manager. The person in charge had responsibility for the day-to-day running of the centre and she reports to the director of nursing.

Schedule 5 policies and procedures available on site were examined and these required review to ensure they complied with the specified regulatory requirement. These are further detailed under Regulation 4: Policies and procedures.

Training records showed that mandatory training was up to date for all staff. There were no volunteers supporting Cois Abhainn at the time of inspection. Staff levels were adequate to the size and layout of the centre.

Following review of the incident and accident records, incidents requiring notification were not recognised as safeguarding concerns and consequently not notified in accordance with regulatory requirements; this is a repeat finding.

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were 19 low-to-medium dependency residents in Cois Abhainn.

The staff roster for 26 residents comprised:

- director of nursing, Monday - Friday
- person in charge, Monday - Friday
- registered nurses, 8am – 8:15pm x 1, 8 – 8 x 1
- chef x 1, 8am – 8pm
- administration x 1, 9 - 5
- multi-task attendants x 2 x 8am – 8pm, 8 – 4 x 1 [MTAs role and responsibilities included personal care delivery, assistance with meals and snacks, and household cleaning duties].

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were reviewed and all staff training was up-to-date for mandatory and other training. Additional training was provided as part of practice development, such as on-site safeguarding inter-active programme, dignity in the work place, dysphagia, and management of infection for example.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place to monitor the ongoing quality and safety of the care delivered to residents remained inadequate. Inspection findings reflected the need for enhanced oversight of the day-to-day operation of the centre by the management team, to ensure that issues identified for improvement on this and previous inspections were captured through the centre's own audit process. Auditing was found to be inconsistent and not sufficiently robust to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, evidenced by:

- roles and responsibilities of the person in charge and director of nursing were ill-defined in practice to be assured that the governance structure was effective in practice
- there was a lack of oversight of incidents recorded in the HSE national incident report form (NIMs) as some of these were not followed up to ensure residents were safely cared for; this is further discussed under Regulation 8, Protection,
- there was a lack of oversight of medication errors and near-miss episodes which were not followed up to ensure administration practices were compliant with professional guidelines
- segregation of roles for multi-task attendants (MTAs) had not been implemented, despite the inspector being informed on a previous inspection that this had been completed.

Regarding risk:

- residents did not have access to a safe smoking area. The smoking facilities comprised of a designated area outside a side door with a fire extinguisher; seating was provided from one of the day rooms. The area was not sheltered and there was no call bell available to enable someone to call for help should they require assistance.

Judgment: Not compliant

Regulation 31: Notification of incidents

Action was required to ensure that notifications were submitted in line with regulatory requirements as:

- issues reported as part of the HSE NIMs incident and accident records were not followed up as part of safeguarding, or reported to the regulator in line with Schedule 4 notifications; this was a repeat finding.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Action was required to ensure the most up-to-date policies were available to staff; that Schedule 5 policies and procedures were updated in line with changes to legislation; and implemented into practice to ensure care was delivered in line with current best practice:

- the complaints policy did not reflect S.I. 628 of 2022 changes to legislation
- the policy relating to the temporary absence of a resident did not have required information as detailed in the regulations
- the policy relating to the provision of information to residents did not specifically detail the residents' guide
- the safeguarding policy required implementation; even though issues were reported to management, they were not followed and acted upon to ensure the safety of residents in line with their safeguarding policy.

Judgment: Substantially compliant

Quality and safety

On the day of inspection, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. There was a relaxed atmosphere and a social model of care was promoted by the director of nursing.

Residents had access to advocacy and care documentation showed that people were supported to access this service in accordance with their choice. Residents had access to a variety of activities on a daily basis. A named staff was allocated to activities on days when the external activities company was not on site. The activities notice included detail of the activities programme throughout the day and the name of the person facilitating these sessions.

Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative to provide updates on the resident's status gave good detail on the resident's well-being, their responses to interventions including pain management, supports and

care provided. As part of the care documentation, a new tool titled 'Differentiating Characteristics of Delirium, Dementia and Depressions' was available to staff as an easy reference guide in assisting with assessment should a resident exhibit specific presentations. A sample of residents' care plans and assessments were reviewed and while there was some improvement in care records maintained to inform individualised care, issues were identified regarding assessment and care planning and will be further discussed under Regulation 5, Individual assessment and care plan, and Regulation 6, Health care, regarding wound care management.

The GP attended the centre twice a week routinely as well as residents visiting the GP in their surgery in accordance with their preference and choice. Medication administration records were comprehensively maintained in the sample examined. Records demonstrated that there was ongoing review of prescriptions along with residents' responses to medication to ensure best outcomes for residents. The inspector was invited to attend the safety pause which demonstrated that staff had good knowledge and holistic overview of residents and their care needs, and monitored their responses to ensure best outcomes for residents.

Regarding the premises, painting and re-decorating was necessary to ensure the premise was compliant with Schedule 6 of the regulations. Nonetheless, privacy screen in twin bedrooms were upgraded following the findings of the previous inspection and were easy to use and could be independently used by residents.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had good understanding of all residents' communication needs. Staff were seen to actively engage with residents. Throughout the day staff took time to sit and chat with residents, tell them about the local news and read the newspaper. Some residents preferred their own company and this was respected.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen coming and going to the centre throughout the day. Visitors spoken with said they were very happy with the care their relative received.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to a minimum of double wardrobes and bedside locker, some residents had an additional single wardrobe with shelving as personal storage for their belongings.

Residents' personal laundry was completed on site and arrangements were in place for collection and return of bed linen; there was a good supply of bed linen seen in designated linen storage presses in the centre.

Judgment: Compliant

Regulation 17: Premises

The following was identified for action to ensure the premises was in accordance with the statement of purpose for Cois Abhainn:

- the building was in need of painting and redecorating as many surfaces to walls were damaged following fire safety works and other works
- door frames and architraves were damaged from general wear and tear
- some flooring was damaged
- obsolete privacy screens in twin bedrooms had not been removed following the installation of new user-friendly privacy screens to afford residents additional space alongside their beds.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented and looked appealing. The inspector saw that residents had lots of choice for their breakfast and evening meal, and that dinner had several choices depending on individual resident's preference. The chef was seen going around to chat with residents asking them their menu choice for the evening meal and dinner for the following day.

Practices in the kitchen were in compliance with food safety requirements and the associated records were maintained in line with best practice guidelines.

A list of residents, their personal menu choices, dietary requirements (such as diabetic and gluten free) and relevant textures were discretely displayed in the kitchen for ease of access to kitchen staff to ensure residents received meals in accordance with their preferences.

Judgment: Compliant

Regulation 27: Infection control

The following required action to ensure appropriate infection prevention and control practices:

- shelving was required to enable containers dispensing chemicals to the dishwasher to be maintained off the floor
- floor mops and brushes were stored on the floor in the laundry and household cleaners' room preventing adequate cleaning of floors in these rooms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration records and associated prescriptions were examined and these showed records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was necessary regarding assessments and care planning as follows:

- while assessments and care plans included medical histories, the impact these had and how they inform the care planning process was not explained; consultation with residents regarding their care planning was not evident as education of residents regarding their prescriptions and possible risks associated with medications such as bleeding for example was not facilitated
- while some medications were specifically detailed, other risk medication was not included to inform either the assessment or care planning process, for example, cardiac medications with specific instructions for administration
- even though a resident was admitted with a Grade 11 pressure area, their skin integrity care plan did not detail the pressure area; their identified needs were to maintain their skin integrity and prevent skin tears with no reference to the pressure area to inform either assessment or care planning to enable

best outcomes for the resident, or education of the resident in helping prevent recurrence.

Judgment: Substantially compliant

Regulation 6: Health care

Action was necessary to ensure residents received a high standard of evidence-based nursing care, as follows:

- the wound care assessment for a resident admitted with a grade 11 pressure area was not completed comprehensively to enable monitoring of the area to assess for improvement or deterioration
- records stated that a dressing was applied to the wound on the day of admission, and records indicated that the dressing was to be renewed in three days, however, there was no record that the dressing or pressure areas was reviewed
- a resident prescribed significant cardiac medications presented with low blood pressure, however, one medication was withheld for three days without discussion, review and consent from the resident's GP.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that comprehensive measures were not taken in the centre to safeguard residents:

- a review of the site-specific HSE NIMs incidents records showed some safeguarding concerns were not recognised as such by the management team and consequently not appropriately followed up and investigated to mitigate recurrence and ensure the safe and appropriate care of residents. This was a repeat finding.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' activities programme showed that residents had access to activities over seven days a week. An external activities company provided activities two days a

week, live music was held twice a week, and the priest said mass on site on a weekly basis. A member of staff was assigned to activities on days when the external activities facilitators were not on site.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially 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 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0044394

Date of inspection: 13/08/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
Regulation 23: Governance and management Not Compliant	
<ul style="list-style-type: none">• The PIC and DON roles and responsibilities as defined in the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) S.I 415 of 2013 were discussed with the Interim General Manager and Clinical Development Coordinator at a meeting on 09/09/2024. Assurance has been given by both that they understand their respective roles and responsibilities of governance.• The PIC and DON will participate in a fortnightly management meeting from 12/09/2024 with the following will be included but not limited to as agenda items: safeguarding, quality, health & safety, audit finding and practice issues.• A local QPS committee will be formed and meetings will commence from 27.09.2024 monthly to review all local incidents, recommendations and follow up. This meeting will feed into the GM/Older Person Senior Management QPS meeting.• All NIMs submissions will be reviewed jointly by the PIC & DON from 14/08/2024 prior to submission to ensure that any Safeguarding concerns are identified and actioned to ensure the protection of all residents.• Introduction of a post incident template from 09/09/2024 by the PIC and DON to ensure all actions post incident are examined & reviewed to ensure compliance with policy and legislation. This will be monitored on a weekly basis by the PIC and the DON.• The medication error highlighted at the inspection has been reported as a Dangerous Occurrence via NIMs and is being followed up with QPS. <ul style="list-style-type: none">o All nursing staff in the Centre will repeat Medication Management Training on HSE Land by 19/09/2024.o All staff nurses will review 'Guidance for Registered Nurses & Midwives Medical Management- ABA' by 19/09/2024 and sign a declaration of understand of same.o Additional training will be provided to all nursing staff regarding Scope of Practice on 02.10.2024.o Additional Medication Audits will take place once a week for the next 6 weeks and as	

an additional support to the already monthly report.

o The medication management policy is currently under review by the PIC and DON and will be circulated to staff by 30/09/2024

- In relation to segregation of roles, meetings have taken place in May 2024 and we will continue with engagement between staff & unions to progress.

- Maintenance engagement occurred on 03/09/2024 to supply a quote for a smoking shelter. Work on a smoking shelter will progress with an estimated completion date of 31/12/2024.

o A mobile call bell is now within reach and available to all our residents who smoke.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Regulation 31: Notification of incidents

Not Compliant

- All NIMs submissions are reviewed jointly by the PIC & DON from 14/08/2024 prior to submission to ensure that any Safeguarding concerns are identified and actioned to ensure the protection of all residents.

- A local QPS committee will be formed and meetings will commence from 27.09.2024 monthly to review all local incidents, recommendations and follow up. This meeting will feed into the GM/Older Person Senior Management QPS meeting.

- Staff have been identified who require additional support in incident management reporting will attend the next available monthly NIMS training.

- The daily safety pause meeting will include any safeguarding concerns and action plans.

- Incidents highlighted on the day of inspection have been reviewed with staff members and residents. In all cases the incidents were concluded to assure the PIC and DON that no issues had occurred which adversely affected the safety of any resident's.

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Regulation 4: Written policies and procedures Substantially Compliant</p> <ul style="list-style-type: none"> • The Complaints Policy was updated to reflect S.I 628 on 16.09.2024. • The Temporary Absence Policy was updated in line with legislation on 05.09.2024. • The Provision of Information to Residents was updated in line with legislation on 05.09.2024. • A resident guide will be developed for Cois Abhann by 31/12/2024. • Safeguarding training review: <ul style="list-style-type: none"> o The management of all safeguarding issues will be discussed at the fortnightly management meeting between the PIC and DON. o The PIC and DON will carry out a survey with staff to examine areas that may need further training or support. Survey to be completed by 16/10/24. o The PIC and DON will complete training with the designated safeguarding officer on 16/10/2024 in the completion on online PAFs. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Maintenance on-site (03/09/2024) to assess required works & to implement redecoration schedule of the facility: <ul style="list-style-type: none"> o Timescale for completion: estimated date 31/12/2024 o Areas included in this: flooring, shelving, painting, curtains. • Obsolete privacy screens will be removed from the unit by 27/09/24. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

<ul style="list-style-type: none"> • Installation of shelving in the resident's bedrooms, laundry room, kitchen & cleaners room will be completed by 31/10/24. • Floor mops and brushes have now been removed and are in the provided holders, this was rectified on the day of inspection. Cleaning staff have been reminded of the correct storage of equipment. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>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:</p> <ul style="list-style-type: none"> • A Care Planning workshop will be delivered to support nursing staff on 02.10.2024 the focus of the training will be to support staff in developing individual care interventions based on a comprehensive assessment of physical, medical and psychosocial needs. This session will also include an audit session for staff of documentation. • The results of monthly documentation audits will be discussed with the individual staff nurse by the CNMIII to ensure areas of non-compliance are actioned with a specific timeframe commencing from 13/09/2024. • Additional documentation audits will begin on week commencing 16/09/24 with the monthly support of the Clinical Development Coordinator. This will incorporate a peer review of care plans & discussions on findings & practice, with an aim to highlight areas that require improvement & areas of good practice in-house. • Medication audits to be carried out every week for 6 weeks & findings will be discussed at in-house QPS meetings from 02/09/2024. • The care plan reviewed on the date of inspection where issues were identified has been audited and non-compliant findings have been rectified. The findings of this audit will be used for learning at the upcoming care plan workshop. • Additional training has been offered to staff in wound care with the MUH CNU 09/10/2024 and Person Centered Care on 11/09/2024. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Additional training has been offered to staff in wound care with the MUH CNU 09/10/2024. • A Care Planning workshop will be delivered to support nursing staff on 02.10.2024 the focus of the training will be to support staff in developing individual care interventions based on a comprehensive assessment of needs. <ul style="list-style-type: none"> o Staff that have been identified as requiring further training will be offered additional training- Person Centered Care Plan training on 11.09.2024. o A pathway has been developed with CNS-TVN in an advisory capacity to support staff with wound/skin integrity issues. • The medication error has been reported as a Dangerous Occurrence via NIMs and is now being reviewed with QPS. <ul style="list-style-type: none"> o All nursing staff in the center will repeat Medication Management Training on HSE Land by 19/09/2024. o All staff nurses will review 'Guidance for Registered Nurses & Midwives Medical Management- ABA' by 19/09/2024 and sign a declaration of understand of same o Additional Medication Audits will take place once a week for the next 6 weeks and as an additional support to the already monthly report 02/09/2024. o A review of the clinical governance for residents on respite is being undertaken. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • A local QPS committee will be formed and meetings will commence from 27.09.2024 monthly to review all local incidents, recommendations and follow up. This meeting will align with the GM/Older Person Senior Management QPS meeting. • The PIC and DON will participate in a fortnightly management meeting from 12/09/2024 with the following as agenda items: safeguarding, quality, health & safety, audit finding and practice issues. • All NIMs submissions are reviewed jointly by the PIC & DON from 14/08/2024 prior to 	

submission to ensure that any Safeguarding concerns are identified and actioned to ensure the protection of all residents.

- Introduction of a post incident template from 09/09/2024 by the PIC and DON to ensure all aspects post incident are examined & reviewed to ensure compliance with policy and legislation. This will be monitored on a weekly basis by the PIC and the DON.
- An in-house review of NIMS incident forms since January 2024 will take place to ensure all actions have been completed, are appropriate and reviewed. This will be carried out by the local QPS committee.

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	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	11/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/10/2024

	associated infections published by the Authority are implemented by staff.			
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	14/08/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	16/09/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	16/09/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional	Substantially Compliant	Yellow	31/10/2024

	of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	18/10/2024
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	18/10/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	18/10/2024

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	14/08/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	14/08/2024