



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

Issued by the Chief Inspector

Name of designated centre:	D'Alton Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0042443

About the designated centre

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

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team is provided to residents who require long stay care or periods of respite care. Residents who have increasing physical frailty, people living with dementia and others requiring assistance with mental health or palliative care needs are accommodated. Day care is provided two days per week and there is separate space and staff allocated to this service. Accommodation is provided in 19 single and five twin rooms. The centre provides a home like environment, is well-maintained and there is adequate dining and sitting room space available to meet the needs of residents accommodated. Outdoor space comprises of two courtyard gardens. The philosophy of care is to provide a safe and home like environment that enables residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote their health, independence, individuality and choices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 May 2024	09:00hrs to 17:00hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents were being well cared for by a team of core staff who knew them well and worked hard to ensure their needs were met. The previous person in charge had left their post in July 2023 and this inspection found that the lack of a person in charge and frequent changes in the management team was impacting on the quality and safety of the care and lived experience for the residents.

The centre is located close to Claremorris town centre. The centre provides 29 beds in 19 single and five twin bedrooms. Overall bedrooms were well equipped and had benefitted from recent refurbishment. However a number of the single rooms were small and their layout did not support residents to sit out beside their bed without impacting on the access to other furniture in the bedroom such as personal wardrobes and hand washbasins. The twin rooms were of a good size but did not ensure that all residents had adequate space to store their personal belongings. Residents told the inspector that they were comfortable in their bedrooms. Some bedrooms were personalised with items residents or their families had brought from home.

The communal spaces were comfortably furnished and provided sufficient space for residents to congregate to enjoy activities and entertainments. Residents were observed enjoying a games session during the morning and music during the afternoon. Mass was held in the main lounge and was attended by most residents on the day. Staff were heard asking residents if they wanted to participate in activities and where residents declined this was respected. Residents and families who spoke with the inspector said that there was "always something happening" and that activities had improved. One resident said that they would like to go out into the local town but was not sure that this could be facilitated. Managers informed the inspector that there was a plan in place to commence regular day trips out of the centre but this had not commenced.

There was a pleasant calm atmosphere on the day of the inspection with staff working well together to ensure residents' needs were met. Staff and resident interactions were respectful and empathetic and residents told the inspector that staff were kind and approachable. Residents said that they felt safe and could talk to staff if they had any concerns or questions about their care or what was happening in the centre. One resident said that "staff are busy but they always listen."

Families and friends called to the centre throughout the day of the inspection. Visitors were made welcome and it was evident that they were encouraged to stay involved in the resident's lives in the centre. One visitor said that they visited almost every day and were always made welcome and that the staff kept them up-to-date with any changes in their loved one's health or well-being.

The inspector observed part of the lunch time meal. Residents had a choice of meal options all of which were freshly prepared in the centre's kitchen. A number of residents required specialist diets and these were catered for. Residents said that they enjoyed their meals and had plenty of choice.

The next two sections of the report set out the findings of this inspection under the relevant pillars of quality and safety and capacity and capability.

Capacity and capability

The provider's failure to appoint a person in charge who had the required qualifications and management experience to provide leadership and oversight had led to significant dis-improvement in compliance in the designated centre despite the hard work of the staff who were in post. This is evident in the number of non compliances found on this inspection. Furthermore the provider had failed to carry out the business of the designated centre in line with the conditions attached to the centre's registration and had continued to admit respite and short term residents after the Chief Inspector had attached a restrictive condition to their registration requiring them to cease admissions to the centre until a person in charge who met the requirements of the regulations was appointed.

This inspection was carried out 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 March 2023. The provider had submitted an application to renew the registration of the designated centre in February 2024 and this information was reviewed as part of this inspection.

While there were sufficient numbers of staff in the centre on the day of the inspection to provide care and support for residents the inspector found that the provider's reliance on agency staff to cover long term vacancies in the centre was impacting on the continuity of care for residents. Furthermore the additional tasks for staff working in the centre to induct and train agency staff was increasing their workload and was not sustainable.

The allocation of duties and staff also required review. There were four staff working in the administration office on the day of the inspection. This office was located close to the entrance door to the centre and staff were well-positioned to answer the door for visitors. However the inspector observed that administration staff did not answer the door and this was left to nursing and care staff to do, which took them away from direct care of the residents. On more than one occasion the inspector observed staff apologising to residents and providing assurance that they would be back to them as soon as they had answered the door.

The management team working in the centre had completed a review of staff training and had made significant improvements to ensure all staff had access to

training to meet their mandatory training requirements. This inspection found that staff were up-to-date with training.

The provider had a comprehensive range of quality assurance and audit processes in place, however these were not being implemented and a number of audits and quality checks were overdue on the day of the inspection. The absence of the person in charge was negatively impacting on the oversight and management systems in the designated centre and did not ensure that care and services were consistent, safe and appropriate.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted the required documents and information in their application to renew the registration of the designated centre. However the information submitted in the statement of purpose required some corrections and review. The required fee had been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had failed to appoint a person in charge who met the requirements of Regulation 14. There had been no person in charge in place in the designated centre since July 2023.

Judgment: Not compliant

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to provide care in line with the resident's assessed needs. However, two of the four nurses on duty were agency nurses and there were five agency care staff on duty. This created a significant workload for the centre's own staff who were required to support and oversee the agency staff, some of whom were not familiar with the residents.

This is addressed under Regulation 23 Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

The nurse manager had focused on ensuring staff had access to training in 2024 and as a result staff had access to appropriate training and were up to date with their mandatory training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to appoint a person in charge who met the requirements of the regulations and as such there was no clearly defined management structure to identify the lines of authority and accountability and ensure responsibilities were clear and communications were effectively maintained. Furthermore the current manager did not have appropriate support in the role from the provider. This was evidenced by the lack of regular management meetings and a significant break down in communications where the staff in the designated centre were not informed that the Chief Inspector had attached a restrictive condition to the centre's registration on 03 May 2024 requiring the provider to cease admissions until a person in charge was appointed. As a result two residents had been admitted for short term care since that date.

The provider did not ensure that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

- The current staffing model was not sustainable and did not ensure safe and appropriate care for residents. This was validated by feedback from staff on the day and identified in the provider's risk register. There was a high number of vacancies in the centre which included a vacancy for the person in charge, a vacancy for the clinical nurse manager (CNM), three staff nurse vacancies and eight health care assistant vacancies. The high number of vacancies had been identified as a significant risk by the current manager working in the centre and had been escalated to the provider in February 2024 however these vacancies had not been appointed to at the time of the inspection.
- There were four administration staff working in the centre on the day of the inspection. The administration office is located close to the front door. The inspector observed that there was no reception duties provided from the administration office and it was the nursing and care staff who answered the front door and let visitors into the centre. The inspector observed that this took nursing and care staff away from care duties including giving a resident a drink and sitting with a resident who was becoming agitated.

Notwithstanding the efforts of the manager and senior nursing staff working in the centre the inspector found that the governance and management systems that were

in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored.

- Audits had not been completed in line with the provider's audit schedule for 2024. As a result non compliance in key areas such as medication management found by the inspector had not been identified and addressed in a timely manner to ensure the safety of the residents.
- The oversight of fire precautions was not robust and did not ensure resident's safety in the event of a fire emergency. These findings are set out under Regulation 28.
- The oversight of accidents and incidents that occurred in the centre did not ensure that any notifiable incidents were notified to the Chief Inspector within the required time frames.
- Although the management team had taken the decision on 07 May 2024 to close the centre to long term admissions in order to mitigate the risk created by staff vacancies the centre remained open to short term and respite admissions which created significant admission and discharge workloads for staff and did not mitigate the risk effectively.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose submitted as part of the provider's application to renew the registration of the designated centre did not contain accurate and up to-to-date information. For example;

- The information in the document relating to the provider's complaints procedure had not been updated in line with the changes to Regulation 34 that were implemented in March 2023.
- The information in relation to the person in charge and deputising arrangements for the person in charge was not correct.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers working in the centre at the time of the inspection. The provider had a policy in place for volunteers working in the centre which required that all volunteers;

- Have their roles and responsibilities set out.
- Receive supervision and support

- Have the required An Garda Siochana vetting in place before they start working in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Two incidents that required notification to the Chief Inspector had not been notified within the required time frames.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in place which was displayed in the reception area for residents and families to see.

There were no formal complaints received since the previous inspection. Records showed that informal complaints were recorded and addressed by staff at the time.

Residents and families who spoke with the inspector said that staff were approachable and they could raise any concerns they might have with a member of staff.

Judgment: Compliant

Regulation 21: Records

The provider did not ensure that all of the records required under Schedule 4 of the regulations were maintained and available for inspection;

- Records of weekly emergency lighting tests were not complete and did not provide assurances that these tests were carried out on a weekly basis so that any faults could be identified and addressed. Records were missing for four weeks in January 2024, two weeks in March 2024 and there were no records of any checks completed in May 2024.
- The records of weekly fire alarm and fire door checks carried out in the centre by maintenance staff were incomplete and did not provide assurance that these checks were carried out weekly in line with the provider's own fire

procedures and did not provide assurance that any faults were identified and addressed in a timely manner

- There were no fire drills recorded for 2023.

Judgment: Substantially compliant

Quality and safety

Overall residents were receiving care and support in line with their needs and preferences, however the oversight of key areas such as fire safety and medications required significant improvement to ensure the safety and well being of residents.

Care was person centred and it was clear that the centre's own staff staff knew the residents well and were working hard to ensure that each resident's needs and preferences for care and daily routines was communicated to agency staff working in the centre. This was done through hand over reports and supervision of agency staff working in the centre.

There was a welcoming and pleasant atmosphere on the day of the inspection. Residents were calm and on two occasions where one resident became agitated staff were prompt to respond, providing appropriate support in a respectful and empathetic manner. There were nine bed rails and two lap belts in use on the day of the inspection. Records showed that these were being reviewed regularly and that nursing staff were working with residents and families towards reducing bed rails in use.

A number of residents had communication needs. Staff knew these residents and the strategies and equipment that residents required to meet those needs. However a written communication care plan was not available for one resident which did not ensure that all staff caring for the resident had the information they needed to support the resident to communicate effectively.

Overall the premises provided a safe and comfortable environment for the residents. Communal lounge and dining rooms were bright and spacious and were well used by residents on the day. Communal bathrooms had been recently refurbished and were well laid out and accessible for residents. However, the layout in a number of single bedrooms did not provide sufficient space for the resident to have a comfortable chair beside their bed. Furthermore the personal storage space in one twin bedroom was not adequate for one resident and required review.

Storage was not well organised and, as a result, items of equipment such as commodes were being stored in residents' communal bathrooms which obstructed access to shower and toilet facilities in these rooms. Although managers were working to identify items of equipment such as mattresses and comfort chairs that

were for disposal, this process had been recently commenced and a number of these items were cluttering the available storage areas in the centre.

Fire precautions required significant review especially in relation to the checking off fire equipment and fire evacuation procedures. Staff with responsibility for completing weekly and monthly fire equipment checks were not based in the designated centre and did not report to managers in the centre. As a result, managers were not aware of a number of the fire safety issues found on this inspection. This arrangement did not ensure effective oversight and did not ensure that where deficits were identified that these were addressed in a timely manner.

Improvements were also required in relation to administration of medications to ensure that these were managed in line with national best practice guidance and the provider's own medication administration practices.

Regulation 10: Communication difficulties

One resident with significant communication needs did not have a clear care plan in place informing staff of the actions they needed to take to support the resident to communicate freely. The resident used written communications to communicate with others and this was not identified in their care plan. This was a particular risk due to the high number of agency staff who were not familiar with all of the residents.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre conformed fully with the matters specified under Schedule 6, including;

Although the manager in the centre was working towards removing clutter and items of equipment that were no longer in use the inspector found that there was a lack of appropriate storage in the designated centre and the storage that was available was not well organised.

- Four commode chairs were being stored in the communal bathroom opposite bedrooms 10 and 11. This obstructed access to the hand wash basin and the shower.
- The large store room to the rear of the building was cluttered with mattresses and other items stored on the floor. This prevented the floor from being cleaned effectively. Some of these items were damaged and were not longer in use and needed to be disposed of.

There was an odour in the communal bathroom located near to bedroom 24 which did not provide assurance of appropriate ventilation in all areas used by residents.

Although the single rooms along two corridors meet the minimum size required for a single bedroom, the layout of some of these rooms did not ensure that each resident could have a comfortable chair beside their bed.

The second bed in twin bedroom 21 did not have enough storage space for the resident to store their personal belongings off the floor. The inspector observed a number of cloth storage boxes on the floor containing personal items. There was no shelving or other storage available in the resident's bed space for these items.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider failed to provide adequate arrangements for reviewing fire precautions and testing fire equipment. For example;

- Quarterly testing of the emergency lighting system completed in April 2024 found that the addressable lighting controller was not working. There was no record or assurances available that this fault had been repaired and that the emergency lighting was in full working order.
- Fire door seals were damaged at the base of one cross corridor fire door set on the rear corridor. This had not been identified by maintenance checks and posed a risk that fire and smoke could spread between compartments.

The provider failed to ensure by means of fire safety management and fire drills at suitable intervals that the persons working in the designated centre were aware of the procedure to be followed in the case of a fire emergency. For example;

- There was no record that the staff had completed a simulated fire drill of the largest compartment with night time staffing levels to ensure that there were enough staff on duty at night to evacuate residents safely.

The provider had failed to ensure there were adequate arrangements in place to ensure safe evacuation of all persons in the designated centre in the event of a fire. For example;

- Personal evacuation plans (PEEP) were not available for six residents to ensure staff and emergency services did not have the information they required to support safe evacuation of these residents.
- The PEEPs for a number of residents had not been reviewed since December 2023 and the inspector was not assured that the information in these evacuation plans was up to date and correct.

- The PEEPs for three residents were not available in their bedrooms in line with the provider's own fire procedure.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that a number of medication administration charts had not been signed by the resident's general practitioner (GP) to ensure that medicines were administered in accordance with the prescriber's directions.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff had received training to support residents who may display 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).

Where restraints were used these were reviewed regularly to ensure they were used in the least restrictive manner in line with national best practice guidance.

There were low levels of responsive behaviours displayed on the day of the inspection. Where residents became agitated staff used appropriate person centred approaches to de-escalate the situation and distract the resident.

Judgment: Compliant

Regulation 6: Health care

The provider did not ensure that all residents received their medications in accordance with professional guidelines issued by An Bord Altrains agus Cnaimhseachais. The inspector found that;

- One resident did not have adequate personal identification information recorded in their medication administration record. This created a risk that a resident may not receive their correct medication.

- The same resident did not have a record of any known allergies which created a risk that they may be prescribed medications that were not suitable and may do them harm.
- Records for controlled drugs administered by nursing staff were not signed by two nurses in line with best practice guidance and the provider's own medication procedures.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0042443

Date of inspection: 15/05/2024

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Person in Charge who meets regulatory requirements recruited and due to commence in post on 30th September 2024</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations/standards.</i></p> <p>Person in Charge who meets regulatory requirements recruited and due to commence in post 30th September 2024</p> <p>CNM2 on panel for appointment and awaiting HSE Senior Management approval which has been sought. All other vacancies had been sent for recruitment, but there is new processes in place where each IHA have to stay within a wte ceiling and then a 3 stage approval process at REO level. Any post s that were vacant as of 31st December 2023 are now decommissioned</p> <p>There are 2.1 wte Administration staff in the unit, reception duties are not part of the role, we will contact their line manager to ask for a meeting to discuss this additional role</p>	

Senior Nursing staff providing additional support to interim Director of Nursing with Rosters.	
The two outstanding notifications have been submitted to the Regulator.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Revised Statement of Purpose Submitted on 20th June 2024 and will be revised again when the new PIC is in situ	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All required notifications submitted and going forward will be submitted within the timeframes	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The records of weekly fire alarm and fire door checks carried out by maintenance and staff are completed and any faults that have been identified have been fixed. The emergency lighting is in full working as confirmed by contractor on 5th September 2024 Fire drills were completed and recorded in 2023 dated 24/10/2023.	

Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties: Care plan for communication is in place for the resident which identifies the suitable communication aids.</p> <p>All staff are aware of the communication aid is in use for this particular resident and uses it on a daily basis.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The commode chairs were removed from the communal bathroom and stored in the clean utility room to have access to the hand basin /shower.</p> <p>The large store room at the rear has been decluttered and the damaged items were removed and disposed of for the housekeeping staff to have access to clean the floor.</p> <p>Communal bathroom in Bedroom 24 has windows that can be opened if required, also air-fresheners installed in the facility to remove the unpleasant odour.</p> <p>Resident in Bedroom 21, is given additional storage space to store his personal belongings.</p> <p>We will ask maintenance to review room layout with a view to facilitating chair.</p> <p>As a temporary measure residents from these single bedrooms are re- located to vacant single bedrooms where they can have their comfortable chair beside their bed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PEEPs have been updated for all residents and these are available to staff on the notice board as well as on the fire evacuation folder in the nurses station, and is also displayed in each resident's bedroom ,same reviewed weekly with a view to change in residents condition.</p>	

<p>PEEP assessments are reviewed and updated every 4 months or more if required</p> <p>Simulated drill in the largest compartment with night time staffing levels was carried out on the 10th June 2024.</p> <p>Simulated day time fire drill is planned in 2nd week of September.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Contacted Resident's GP and all medication administration charts have been updated with the GP signature.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Pharmacy have been contacted and all medication administration records are up-to date with residents ID and allergy status.</p> <p>All nurses are advised to complete medication management training and submit certs to the management.</p> <p>New MDA register has commenced for both checking and administering MDA's and nurses have been informed of the changes taken place.</p> <p>It has been communicated to staff regarding the procedure in relation to administering and checking off controlled drugs.</p> <p>Audits are completed weekly to identify issues with medication management and areas for improvement followed by an action plan.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	09/09/2024
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	30/09/2024
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	09/09/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in	Substantially Compliant	Yellow	09/09/2024

	Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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.	Not Compliant	Orange	31/12/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	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	31/12/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Substantially Compliant	Yellow	09/09/2024

	including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	09/09/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	09/09/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	09/09/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	09/09/2024

Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	09/09/2024
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	09/09/2024
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	09/09/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	31/10/2024

	care, including a 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.			
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