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:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 November 2024
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0044117

About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre currently employs approximately 54 staff and provides 24-hour care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56

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
Wednesday 13 November 2024	09:50hrs to 18:20hrs	Catherine Furey	Lead
Wednesday 13 November 2024	09:50hrs to 18:20hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Rathkeevan Nursing Home was a nice place to live. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. Inspectors spoke with a number of the residents to gain insight on their experience of living in the centre. The feedback was generally positive and residents commented on the kindness of staff. Inspectors also spoke with visitors to the centre who gave favourable reviews of their experiences of the centre. Two visitors stated that they had previously had concerns about the levels of care provided, but that these had been dealt with, and they were currently satisfied with the care and support provided to their family member.

Following an opening meeting with the person in charge, inspectors took a walk around the centre to observe the environment and to chat with residents and staff. Overall, the centre was cleaned to a good standard. Cleaning had recently been outsourced to an external company and deep cleaning of all areas of the centre had commenced, but was not yet complete. Inspectors observed that a large number of covers from shower drains in en suite bathrooms had been removed leaving the drain exposed. Inspectors were informed that this was done as part of the deep cleaning process but the covers should have been replaced afterwards. Inspectors also noted that the legs on a number of shower/commode chairs stored in the en suites were rusty, making them difficult to clean effectively.

Residents spoken with were complimentary of the staff, however it was evident that residents were aware of the high turnover of staff and that this impacted on their daily routine. One resident said that they find staff "very kind and mannerly" but there are too many changes in staff, saying "you're just getting used to one and then they're gone". Visitors spoken with were also complimentary of staff, saying "they're all wonderful" but they too commented on staff turnover. It was stated that while staff were generally familiar with residents' routines, it was the little things that only regular staff would be aware of, such as the pace at which a resident moved.

Inspectors observed the care environment and the level of engagement between residents and staff and observed some kind and attentive exchanges, and saw that staff were respectful in their approach when attending to residents. The centre has a number of small communal areas, with the most used one being in close proximity to the nurse's station, by the main entrance. This room was used by a group of residents throughout the day. Many of these residents seemed content, however two reported that they were a bit bored in the early afternoon. It was noted that some residents were left alone in the smaller sitting rooms with minimal stimulation other that the television, to which they showed little interest throughout the day. The same groups of residents tended to gather in each communal area, for example, one resident said he never went to the main sitting room as "there wasn't

much space" and staff confirmed that they tended to bring the resident who required more supervision to the main sitting room.

In the morning, residents watched Mass on TV in the main sitting room, this was a daily occurrence that residents enjoyed. Mass was also said in the afternoon by the local parish priest. This was done in the dining room to facilitate a larger group of residents to attend. Following Mass, an external musician provided entertainment and this was a lively activity which residents were happy to attend and get involved in. Also in the afternoon, a staff member who was trained in dementia-specific activation therapy, remained on duty for two hours to conduct an activity session with a small group of residents. Despite there being a good schedule of activities on offer, there was currently only one member of activity staff employed, which led to a service that could not be fully implemented. This is discussed further in the Quality and Safety section of the report.

The inspectors observed the dining experience at lunch time and found that residents were generally afforded a pleasant dining experience. A large number of residents attended the dining room for meals. Residents said that the food was lovely and there was plenty of it. The menu was varied each day and the residents said if they didn't like what was on the menu they were given other choices. Modified diets were not attractively presented, particularly in the evening time, and there was only one option available. Additionally, despite the overall feedback regarding the food being very good, on the day of inspection, some residents were disappointed that the cabbage served with the bacon and cabbage main course was pureed. This was not in keeping with a traditional-style bacon and cabbage dinner. Staff told the inspectors that this was the way it had always been served.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection and was conducted to determine if commitments given in the compliance plan following the most recent inspection in May 2024 had been implemented. It also sought to assess if those commitments enhanced the safety, welfare and quality of life for residents living in the centre. Overall, the findings of this inspection were that the registered provider had addressed or was in the process of addressing many of the issues identified at the last inspection. Improvements were noted in the governance and management systems, however, these were not yet fully implemented or embedded in practice. Areas of required improvements are outlined under the relevant regulations of this report.

Drescator Limited, a company comprising three directors, is the registered provider of Rathkeevan Nursing Home. Since the last inspection there has been a change in

the management structure within the centre in an effort to enhance the oversight of care delivered to residents. Following the departure of the general manager, this post has been removed from the management structure and replaced with an assistant director of nursing (ADON) role. The current person in charge (PIC) has been in post since 29 April 2024 and is supported by a recently appointed ADON and a recently promoted clinical nurse manager (CNM), all of whom work in a supernumerary capacity. A member of nursing management is present in the centre, on a supernumerary basis, providing clinical supervision to staff over seven days of the week.

There are regular management meetings attended by the directors of Drescator Limited and nursing management. Issues relevant to the day-to-day operation of the centre are discussed at these meetings and include topics such as staffing, audit findings, resources and complaints.

Action continued to be required in relation to the oversight of quality and safety of care delivered to residents. At the previous inspection it was found that management systems within the centre to oversee the basic care of residents were not sufficient. Since that inspection, regular audits were being carried out on care planning and falls management. More recently, audits had been conducted on wound care, nutrition, medication management and restraint. There were significant gaps, however, in the audit programme and audits were not conducted at the frequency set out in the audit programme that was in place for 2024. These and other issues in relation to governance and management are discussed under Regulation 23 of this report.

While improvements were noted in staffing levels, records indicated a high turnover of staff. In the six months prior to this inspection, 22 staff had left employment in the centre, of which 14 had only been recruited since January of this year. This represents a significant percentage in the overall staffing numbers. This is reflected in the feedback from some residents and visitors who commented on the high turnover of staff. While the provider did not have the full complement of whole time equivalent (WTE) staff set out in the statement of purposes, recruitment was at an advanced stage to meet that requirement. There were nine WTE nursing staff, which exceeded the number specified in the SOP. There were 18 WTE healthcare assistants (HCAs), which is three less than required. However, the provider was at an advanced stage in the recruitment of additional HCAs. In the interim, gaps in the roster were filled by agency staff, even when the absence was notified at short notice. On the day of the inspection there were three agency HCAs on duty, two of whom were scheduled due to planned absences and the third was sourced on the morning of the inspection to replace an unexpected absence. Efforts were made to ensure that the same agency staff returned to the centre to cover staff shortages to support continuity in care.

On the day of the inspection there were 56 residents accommodated in the centre and five vacant beds. Fifty two of the residents were long-term and four were on respite. While there were adequate numbers of staff on duty, communal rooms were not seen to be supervised at all times. Residents were observed to be sitting alone for long periods in some of the smaller communal areas with little stimulation other

than a television. This is discussed further under the quality and safety section of this report and under the relevant regulation.

There was a comprehensive programme of training that included an induction process for new staff. All staff had completed mandatory training and training was planned for those staff for which refresher training was due. The inspectors reviewed the induction record for one recently recruited staff member that included a sign-off by an assessor that the person had demonstrated competence for the role in which they were employed.

Regulation 15: Staffing

Inspectors reviewed the centre's staff rosters across all disciplines. These showed that there was sufficient staff on duty, of an appropriate skill mix to meet the needs of the residents, given the size and layout of the centre. The provider's own staff were supported by agency staff, predominantly HCAs, to ensure there were adequate staff on duty each day. Efforts were made by management to ensure that when agency staff were used, there was a consistency in staff so that they were familiar with residents Staff supervision was provided by the person in charge, assistant director of nursing and a clinical nurse manager, all of which were full-time supernumerary positions.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding vulnerable adults, management of responsive behaviour and manual handling. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. In response to the findings of the last inspection, all nursing staff had attended training in care planning to assist in the assessment and care planning process.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of five staff files and found that while most of the requirements of Schedule 2 of the regulations were met, not all files contained the required information. For example:

- a record of current registration was not on file for one nurse
- a full employment history was not in place for one member of staff and there was a gap in the employment of another staff member for which a satisfactory explanation was not recorded

Judgment: Substantially compliant

Regulation 23: Governance and management

While improvements had taken place in the oversight of the quality and safety of care delivered to residents, new governance arrangements were not fully established and embedded in practice. For example:

- there were gaps in the programme of audits and regular audits had not been conducted in high risk areas such as medication management, wound care and nutrition over the course of 2024
- the annual review of the quality and safety of care delivered to residents in 2023 did not incorporate consultation with residents and their families and was not based on the findings of a quality management system
- the oversight of the provision of recreation and activities for residents required attention, to ensure that residents were afforded meaningful activities, in line with their capabilities and assessed needs. This is discussed further under Regulation 9: Residents' rights.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed and updated reflecting the significant changes in the governance structures and management personnel.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accident and incident records identified that there were two occasions in which residents were transferred to hospital for investigations following a fall. These incidents were not notified in accordance with the requirements of the regulations.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that since the previous inspection, there had been incremental improvements in the quality and safety of care being delivered to residents. Despite these efforts, the quality and safety of resident care was compromised by insufficient opportunities for activation and social engagement. This directly led to a service that could not fully deliver individualised, person-centred care which was respectful of residents' rights.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was sufficient communal and private areas for use by residents. Directional signage was displayed throughout the centre to guide residents. The garden areas were easily accessible for residents to access and navigate, although the doors to these were locked on the day of inspection. There was a system to identify and record any maintenance issues, and a maintenance person was on duty one day a week. Outside of that time, external contractors could be contacted. Inspectors identified areas of general wear and tear throughout the premises which required upgrading to ensure a homely and attractive environment. Additionally, storage arrangements required review to ensure that equipment was not stored in communal areas.

The person in charge ensured that residents had access to a fresh supply of drinking water at all times. Residents were provided with adequate quantities of food and drink which were properly safely prepared, cooked and served. Hot and cold drinks and snacks were available between meals. There was an adequate number of staff available to assist residents at meals and when other refreshments were served. The system of ensuring that dietary needs were communicated effectively to staff required strengthening. Additionally, choice of modified diet was not always offered at each mealtime.

Inspectors reviewed a sample of residents' records throughout the inspection which evidenced a vast improvement in relation to residents' individualised assessment and care planning. The new electronic documentation system was operational, and the majority of records viewed by inspectors evidenced person-centred assessment and care planning. Further oversight of the electronic documentation system was required to ensure that care plans were developed based on the identified needs of the residents, in a timely manner. This is detailed under Regulation 5: Individual assessment and care plan, below.

Residents' health and well-being was promoted and there were established pathways to access general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, occupational therapy, dietitian and speech and language therapists, when required. The centre had access to GP's from local practices who attended the centre to review residents in person. Access was available to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. As discussed under Regulation 6: Healthcare, further oversight was required in the area of clinical documentation, including wound care, repositioning and resident safety checks, to ensure that care was delivered appropriately in line with residents' individual needs.

Significant improvement was observed in the overall management of restrictive practices within the centre. There was a low use of restraints such as bedrails in the centre. When these were used, they were subject to regular risk assessment. Supporting documentation was in place with regard to the decision making process, in consultation with the resident concerned. There was alternatives to bedrails, for example, low profile beds, falls reduction mats and sensor alarms in use, which evidenced an ethos which promoted a restraint-free environment.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of different types of abuse. Residents who spoke with the inspectors, reported that they felt safe living in the centre.

Overall, systems to improve the quality and safety of residents' social care required further strengthening. On the day of inspection, residents were not fully afforded the right to participate in activities. Staff, though dedicated and kind, struggled to meet these important needs.

Regulation 17: Premises

Overall, the premises was designed and laid out to meet the needs of residents, however inspectors observed the following issues in the premises which required attention to ensure compliance with the regulation:

A number of communal rooms were observed being used to store residents' equipment. For example:

- the oratory contained a mattress, scales, walking aids and boxes. Some of this equipment was stored on the floor and was unclean.
- two wheelchairs were stored in a residents' ensuite bathroom
- multiple high-support chairs and wheelchairs were stored in dayrooms

The dedicated store rooms were small, and were observed to be in disarray, cluttered with a mixture of clean and unclean equipment including mattresses, sensor mats and hoist equipment.

The flooring in some areas required replacement, for example, in a dayroom the wooden flooring was worn and lifting, and in some bedrooms the linoleum flooring was bubbling, which presented a trip hazard.

In a number of ensuites, the caps to the shower drains had been removed, for cleaning purposes. Not all of these had been replaced, and the large exposed drain presented a hazard.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents generally were offered choice of menu at mealtimes. This was observed to not extend to a resident who required a modified consistency diet. This resident received a bowl of pureed vegetables and soup for evening meal. No choice was offered, despite other residents receiving quiche, sausages, chips and other options.

Assurance was not provided that the dietary needs of residents, as prescribed by health care or dietetic staff, based on nutritional assessment, was communicated to kitchen staff. For example; it was unclear if residents who were prescribed a high-protein, high-calorie diet by a dietitian, had this diet implemented. There was no evidence of this requirement being documented on communication sheets in the kitchen, or on staff handover sheets.

A resident's prescribed nutritional supplement was not reflected in the medication administration record, therefore there was no record of whether this was administered. This is important as supplements are prescribed based on nutritional need.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of eight residents' individual assessment and care planning documentation was reviewed. Overall, the standard of care planning had improved since the previous inspection, however this review identified some issues which required addressing, to ensure that residents' care plans are comprehensive, individualised and regularly reviewed. Examples of the findings include;

- a resident pre-admission assessment identified a a known high falls risk. Despite this knowledge, no clinical assessment for the risk of falls had been completed on admission to the centre. Subsequently, the resident fell and sustained a fracture. The falls risk assessment was completed following this incident and only then was a specific care plan initiated.
- residents with known multi-drug resistant organisms (MDRO's) such as *Methicillin resistant Staphylococcus aureus* (MRSA), did not have this risk identified in their care plans
- residents' individual social activity needs or preferences were not thoroughly assessed. As a result, care plans in relation to occupation and recreation were not sufficiently person-centred to direct social care.

Judgment: Substantially compliant

Regulation 6: Health care

Overall improvements were seen in the area of wound care, and there was a low level of pressure ulceration occurring within the centre. Nonetheless, based on a review of a sample of wound care records, inspectors identified that there were gaps in the wound dressing charts for two wounds, indicating that they had not been dressed at the recommended times outlined in the wound care plans. This is important, as the dressing regime is prescribed by a wound care specialist, and regular assessment and dressing of the wound is required to evidence improvement or deterioration.

Other clinical records, including bedrail safety checks, resident comfort checks, fluid balance charts, food record charts and repositioning charts were inconsistently completed, with gaps up to 12 hours evident in the sample of both electronic and paper-based records reviewed. Oversight of this documentation is important as these records are completed based on the residents individual requirements.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restrictive practices such as bedrails. Less restrictive alternatives were trialled and documented in the residents care plan. There was evidence that consent was obtained when restraint was in use.

Training in the management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was up-to-date for staff. Staff were knowledgeable regarding residents' behaviours and were seen to engage

positively and compassionately when behaviours were displayed. Positive behaviour support plans were in place to which described the behaviours, the antecedents to the behaviour and the interventions in place to limit their occurrences.

Restraint check charts were in place, however some gaps were seen in these; this is reported under Regulation 6: Healthcare

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. Training in the safeguarding of vulnerable adults was provided to staff and staff were aware of the signs of abuse and of the procedures for reporting concerns. Residents reported feeling safe in the centre and told inspectors that they would have no difficulty talking to staff should they have any concerns. Any allegations of abuse were investigated and referred to the appropriate external agencies, for example the safeguarding and protection team and advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure that all residents were provided with opportunities to participate in activities in accordance with their interests and capacities;

- Due to the resignation of one activity coordinator, residents' choice in activities was restricted. On some occasions when there was no activity staff on duty, the healthcare assistants were assigned to incorporate activity and stimulation of residents into their role in addition to their other assigned duties. This is not sustainable in the long-term.
- Residents were observed spending long periods of time in their chairs in the sitting rooms, with limited stimulation other than music or television playing in the background. For example, a small group of men were gathered in a sitting room in the morning, with an inappropriate children's channel on the TV. This remained on during the day. This was not meaningful for these residents or conducive to a person-centred approach.

Action was required to ensure that all residents were consulted about and participate in the organisation of the centre;

- Records showed that residents' meeting were usually held every month in the centre, however there was a low attendance, and it was generally the same residents attending. Additionally, resident and family satisfaction surveys

were only conducted once a year, therefore residents' feedback was not being consistently captured.

There was insufficient choice of meals for some residents. This is described under Regulation 18: Food and nutrition.

Judgment: Not 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0044117

Date of inspection: 13/11/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Management will review all staff files to ensure there are no gaps in employment and all nurses have their current registration in their files.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regular audit schedule updated and in place and audits will be completed weekly as per schedule. See schedule attached. Annual review for 2024 will include feedback from residents and their families from surveys completed in 2024. Advertised for an additional activities' coordinator. Reviewed activities with current activities coordinator to incorporate more meaningful activities for residents.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A notification will be sent for all residents transferred to hospital post fall.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Oratory is now free from clutter.
Wheelchairs have been removed from resident's bathroom.
Wheelchairs in day rooms will be stored in a storage room once converted from an office.
Store rooms have been rearranged and cleaned.
Flooring that is worn and lifted will be replaced in the new year. Cleaning staff were reminded to ensure shower caps were replaced immediately after cleaning.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Menu is being reviewed for residents on a modified consistency diet.
Diet sheets for all residents are in place in the kitchen and dining room and updates handed over to kitchen staff on a daily basis.
Supplements reviewed on medication chart to ensure it reflects supplements as prescribed.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Falls risk assessment are completed for all residents on admission at risk of falls.
Person centered care plans are in place for residents with an MDRO.
As part of the admission process, residents social care needs and preferences are assessed with the resident and their family. These social care needs are incorporated into their care plans and reviewed regularly and care plans developed accordingly.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Weekly wound audits are being completed and in house training is being arranged with Nutricia care. Senior management will ensure documentation is correct.
Clinical record checks are reviewed by the ADON and or CNM at the beginning and the end of every shift to ensure correct documentation.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A post for part time activities coordinator has been advertised.
Management is working with activities coordinator to review morning activities in place to ensure residents have meaningful activities.
Residents survey completed in November 2024 will be repeated in February 2025 for both residents and families.
Menu is being reviewed for residents on a modified consistency diet.

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	31/01/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	20/12/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional	Substantially Compliant	Yellow	12/12/2024

	assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	12/01/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2025
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	31/01/2025
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs	Not Compliant	Orange	12/12/2024

	7(2) (k) to (n) of Schedule 4.			
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	24/01/2025
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 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.	Substantially Compliant	Yellow	24/12/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	24/01/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is	Not Compliant	Orange	31/01/2025

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			