



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

Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	05 September 2024
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0044004

About the designated centre

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

Maria Goretti Nursing Home is situated on a large site in the countryside with a view of the Ballyhoura Mountain range on the outskirts of Kilmallock town. The centre is a single-storey building which is registered for 57 residential places. The building is operating as a nursing home since 2000 with an extension added in 2004. Bedroom accommodation comprises 24 single rooms (2 of which are apartments), 8 twin bedded rooms, 2 four bedded rooms and 3 Triple rooms, all of which are fitted with a nurse call bell system and Saorview digital TV. Two of the rooms are described as apartments and comprise a single bedroom with en-suite facilities, a kitchenette and a sitting room. All of the bedrooms have en-suite with shower, toilet and wash hand basin facilities. Maria Goretti Nursing Home is committed to providing a high level of holistic person centred evidence based care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the centre. The centre can accommodate both female and male residents with the following care needs: general long term care, palliative care, convalescent care and respite care. All admissions to Maria Goretti Nursing Home will be planned following a pre-admission assessment. The residents care plan will be commenced within 48 hours of admission. There is 24 hour nursing care. The following are some of the allied health services available: physiotherapy, occupational therapy, wound care advice, chiropody, dietician and more. The centre employs an activities coordinator to arrange a programme of activities in collaboration with the person in charge and in accordance with the preferences and needs of residents. Maria Goretti Nursing Home is a multi-denominational care centre. The local catholic parish priests celebrate Mass in the centre every Friday. We operate an open visiting policy within Maria Goretti Nursing Home. To protect our residents we ask that all visitors sign in and out on entering and leaving and wait at the nurse's station to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Thursday 5 September 2024	09:30hrs to 17:20hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Maria Goretti Nursing Home told the inspector that they felt safe living in the centre and that staff were kind and polite to them. The inspector found that residents received a satisfactory standard of person-centred care from a team of staff who knew their individual needs and preferences. Residents expressed high levels of satisfaction with the service, including the provision of meaningful and engaging activities that supported them to develop good social relationships with other residents and staff.

On the morning of the inspection, residents were observed sitting in their bedrooms reading or watching television. Some residents were mobilising independently in the corridors. The majority of residents were observed sitting in the communal spaces watching television, talking or having breakfast. Staff interactions with residents were calm, kind and person-centred. There was a comfortable and friendly rapport observed between residents and staff. Staff were seen to engage with residents and chat with them about local news and the planned activities for the day that included bingo and music.

The inspector met and spoke in detail with residents about their experience of living in the centre. Residents overall feedback was that Maria Goretti Nursing Home was a pleasant and safe place to live. Residents told the inspector that staff spent time with them in the morning supporting them to select their clothing and ensuring that they had everything they needed. Residents stated that staff and management were responsive to their needs and that they did not have to wait long for their call bells to be answered. Residents spoke about the centre, describing it as a place where they were encouraged to 'treat it like their own home'. Residents complimented the staff and management who 'always made time for them to have a chat'.

Some residents were unable to articulate their experience of living in the centre. Those residents appeared comfortable and relaxed in their environment and staff were attentive to their needs. Other residents who had difficulty communicating were supported to express themselves through the use of assistive technology. Staff were observed to be patient and supportive, allowing residents the time to communicate effectively.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Residents told the inspector that they 'could not fault the food'. Meals were served to residents in the main dining room, and were attractively presented. Some residents attended the dining rooms, while others chose to have their meals in the communal dayroom or in their bedrooms. Staff were available to provide discreet assistance and support to residents.

The premises was well-lit and warm. There were appropriately placed hand rails to support residents to walk independently around the centre. There was a large

enclosed garden accessible to residents. The garden area was appropriately furnished and maintained to a satisfactory standard. The provider had progressed to redecorated some areas of the premises that included the communal day rooms. However, there were areas of the premises such as bedrooms, bathroom facilities, and ancillary areas that were not maintained in a satisfactory state of repair. For example, floor coverings in a number of bedrooms were visibly damaged or lifting away from the wall.

A review of the care environment found that an appropriate standard of hygiene was maintained in the dining room and communal areas. Residents informed the inspector that they were satisfied with the cleanliness of their bedrooms and that their bedrooms were cleaned daily by staff. While there was a cleaning schedule in place, the inspector observed that some areas of the centre were not clean. This included ancillary storage areas and some residents en-suite bathrooms.

Throughout the day of inspection, residents were seen engaged in meaningful and enjoyable activities. Some residents chose not to participate in activities, and their choice was respected. The inspector spent time observing the interactions between residents and staff, and observed that all staff supported residents to enjoy and engage in activities such as bingo.

Residents told the inspector that they would talk to any member of the staff or their family if they were worried about anything or were not satisfied with any aspect of the service. During conversations with residents, they confirmed that they felt they were listened to by staff and that issues they raised were always addressed to their satisfaction.

Residents were provided with opportunities to express their feedback about the quality of the service during formal resident forum meetings. Residents told the inspector that they felt their opinion was 'listened to', and used to improve aspects of the service.

Visitors were observed coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted.

The following sections of this report details the findings with regard to the capacity and capability of the provider and how these arrangements support the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The

inspector also followed up on the progress of the provider to address non-compliance issues identified on the last inspection of the centre in February 2024.

The findings of this inspection were that the provider had an established management structure that was responsible and accountable for the provision of safe and quality care to residents. Following the previous inspection, the provider had taken action to ensure that there were effective record management systems in place, that contracts for the provision of services were issued to all residents, and that staffing resources were planned and managed to meet the needs of the service. While the provider had taken some action to improve the quality and maintenance of the premises and infection prevention and control practices, the actions taken were not sufficient to bring the centre into full compliance with the regulations. This inspection found that there were some aspects of the management systems that were not robust and did not fully ensure that a safe, consistent and quality service was provided. This was evident in a review of the oversight of issues relating to residents care plans, and the care environment including the premises, and the management of infection prevention and control.

Maria Goretti Nursing Home Partnership is the registered provider for Maria Goretti Nursing Home. Within the centre, the management structure remained unchanged since the previous inspection. The person in charge reported to the partnership. A representative of the provider attended the centre on a weekly basis to provide governance oversight and support. An assistant director of nursing supported the person in charge, and deputised in their absence. The person in charge was not on duty on the day of inspection, however they attended the centre to meet the inspector and support the inspection process.

This inspection found that the management structure was not clearly defined. While responsibility for key aspects of the service were delegated among the management personnel, it was unclear who was accountable for ensuring known risks and deficits in the service were appropriately managed. While the management personnel were aware of deficits in the maintenance of the premises, there was no clear time-bound project plan of works in place to address the deficits. Furthermore, commitments given by the provider to address specific issues had not been completed in line with the providers compliance plan submitted following the previous inspection. For example, the provider had committed to replacing an external door that restricted residents from independently accessing a garden area. While this was due to be completed by 30 June 2024, there had been no progress to address the issue at the time of this inspection, and the management personnel were unable to provide a time-line for completion of this action.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included analysis of adverse incidents, and monitoring of quality of care indicators such as residents nutritional care needs. An audit schedule examining key areas including resident assessment and care planning, infection prevention and control, environmental checks, fire safety, and maintenance of the premises was in place. However, a review of completed audits found that some audits were not effectively used to identify risks and deficits in the service. For example, premises and maintenance

audits assessed compliance with the quality the physical environment in residents' bedrooms. The maintenance audits identified high levels of compliance, with no quality improvement required, despite a number of bedrooms containing broken furniture and damaged floor coverings. This impacted on the quality of the care environment for residents.

There were effective systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at quarterly intervals.

Incidents and accidents involving residents were appropriately recorded and investigated. Records showed that immediate action was taken in response to adverse incidents involving residents, and improvement actions were developed following incident analysis to minimise the risk of further adverse incidents occurring.

The provider had taken action to ensure the management of records was in line with the requirements of the regulations. Records required by Schedule 2, 3 and 4 of the regulations were securely stored and available for inspection. This included a record of all money deposited by residents for safekeeping, and appropriate records of transactions.

The provider maintained a directory of residents, in line with statutory requirements, which detailed the relevant information in respect of each resident. Arrangements were in place, with responsibility assigned to management personnel, to ensure that the directory of residents was comprehensively maintained on an ongoing basis.

The inspector reviewed a sample of contracts for care and found that the terms relating to the bedroom to be provided to the resident, the number of other occupants of that bedroom on which the resident would reside, fees and any additional fees for services were documented, as required by the regulations.

The centre had adequate staffing resources available to ensure resident's care and support needs were met, and to ensure that planned staffing rosters were maintained. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. Health care staff levels had been increased since the previous inspection and this was observed to have a positive impact on the quality of care provided. There were sufficient numbers of housekeeping, activities, catering and maintenance staff in place.

Staff training records evidenced that all staff had up-to-date training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions.

The inspector found that the arrangements in place to supervise and support staff in some aspects of the service was not effective. For example, staff were not appropriately supervised to cleaning procedure was effectively implemented.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. Policies and procedure were found to be updated following changes in best practice guidelines.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the needs of residents. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, maintenance and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision arrangements were not always sufficient to protect and promote the care and welfare of all residents. This was evidenced by;

- poor supervision of the cleaning procedure to ensure it was effectively implemented by staff. This resulted in areas of the premises not maintaining a high standard of environmental hygiene.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was established and maintained. The directory of residents contained the all the requirements set out under paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspector reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured there was a clearly defined management structure in place, with clear lines of accountability and responsibility. For example, it was unclear who held overall accountability and responsibility for key aspects of the service that included the management of infection prevention and control and the maintenance of the premises. This resulted in ineffective action being taken to address risks to residents.

The overall governance and management of the centre was not fully effective. Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example;

- The systems in place to monitor, evaluate, and improve the quality of the service were not fully effective in identifying deficits and risks in the service, and ensuring identified issues were resolved. For example, completed audits with regard to the premises identified full compliance, and did not identify aspects of the service that required quality improvement. Additionally, while environmental hygiene audits completed in April 2024 identified a requirements to replace some rusted shelving and equipment used by residents, the required actions had not been completed. There were poor systems in place to monitor the progress of improvement action plans.
- Supervision of aspects of care, particularly in relation to maintenance and cleaning was not fully effective and negatively impacted on the quality of the care environment.

Compliance plans submitted following the previous inspections was not fully implemented, some were found to be ineffective, and others not sustained.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which was signed by the resident or the resident's representatives and included the terms of residency and the fees to be charged for services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures, as outlined in Schedule 5 of the regulations were available, accessible to all staff and were specific to the centre.

The policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance.

Judgment: Compliant

Quality and safety

Overall, residents' health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre. This inspection found that there were aspects of the premises and associated facilities that were in a poor state of repair and did not support effective infection prevention and control management. In addition, while the registered provider had taken some action to ensure that all residents had a care plan in place, care plans did not always reflect residents' assessed needs. This inspection also found that restrictive practices were not always appropriately assessed and continuously reviewed.

The inspector acknowledged that the care needs of residents were known to the staff. A sample of residents' individual assessments and care plans were reviewed and found that residents' care needs were assessed prior to admission to the centre, to ensure that their needs could be met. Following admission, a nursing assessment was completed to identify residents individual support needs, their daily routine, and potential risks to residents such as the risk of impaired skin integrity, and the risk of malnutrition. While all residents had a care plan and there was evidence that resident's needs had been assessed using assessment tools, the care plans did not always reflect the current care needs of some residents, or include the person-centred interventions required to meet the care needs of the residents.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort,

or discomfort with their social or physical environment) received respectful and non-restrictive care that supported their physical, psychological, and social care needs. However, monitoring charts were not always maintained to identify precipitating events causing or triggering residents' responsive behaviours. Consequently, there were missed opportunities to identify and remove factors which may contribute to responsive behaviours occurring. Additionally, the risk assessments designed to underpin the clinical rationale for implementing restrictive practices such as bedrails were not consistently completed. This meant that potential risks were not identified, and alternatives to restrictive practices were not always trialled in line with the centre's own policy.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy, and occupational therapy through a system of referral. Residents were provided with access to medical and health care services.

The provider had taken some action with regard to the maintenance of the premises. Walls and floor coverings in communal areas had been redecorated, and new privacy screens had been installed in some multi-occupancy bedrooms. However, there were areas of the premises such as bedrooms and bathroom facilities that were not maintained in a satisfactory state of repair. Walls in some bedrooms were visibly damaged and not suitably decorated. Floor linings were torn and damaged, and some bedroom furniture such as bedside lockers were broken.

A review of the care environment found that the provider had taken action to improve the standard of cleanliness in most areas of the centre, with the exception of areas of the centre where deficits in the premises, such as impaired floor coverings, compromised effective cleaning. Responsibility for the monitoring the quality of environmental hygiene and infection prevention and control practices had been delegated to the nurse manager team and housekeeping supervisor. However, areas such as corridors, tops of cupboards, shelves in en-suites, and ancillary storage area were not clean on inspection. Additionally, some equipment used by residents was not always managed in a way that reduced the risk of cross infection. This included the storage of hoist slings.

The risk management policy met the requirements of Regulation 26, Risk management, and contained the associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. Hazards in the centre were identified, assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk.

Resident's rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of

the service they received. Minutes of residents meetings evidenced that resident's feedback, with regard to the quality of the service, was used to improve the service.

Arrangements were in place for residents to receive visitors. There was no restrictions placed on visiting to the centre.

Regulation 17: Premises

There were areas of the premises that did not meet the requirements of Schedule 6 of the regulations. For example;

- There were areas of the premises that were not suitably decorated. A number of bedrooms had damaged walls where paint was chipped or missing over large areas.
- Floor coverings in some areas were not appropriately maintained. Floor coverings were torn or lifting away from skirting in a number of bedrooms. Skirting and door frames was also visibly damaged in residents bedrooms.
- Furniture in a number of bedrooms was broken or damaged. This included the handles of beside lockers and chest of drawers.

This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Not all aspects of infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by findings of;

- Some areas of the centre were visibly unclean with high levels of dust and debris observed on top of cupboards along corridors. Floors in ancillary storage area were visibly unclean with a build-up of dirt and debris in corners and behind doors.

- Equipment used by residents was not always maintained in a manner that supported effective cleaning. Some specialised chairs were observed to be torn and visibly unclean on inspection.
- Sinks used for hand hygiene purposes in the sluice and housekeeping rooms did not meet the required specifications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example; ?

- Some residents did not have a comprehensive assessment of their needs completed. For example, two resident with a history of weight loss did not have an appropriate assessment of their nutritional status completed on admission to the centre. Consequently, the residents care plan did not accurately reflect the needs of the residents.
- Care plans were not always reviewed or updated when a resident's condition changed. For example, the care plan of a resident had not been reviewed or updated following a significant increase in their mobility care and support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents were supported to retain their own general practitioner (GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral. The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required to ensure that restrictive practices were implemented in accordance with national policy. For example;

- One residents did not have an appropriate assessment of their needs or risk completed prior to initiating the use of bed rails. Records did not indicate if safe alternatives to bedrails had been trialled or if consent had been obtained.
- The arrangements in place to monitor the behavioural support needs of residents were not consistently implemented. Monitoring charts to support the management of residents who experienced responsive behaviours were incomplete. This impacted on identification of behavioural triggers to support the resident to manage their responsive behaviours.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. Residents informed the inspector of past activity events that had occurred in the centre and stated that they contributed to the development of the activity schedule to ensure activities met their interests.

Residents said that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service. This included discussions about the quality of the food, activities, and staffing.

Residents enjoyed access to communal and private space in the centre where they received visitors in private, watch television or listen to the radio without impacting on others around them. A variety of daily national and local newspapers were available to residents. Religious services were facilitated regularly.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maria Goretti Nursing Home OSV-0000417

Inspection ID: MON-0044004

Date of inspection: 05/09/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Provider has completed a review of all audits with the PIC and actions which were outstanding have since been completed.</p> <p>The Provider has scheduled weekly meetings between the PIC and Maintenance manager to ensure that required works are completed in a timely manner and to ensure that when required maintenance issues are escalated to the Provider.</p> <p>A quality improvement plan has been devised by Provider and PIC and specific time frames have been added for improvement within the designated centre. The PIC will ensure this improvement plan is updated as required.</p> <p>Refresher IPC training is scheduled to take place in November 2024.</p> <p>The Provider and PIC have created a deep cleaning checklist which clearly states the required deep cleaning areas. Daily walkaround checklist will be completed each day by PIC or deputy.</p> <p>All audits that are completed will contain an action plan with status of actions and person responsible for action noted. The Provider and PIC will review action plans from audits on a monthly basis.</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>Nominated provider and PIC have completed a review of all audits and actions that were outstanding have been addressed and quality improvement plan has been completed.</p>	

The Provider has scheduled weekly meetings between the PIC and Maintenance manager to ensure that required works are completed in a timely manner and to ensure that when required maintenance issues are escalated to the Provider.

A quality improvement plan has been devised by Provider and PIC and specific time frames have been added for improvement within the designated centre. The PIC will ensure this improvement plan is updated as required.

The Provider and PIC have created a deep cleaning checklist which clearly states the required deep cleaning areas. Daily walkaround checklist will be completed each day by PIC or deputy.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

A new environmental audit was conducted and an improvement plan has been created. The Provider and maintenance manager reviewed all flooring, furniture and painting throughout the designated centre. The Provider will ensure that the required flooring and painting is completed and schedule in place for same which has commenced for the priority areas with a completion date of 28/06/2025.

The environmental audit will be repeated on a monthly basis with action plan identified and monthly meetings between Provider and PIC to ensure progress with programme of maintenance.

New garden door has been ordered and will be in place by 8/11/2024. The levelling of concrete outside area will also be completed by 8/11/2024.

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

Increased vigilance in supervising household staff from household supervisor and PIC. The Provider and PIC have created a deep cleaning checklist which clearly states the required deep cleaning areas. Daily walkaround checklist will be completed each day by PIC or deputy and if required any follow up actions will be addressed by PIC or deputy. Refresher IPC training is scheduled to take place in November 2024.

All handwashing sinks (which meet the recommended specifications for clinical hand washing) in housekeeping and sluice areas are in the process of being replaced and same will be completed by 15/11/2024.

An audit of all armchairs was completed and a number were identified for replacement, these chairs will be replaced by 31/01/2025.

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>The two residents whose weights were not documented were documented on 6/9/2024 and assessment updated accordingly.</p> <p>New admissions checklist has been created and will be in front of all new medical files for new residents. All nurses will sign when admission tasks are completed. PIC will monitor same to ensure fully completed.</p> <p>Assessment and Care Plan training will take place on 25/11/2024 for all nursing staff. This will ensure that assessments are clearly reflected in the plans of care and to ensure that all care plans are reviewed in a timely manner to reflect any care need changes for residents. The staff nurses will complete the individual assessments and care plans and PIC will complete audits of the care plans to ensure all relevant information is documented.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>An independent occupational therapist has carried out a full review of all restrictive practices in place on 8/10/2024 and a list of alternatives has been created and will be trialed with the consent of residents.</p> <p>Staff training in the use of restrictive practice facilitated in July 2024 and will be completed by end of 29/11/2024.</p> <p>Assessment and Care plan training will take place on 25/10/2024 for all staff nurses. This training will also include the use of ABC charts and completion of same.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/11/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/06/2025
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.	Substantially Compliant	Yellow	03/10/2024

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	20/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional 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.	Substantially Compliant	Yellow	16/09/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	13/09/2024

	<p>exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>			
Regulation 7(3)	<p>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.</p>	Substantially Compliant	Yellow	08/10/2024