



**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:	Padre Pio Rest Home
Name of provider:	Cappoglen Limited
Address of centre:	Kilderrihean, Cappoquin, Waterford
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0005581
Fieldwork ID:	MON-0039729

About the designated centre

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

Padre Pio Rest home is registered to provide care for up to 24 residents. It is situated in a rural scenic location on the outskirts of Cappoquin town. It is a single story building which has undergone a number of extensions and substantial renovations over the years. The centre provides a mixture of single and twin bedrooms. There are 16 single bedrooms, 12 of these have en-suite facilities and there are four twin bedrooms with wash-hand basins. There are additional bathrooms, shower rooms and toilets conveniently located for residents use. Communal accommodation includes a large sitting room including a sun room, a dining room and an oratory. There is plenty of outdoor space with tables, chairs and walkways around the centre for residents enjoyment and use. Padre Pio Rest Home is entirely smoke free zone since 2014. Staff, residents and visitors are not permitted to smoke in the premises of Padre Pio Rest Home. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs its own activity co-ordinators to provide social activities for the residents. A multidisciplinary team is available to meet resident's additional healthcare needs including weekly physiotherapy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 20 June 2024	09:40hrs to 18:00hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were happy and liked living in Padre Pio Rest Home. Residents spoken with were highly complimentary of the centre and the care they received. One resident informed the inspector that "there is no shortage of attention here" while another resident told the inspector "it's very homely here". When it came to the staff that cared for them, the residents informed the inspector that the staff were kind, with one resident stating they were "only the best". Visitors who spoke with the inspector provided equally positive feedback, referring to the centre as a "godsend" and describing how settled and well cared for their loved ones were. Overall, resident and visitor feedback captured the person-centred approach to care and attention provided in this small and homely centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management prioritised providing high-quality person-centred care.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector spoke with most residents and some visitors to gain an insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation. It was clear that the person in charge and the provider were very well known to all of the centre's residents and their visitors.

The centre's reception area is bright and welcoming, decorated with many home grown potted plants and greenery. The centre was bright, airy, and decorated with pictures and paintings. The centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a large lounge area, an oratory and a dining room. On the inspection day, the provider had temporarily converted one of the twin bedrooms, room 20 adjacent to the reception area, into a visiting room. While there were two wardrobes in this room, there was also seating and signage to indicate its use as a visiting area. A small number of residents relaxed in this area throughout the day. Part of the oratory was being used as office space for a staff member, and an office desk, chair and two laptops were present.

Within the centre, there were four twin bedrooms and 16 single bedrooms. While one twin bedroom was temporarily being used as a visitor room, the provider had continued to reduce the occupancy of the remaining three twin rooms to single occupancy due to their size limitations in accommodating specialist equipment for two residents. Of the 16 single bedrooms, 12 had en-suite toilet and wash hand basin facilities. Bedrooms were seen to have comfortable seating and were personalised with family pictures and items from home, such as paintings, bedding

and ornaments. Many of the bedrooms had a television. Residents whom the inspector spoke with were pleased with their personal space. While each bedroom and en-suite bathroom had a call bell panel, several bedrooms and bathrooms were observed not to have an accessible call bell facility, which residents could use to summon assistance while in their bed, sitting out on a chair or using the bathroom.

Outside the centre, there were pleasantly decorated, well-maintained landscaped gardens with plenty of outdoor seating for residents and visitors. There was also a shrine providing a space for quiet reflection. Residents were seen enjoying walks in the centre's grounds with staff. While there were level paths to the front of the centre, some of the pathways at the rear required maintenance as they were observed to be uneven and may pose a fall risk for residents.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. Group-based activities took place facilitated by the activities coordinator. In the lounge, 14 residents laughed and joked as they participated in chair-based exercises before lunch. The lounge was comfortable with domestic features, such as bookshelves and delph dressers, providing a homely environment for residents. A small number of residents relaxed in their bedrooms, watching television or reading papers and books according to their preferences. In the early afternoon, residents participated in a sing-song in the lounge while other residents hosted visitors or took a stroll in the centre's grounds with staff. Later in the afternoon, residents relaxed in the lounge, reading local and national newspapers while refreshments were served.

The inspector observed the environment to be very noisy at times. There were a small number of chair alarms in use in the centre. The inspector was informed that these alarms were used to alert staff if a resident at high risk of falls was mobilising so that supervision and support could be provided. These alarms were being used in communal areas, such as the lounge and the dining room, during activities and meals. The inspector found that these alarms activated loudly and also activated when a resident adjusted their seating position. The noise levels were not conducive to a relaxed and homely environment, with the alarm sound disturbing the otherwise calm and comfortable atmosphere for residents using the lounge and dining room. Residents were observed responding to the alarm, asking "what's that?" as the alarm sounded. This matter was discussed with the person in charge, who undertook to review the alarm volume and sensitivity settings, in order to reduce the disturbance and noise experienced by the centre's residents.

Residents had access to radios, television, and internet services. Arrangements were made for residents to access advocacy services. Residents could receive visitors in the centre's communal areas, their bedrooms, or the visiting room. Roman Catholic Mass was celebrated twice weekly and live-streamed to the centre from the local church. A Roman Catholic priest also celebrated Mass in the centre once per month.

Lunchtime at 1.00pm was a sociable experience, with most residents eating in the dining room. Meals were freshly prepared onsite in the centre's kitchen. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents

at mealtimes and throughout the day. Residents expressed their satisfaction to the inspector about food quality, quantity and variety.

While the centre was very clean and in good repair, some areas required review to ensure full compliance with the regulations. Staff practice concerning the cleaning of resident equipment, the management of laundry and storage practices were observed and actions were required as outlined under Regulation 27: Infection control.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that Padre Pio Rest Home was a well-governed service that provided residents with high-quality, safe care in accordance with their needs and choices. While management systems were in place, some actions were required to ensure that all areas of the service met the regulatory requirements. For example, actions were required concerning premises, infection control, assessment of restrictive practices, and temporary absence or transfer of residents.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and review the registered provider's compliance plan from the previous inspection. The inspector also followed up on unsolicited information submitted to the Office of the Chief Inspector since the previous inspection. This unsolicited information was related to individual assessment and care planning, access to healthcare, and the transfer of residents to hospital.

The registered provider had progressed with the compliance plan, and improvements were identified concerning Regulation 21: Records, Regulation 11: Visits and Regulation 5: Individual assessment and care plan.

Cappoglen Limited is the registered provider of Padre Pio Rest Home. There is one company director, a registered nurse who is engaged in the daily running of the centre and is also the deputy person in charge. This provider was present on the day of the inspection. There was a clearly defined management structure in place. The person in charge of the centre had been in her role for five years and had previously worked there for a further three years before her appointment as person in charge. The person in charge is responsible for the overall delivery of care and operational management of the centre. The person in charge is supported by the

registered provider and a team of registered nurses, healthcare assistants, chefs, kitchen assistants, household staff, an activities coordinator and administration staff.

Communication systems were in place to ensure clear and effective communication between the person in charge, the provider and staff in the centre. Quality management system (QMS) meetings took place three to four times annually to discuss key aspects of quality service provision such as resident feedback, complaints, incidents, staffing, training and restrictive practice. The provider had an audit schedule examining key areas such as falls, nutrition, restraint, infection prevention and control, environmental checks, fire safety and medication management. Notwithstanding this good practice, this inspection found that some areas of oversight needed to be more robust to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The person in charge had completed the annual review of the quality of care delivered to residents in 2023. This information included a targeted quality improvement plan for 2024 and results of satisfaction surveys incorporating residents' and relatives' feedback regarding the care provided.

The provider had a comprehensive suite of policies and procedures to guide staff practice as required by Schedule 5 of the regulations, and these had been updated in line with regulatory requirements.

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received a comprehensive induction covering key aspects of care and procedures in the centre, including the working environment, health and safety and fire safety. This induction was followed by a probationary period where the person in charge regularly reviewed the staff members' skills and performance. The provider had a training programme supporting staff in their roles. Training concerning safeguarding vulnerable adults at risk of abuse, fire safety, health and safety and infection control was fully adhered to.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The Directory of residents was up to date and available for the inspector to review. It contained all of the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of staff files reviewed by the inspector were found to be very well maintained. These files contained all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, such as an audit schedule, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement. In areas such as premises and call bell access, infection prevention and control and the use of restraint in line with national policy, the centre's audits scored 100% compliant, which was different to what was observed on inspection day.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge confirmed that the centre does not have persons working on a voluntary basis. Should this position change, the person in charge understood the regulatory requirements for volunteers to have An Garda Síochána (police) vetting, to receive support and supervision, and to have their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

Quality and safety

The inspector observed that the staff were kind, considerate, and compassionate, treating the residents with dignity and respect. A good standard of evidence-based care and support was provided to residents to promote their health and well-being. While there was positive feedback from residents and families, the inspector found some of the systems overseeing the service's quality and safety required review. Action was required in relation to individual assessment and care planning, access to healthcare, the transfer of residents to the hospital, the use of restraint, the upkeep of the premises and call bell access and infection prevention and control.

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months or earlier if required. There was a scheduled annual review with each resident and their representative, where consultation regarding care plans occurred.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy and palliative care services.

The inspector found that the centre proactively promoted a restraint-free environment and person-centred care. There was a low use of restraints in the centre on inspection day. The centre had a comprehensive policy and training programme guiding the use of restraint. The centre had a front door that residents could unlock to come and go as they required. A small number of residents with cognitive impairment wore wandering bracelets to prevent them from leaving the centre unaccompanied. The person in charge informed the inspector these devices were deemed necessary given the proximity of the centre to the busy main road. While an assessment tool had been used, the assessment and usage of these restrictive devices were not in accordance with national policy published by the Department of Health or the centre's restraint policy.

The inspector reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre in an acute hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre. Upon the residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's records. Notwithstanding this good practice, the inspector was not assured that the transfer of residents from the centre was carried out in line with

the requirements of the regulation as there were no records available of the information sent from the designated centre to the receiving hospital. This will be outlined under Regulation 25: Temporary absence or discharge.

There were arrangements for residents to comfortably receive visitors in public and private areas of the centre. The inspector observed a friendly and welcoming atmosphere toward visitors. Residents spoke of enjoying visits from loved ones. Visitors spoken with were complimentary of the staff, management, and the care delivered. Residents and visitors confirmed there were no restrictions on visiting.

While the premises of the designated centre were appropriate for the number and needs of residents, some rooms were not being used in accordance with the statement of purpose and some areas required maintenance and repair to fully comply with Schedule 6 requirements. These matters will be discussed under Regulation 17: Premises.

While the centre's interior was generally clean on the day of inspection, the cleaning of resident equipment, the management of laundry and storage practices required review to minimise the risk of transmitting a healthcare-associated infection. This will be discussed under Regulation 27.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had arranged a suitable private visiting area for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

The inspector observed some discrepancies between the statement of purpose, floor plans and what was observed on inspection, for example:

- Twin bedroom 20 was operating as a visiting room, which provided residents and families with additional space. However, the oratory, a communal space for resident use, also served as an office, with an office desk, chair, and two laptops present. This was a repeat finding from the May 2021 and November 2022 inspection reports.

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- Several residents did not have call-bell facilities that could be accessed from their beds, bedside chairs, or en-suite facilities. This was a repeat finding from the November 2022 inspection report.
- Some of the external pathways at the rear of the centre required maintenance as they were observed to be uneven and may pose a falls risk for residents.
- There was a lack of suitable storage in the centre. The housekeeping staff had no dedicated housekeeping room. The cleaning trolley was stored in the centre's main storage room, along with clinical equipment such as hoists, chair scales, bed tables, activity equipment, and nutritional supplements. This was a repeat finding from the November 2022 inspection report.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were complimentary about the quality and quantity of food in the centre. Food was freshly prepared and cooked on site. The food menu was displayed on a whiteboard in the dining area. Choice of main course and dessert was offered to residents in advance of meals being served. Food was attractively presented. There was adequate supervision and assistance at mealtimes. Fresh drinking water was available to residents throughout the day. Records reviewed found residents had access to dietetic and speech and language therapy, and any changes to a resident's diet were reflected in their nutritional care plan. There were written communication systems between nursing and catering staff to ensure that dietary needs prescribed by healthcare professionals were followed.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available in all resident bedrooms. This guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents who had been transferred from the centre to the acute hospital. It was not possible to verify the transfer of relevant information about the resident from the centre to the receiving hospital, such as the reason for transfer, current health status, medical diagnosis, and medications, as copies of these records were not available to review. This information is integral to ensuring that the hospital is aware of all pertinent information and can provide the resident with the most appropriate medical treatment.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had systems and processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The decontamination of resident care equipment required review, for example:

- The staff informed the inspector that the contents of commodes were manually decanted into the sluice hopper before being placed in the bedpan washer for decontamination. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.
- A sample of crash mats was observed to be torn and visibly dirty with footprints and other debris. The inspector did not see crash mats on the centre's cleaning schedule. Furthermore, tears on the crash mats would prevent effective cleaning.

The management of laundry and linen required review, for example:

- The staff informed the inspector that a scrubbing brush in the sluice room was used to manually sluice residents' soiled linen. This practice increased the risk of environmental contamination and cross-infection.
- The laundry room floor was noted to be visibly dirty with hair and other debris.
- Arrangements for sorting residents' laundry required review as the inspector observed resident laundry being sorted in the lounge on an armchair.

Storage practices posing a risk of cross-contamination required review, for example:

- Clean and dirty clinical equipment, such as torn and visibly dirty pressure cushions, were stored alongside each other in the centre's store room.
- Cleaning equipment and chemicals were stored and prepared in the sluice room.
- Clean mop heads were being stored on the bedpan washer in the sluice room.
- Two urinal bottles were observed being stored above the toilets in two communal bathrooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when care plans were revised.

Judgment: Compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review by their general practitioner and access to a range of external community and outpatient-based healthcare providers. This healthcare access optimised their continued good health and well-being.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre's assessment and usage of the wandering bracelets were not in accordance with national policy published by the Department of Health or the centre's restraint policy. Consideration of all alternative interventions must be explored and deemed inappropriate before a decision on an episode of restraint may be taken. There was no documented evidence that alternatives had been trailed before the restrictive device was used, and the centre's assessment tool did not prompt such consideration. Similarly, while the benefits of the restrictive device were documented, the risks associated with its use were not considered and documented.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Padre Pio Rest Home OSV-0005581

Inspection ID: MON-0039729

Date of inspection: 20/06/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>From now audits will be strengthened to be effective in identifying risks and driving quality improvement.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The statement of purpose and floor plan will be updated to reflect the current situation.</p> <p>All residents now have call bells that can be accessed from their beds, bedside chairs, or en-suite facilities.</p> <p>Uneven pathways at rear of centre will be made even to reduce risk of falls to residents.</p> <p>Another bedroom has been dedicated to housekeeping.</p>	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>Copies of all documents such as, the reason for transfer, current health status, medical diagnosis, and medications are now being maintained for residents who are transferred from the centre to the acute hospital.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The decontamination of resident care equipment</p> <ul style="list-style-type: none"> • The contents of commodes are now placed directly into the bedpan washer. • Daily cleaning schedule has been put in place for crash mats. Damaged crash mats have been replaced. <p>The management of laundry and linen</p> <ul style="list-style-type: none"> • Soiled laundry is now been put into the alginate bags and sent directly to laundry. • Cleaning schedule is now in place for laundry room to incorporate floor cleaning. • Sorting of resident’s laundry in the lounge has been reviewed and the practice has been stopped. <p>Storage practices posing a risk of cross-contamination</p> <ul style="list-style-type: none"> • All cushions have been removed from the store room. • Cleaning equipment and chemicals are no longer stored and prepared in the sluice room. • Clean mop heads are no longer stored on the bedpan washer in the sluice room. • Urinal bottles are no longer stored in communal bathrooms 	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p data-bbox="172 241 1324 318">Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p data-bbox="172 353 1380 430">Risk assessments are being done for all residents who may have wandering issues in accordance with national policy.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	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	12/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	12/09/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	12/08/2024
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	12/08/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance	Substantially Compliant	Yellow	12/08/2024

	with national policy as published on the website of the Department of Health from time to time.			
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