



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Announced
Date of inspection:	29 and 30 August 2018
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0022219

About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. The centre is near to a range of local amenities including Courtown community and leisure centre, with a large swimming pool and a gym offering keep-fit and aerobics for the over-65s. Resident accommodation consists of 28 single bedrooms with en-suite facilities, four single bedrooms (without en-suites), nine twin bedrooms with en-suite facilities, a sitting room, an oratory, three lounges, a sunroom, a reception lobby and a visitors' tea room. The centre is registered to accommodate 50 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 61 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Current registration end date:	21/10/2021
Number of residents on the date of inspection:	50

How we inspect

To prepare for this inspection the inspector or 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
29 August 2018	09:30hrs to 18:00hrs	Vincent Kearns	Lead
30 August 2018	07:00hrs to 15:00hrs	Vincent Kearns	Lead

Views of people who use the service

Residents were complimentary about the care they received and felt happy and safe in the centre. Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint. Residents spoke about their local connection to the centre and the sense of belonging within the local community. Residents said that many of the staff were also from the locality. Residents said that they enjoyed opportunities and occasions such as the tea parity's which also involved visitors and family members. Residents informed the inspector that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. Residents confirmed that they would have no hesitation in speaking to staff if they had a concern. Residents said staff kept them informed and up to date about any changes to their health and social care needs. All of the returned residents questionnaires issued as part of the centre's ongoing quality improvement programme, clearly identified staff as being very supportive and caring to residents. In these questionnaires residents also expressed satisfaction with the overall service provided. For example, some residents said that the centre was like a hotel, that staff were lovely and friendly and it's was very comfortable and welcoming environment to live in. One resident said that everything is superb and that the facility is spotless. Another stated that visitors are always made to feel very welcome, tea and cake are offered to everyone. All residents spoken to confirmed their overall satisfaction with the centre. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available. Residents spoke positively about how they were able to exercise choice regarding all aspects of living in the centre. A number of residents were very complementary about the activities provided and felt that every effort was made to provide activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities.

Capacity and capability

The centre was well managed with evidence of good governance and oversight arrangements in place. The centre had been owned and managed by the provider since 1984. The provider representative was a person participating in management and was an experienced manager who was based on site. The centre had a positive regulatory history to date and, for example there were no actions from the previous inspection. On this inspection, the inspector found that overall the provider representative and the person in charge had ensured continued good levels of compliance. However, there were some improvements required. For example, some improvements were required in relation to the recording of complaints and amending residents contracts in line with recent regulatory changes.

Overall, there was evidence that effective leadership, governance and management was in place. The person in charge was providing suitable staffing to meet the needs of the residents. The person in charge was very responsive to the inspection process and engaged proactively and positively throughout this inspection. Residents with whom the inspector spoke agreed that she was well known to them and both residents and staff confirmed that she was an effective manager and readily available to provide support. The inspector noted that many of the staff had worked in the centre for some time and were well experienced and knew the residents, the management and operating systems in the centre well. The effect of these arrangements was that the provider representative and person in charge were fully informed of any issues as they arose. They had good oversight of the centre and were therefore well positioned to provide suitable and timely managerial support, when required.

The provider representative and the person in charge were fully engaged in the governance and administration of the centre on a consistent basis. The inspector observed that the person in charge met with residents and their representatives each day, and knew all residents and their representatives well. The person in charge was also supported by an experienced assistant director of nursing and nursing staff. There was also administration, household and care staff who completed the care team. The person in charge met with staff regularly and minutes were maintained of these meetings. All staff spoken with praised the person in charge's leadership qualities and was described by staff as being very "hands on" in her approach and that she was always resident focused in her decision making. Residents and their representatives clearly knew the person in charge well and were observed to be at ease interacting with her and all staff. Residents and their representatives were very complimentary of the care and consideration that she and her team afforded them.

There was evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to medication management, care planning and falls governance. Following completion of audits, there was some evidence that the person in charge highlighted any issues to responsible staff for action. These arrangements gave some assurance to the person in charge that improvements were being monitored, measured and actioned.

In relation to staffing, the inspector observed that there were sufficient resources in place to ensure the delivery of safe and good quality care to the residents with the current skill mix and staffing levels. There was also, for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The provider representative confirmed that the centre had adequate insurance and that there were sufficient resources to ensure on-going safe and suitable care provision. Overall, the inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was a clear reporting system in place to ensure safe and adequate health and social services, effective communication and monitoring between the person in charge, the provider representative and all staff. From a

sample of staff files viewed, all staff had attended suitable training. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector.

Registration Regulation 4: Application for registration or renewal of registration

The provider representative had made a timely application to renew their registration in compliance with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced nurse manager and had worked full-time in the centre since 2006. She had been working in the centre as a manager since 2009 and as the person in charge since 2015. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service. She had committed to continued professional development and she had regularly attended relevant education and training sessions, including a post-graduate management training course. The inspector found that she was well known to all residents and staff. Residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable. The person in charge was also described by a number of staff as a hands on and very approachable manager, who was always supportive of staff. There were arrangements for the assistant director of nursing or the staff nurse on duty to replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

Regulation 15: Staffing

A registered nurse was on duty in the centre at all times. The inspector observed positive interactions between staff and residents over the course of the inspection. Staff demonstrated an excellent knowledge of residents' health and support needs, as well as their likes and dislikes. All staff were supervised on an appropriate basis.

Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Newly recruited staff underwent a suitable induction and probationary period, and all staff completed an annual appraisal with the person in charge. Records viewed by the inspector confirmed that, overall, there was an adequate level of training provided and completed by staff that was relevant to the care and support needs of residents. There were numerous training dates scheduled for 2018. Mandatory training was ongoing and all staff had completed mandatory training in areas such as fire safety, manual handling and safeguarding.

Judgment: Compliant

Regulation 21: Records

Overall records were seen to be maintained and stored in line with best practice and legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

Regulation 22: Insurance

There was written evidence that the centre had insurance and that this insurance was in date.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the provider representative and person in charge had good governance and oversight of the service. There were adequate management systems in place to ensure that the service provide was safe, appropriate and effectively monitored. The person in charge and the provider representative were both available out of hours and staff gave specific examples of such managerial support being provided. The person in charge was supported on a daily basis by the assistant director of nursing who was an experienced nurse manager and who was also person participating in management. There was an annual review of the service carried out in 2017 which informed the quality and safety of care delivered to residents in consultation with the residents and their families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care was viewed by the inspector and noted each contract had been signed by the residents and or their relatives. The contracts reviewed were clear, user-friendly and outlined all of the services and responsibilities of the provider representative to each resident and the fees to be paid. However, the contracts required updating to also include details of the residents' bedrooms including the number of occupants in each bedroom (if any), as required by regulation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. There was evidence that the statement of purpose was kept under review and readily available for residents and staff to read. The statement of purpose was found to meet most of the requirements of regulation. However, some amendments were required including more detail description of the rooms in the premises. There was a requirement to amend the reference in relation to a proposed conservatory, the reference to permission from HIQA regarding certain types of admissions and

the reference to HIOA in relation to making complaints.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector noted that incidents as described in the regulations had been reported to HIOA in accordance with the requirements of the legislation. The inspector followed up on the small number of notifications received from the provider representative and saw that suitable actions had been taken regarding each accident or adverse event.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and procedures which complied with legislative requirements were in place for the management of complaints and the complaints policy was most recently reviewed in July 2018. There was an independent appeals process and complaints could be made to any member of staff. Residents were aware of the complaints' process which was on public display. On review of the complaints log there was evidence that most complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. However, not all complaints had been adequately recorded. For example, some complaints that had been promptly dealt with to the satisfaction of the complainant had not been recorded in the complaints log.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The inspector reviewed the centre's operating policies and procedures and noted that the centre had site specific policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These policies were reviewed and updated at intervals not exceeding three years as required by Regulation 4. Staff spoken to were knowledgeable in relation to these policies and on going policy awareness was being provided.

Judgment: Compliant

Quality and safety

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom the inspector spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. A review of residents' care records, the practice of staff, and feedback from residents found that healthcare needs were being met in a timely way and care provided reflected residents' preferences. Residents were safeguarded by effective procedures in the centre, and their rights were respected. A sample of care plan records were reviewed, and all were found to reflect the residents' individual preferences, information about their life before moving to the centre and a health history. In practice staff were seen to know the residents needs well, and were responsive to changes such as reduced intake of food, or changes in mobility levels. Where residents were identified as being at risk of incidents or accidents, for example falls or developing pressure areas, contact was made with the appropriate healthcare professional and assessments were carried out. Where necessary health professionals outside of the service were contacted to provide support, for example tissue viability, speech and language therapy or a consultant psychiatrist.

There was a low level of use of any equipment or approaches that restricted residents free movement, for example bed rails or lap belts. The person in charge demonstrated how she and her staff endeavoured to keep any form of restriction to a minimum. They assessed residents to see their suitability for any intervention and always included whether alternative measures had been trialled and what was the least restrictive option available. Staff were clear about when restrictions could be used, and were able to explain clearly the checks carried out regularly to ensure the residents safety.

Overall there were suitable fire safety procedures and practices in place. For example, fire safety equipment was serviced on an annual basis and the emergency lighting and fire alarm panel were serviced on a quarterly basis. The inspector noted that the centre had recently been inspected by the Fire Services Department of Wexford County Council and the provider representative had received a schedule of works to be completed. The provider representative agreed to provide HIQA with an action plan update on progress in relation to completion of these fire safety works.

Residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas both in their own and in other communal areas of the centre. There was open access to the garden from the rear ground floor of the centre. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to also

be very supportive, positive and respectful in their interactions with residents. Residents were observed calling staff by their first names and interacting with them in a relaxed and friendly way. Residents were being supported to make choices about how they spent their time, with a range of activities being offered in different locations around the centre, and for some residents attending activities off site. There was a programme of activities carried out by an activities coordinator who was seen leading activities in a number of locations. The inspector noted that a variety of activities were on offer including bingo and outings to local areas of interest. Some residents said that they particularly enjoyed the live music and Karaoke sessions. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities. The provider used different ways to get feedback about the quality of the service, and included questionnaires about the service being provided, feedback from advocates and feedback from the regular residents meetings. Staff were observed checking with residents through the day about what they wanted to do, where they wanted to sit, what drinks or snacks they might like, and what activities they would like to take part in, including physical options, mind based activities and religious observance. Information was accessible for residents in the centre, with public notice boards in key areas, and access to the resident guide and other documents about the service including regular newsletters.

Regulation 11: Visits

Visitors outlined to the inspector how staff were very proactive in keeping them up to date in relation to their loved one's needs, particularly if there were any significant changes. Visitors were seen coming and going in the centre at different times.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space for residents to store their clothes or personal memorabilia. There was adequate wardrobe space and each resident had access to secure lockable storage.

Judgment: Compliant

Regulation 13: End of life

Overall there was evidence of a good standard of end of life care and support

provided. The person in charge outlined that appropriate access to the specialist palliative home care team was provided to residents requiring palliative care. There was an Oratory available for resident and visitor use and religious services were held regularly in the centre. For example, on the afternoon of first day of the inspection there was a Church of Ireland communion service and that same evening the rosary and other meditative prayers were also said in the Oratory. There was a hospitality room for residents and their visitors use that was comfortably designed and suitably furnished with seating and kitchenette facilities provided. In addition, there were overnight facilities available to enable families remain overnight, if required. The person in charge outlined how residents were facilitated to sensitively provide information in relation to their preferences and wishes in relation to their end of life care needs. The inspector found that staff were aware of the policies and processes guiding end of life care. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care.

Judgment: Compliant

Regulation 17: Premises

The inspector noted that the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. Overall, the premises had been well maintained and redecorated to a high standard. The centre was observed to be homely, warm, bright, and furnished to a high standard and appeared clean throughout. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents. There were large easy to read clocks in a number of rooms and a large dementia friendly calendar near the main entrance lobby. Resident's bedrooms were personalised with photographs, pictures and ornaments. There were some signage for example, numbers on bedroom doors. However, some improvement was required in relation to the provision of signage to support residents, particularly residents with a cognitive impairment find their way around the centre and one communal toilet door did not have a locking facility.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was communicated promptly to the catering team. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Residents' special dietary requirements and their personal preferences

were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide included a summary of the services, summary of the contract of care, complaints process and arrangements for visits. This information was supplemented with information on notice boards through the centre and a regular newsletter giving information about what was going on in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was a process in place to ensure that where residents were temporarily absent from the centre all relevant information was sent with them to the hospital or relevant place.

Judgment: Compliant

Regulation 26: Risk management

Overall, there were suitable arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, and residents leaving the centre unexpectedly. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. However, some improvements were required in the hazard identification and assessment of risks in the centre. Risk assessments were required in relation to the access to cleaning liquids stored in an unrestricted room. In addition, risk assessments were required in relation to unrestricted access to the staff changing room and the kitchen.

Judgment: Substantially compliant

Regulation 27: Infection control

The premises appeared to be generally clean and, overall there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken suitable measures to protect the residents, staff and premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. There were fire and smoke containment and detection measures in place in the premises. Staff spoken to were familiar with the actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly however, some improvement in these records was required as not all fire drill records recorded the time taken for the evacuation, any problems encountered or the fire scenario being simulated during the practice drill. In addition, the personal emergency evacuation plans required improvement to also include a current picture of each resident.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Medications were stored and managed in line with relevant legislation and guidelines. Records relating to medication management were well-maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were pre-admission assessments of prospective residents were completed whenever possible, prior to admission. This gave the resident or their family an opportunity to meet in person, provide information and determine if the service

could adequately meet the needs of the resident. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. Residents had suitable access to GP's, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required. For example, there was regular supportive visits by the community psychiatric nurse in relation to supporting residents with anxiety and behavioural and psychological symptoms of dementia.

Judgment: Compliant

Regulation 8: Protection

There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. All staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. In relation to financial arrangements, the provider representative confirmed that the centre did not manage any pensions on

behalf of any resident. In addition, a small number of residents had received support in relation to small quantities of expenditure for example, hairdressing bills. The inspector noted that these arrangements were suitable and included double signatures and receipts to safeguard residents interests.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre and residents were facilitated to maintain their privacy and undertake any personal activities in private. Residents were supported to retain as much control of their own decision making as possible. Residents were kept informed about their rights, including, civil, political and religious rights. These rights were respected by staff, and advocacy services were also available to assist residents, where required. Residents' access to the community was maintained for example, by access to local and daily newspapers, local parish letters, visits by local clergy, and local media and aids such as telephone and wireless Internet access. Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0022219

Date of inspection: 29 - 30/08/2018

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Updated the contract for care with the details of the resident's bedrooms which includes number of occupants in the room.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Updated the Statement of Purpose and Function. Included the narrative description of the floor plan to the Statement of Purpose and Function. References in relation to HIQA and regarding proposed conservatory are removed from the Statement of Purpose and Function.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Middletown House takes every complaint seriously and act promptly on it. As the verbal complaints were dealt within 24 hours or less than 24 hours and the complainant was happy about the outcome we didn't log those complaints to the complaint register. We amended the Policy on Managing Complaints and all the complaints will be logged in to the complaint register. Monthly audit will be done, and the report will be discussed at the management meetings. The report will be used for quality improvement.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

Middletown House try to keep the place as homely as possible we have minimal signage inside the home. Lack of signage didn't come up as a concern from our Residents yet. Hence Middletown House will review the decision according to the needs of the Residents and the Resident's profile.]

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Installed two locked storage units in the store room and locked all the products.

Staff changing room is kept locked now.

Risk assessment is carried out in relation to the unrestricted access to kitchen and the management is happy about the plan. The kitchen never left unattended during the day and no resident identified as high risk of wandering at night time whom can enter the kitchen at night time at present. Will review the plan when the resident's profile changes.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

PEEP will be updated with the Resident's photograph on it.]

Fire register and records will be updated after consultation with the Fire safety consultant.]

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	27/09/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	27/09/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	27/09/2018
Regulation	The registered provider	Substantially	Yellow	30/10/2018

28(2)(iv)	shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Compliant		
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/09/2018
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	27/09/2018