



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

## Issued by the Chief Inspector

Name of designated centre:	Mooncoin Residential Care Centre
Name of provider:	Mooncoin RCC Limited
Address of centre:	Polerone Road, Mooncoin, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	30 November 2022
Centre ID:	OSV-0000254
Fieldwork ID:	MON-0038103

## About the designated centre

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

Mooncoin Residential Care Centre is a purpose-built two-storey premises, which provides residential care for 78 people on the ground floor. The centre can accommodate both male and female residents, for long-term and short-term stays. The centre caters for residents of all dependencies, low, medium, high and maximum, and 24 hour nursing care is provided.

In total there are 74 single and two twin bedrooms. All bedrooms have full en-suite facilities. Various communal areas are located around the centre which is surrounded by well maintained grounds including a secure garden area and courtyard.

According to their statement of purpose, Mooncoin Residential Care Centre aims to provide the highest quality of residential care in a happy and homely atmosphere in which each resident feels cared for, comfortable and content. They aim to provide a home away from home, with a highly professional care service, where staff promote individuality and encourage residents to enjoy the company of friends and companions.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 30 November 2022	09:30hrs to 18:35hrs	Bairbre Moynihan	Lead
Wednesday 30 November 2022	09:30hrs to 18:35hrs	Mary Veale	Support

## What residents told us and what inspectors observed

Inspectors arrived to the centre in the morning to conduct an unannounced inspection to monitor ongoing compliance with the regulations and national standards. From the inspector's observations and from speaking to residents, it was clear that the residents received a good standard of care. Residents were complimentary about the staff, the care they received and were particularly complimentary about the food.

On arrival at the centre inspectors were greeted by the person in charge. The centre is registered to accommodate 78 residents with 19 vacancies on the day of inspection. Inspectors spoke with a number of residents and spoke in greater detail with eight residents to gain feedback on their lives in Mooncoin Residential Care Centre. Mooncoin Residential Care Centre had 74 single rooms and two twin rooms located in six units - Ash, Oak, Beech, Sycamore, Hawthorn and Elm all on ground level. Residents had personalised their rooms with photographs, pictures and personal items from home. Communal facilities included a dining room, activities room, four sitting rooms and an oratory. The provider was in the process of a gradual renovation of the centre with Elm and Hawthorn units completed. Hawthorn unit had no residents on the day of inspection.

An activities co-ordinator had recently commenced in the role and was embedding a programme of activities in the centre at the time of inspection. A survey had been completed of residents' preferences in relation to activities. 35 residents completed the survey and results were being collated at the time of inspection. A sample of questionnaires reviewed identified that residents expressed their preferences for activities such as arts and crafts, outside activities and music. On the day of inspection a number of residents were observed making Christmas wreaths. A choir had formed in the centre and they were practicing carols in the afternoon in preparation for Christmas day mass. The residents' Christmas party was planned for 21 December 2022. WI-FI was available for residents and the centre received five newspapers daily for residents to share. A small number of residents attended mass in the local church which was located beside the centre. The centre had a dedicated hairdressing salon with the hairdresser attending once weekly.

The dining experience was observed. The majority of residents attended the one dining room which was divided into two areas. The dining room was busy but had ample staff available to assist residents if required. Inspectors were informed that management had changed the break times of staff to ensure that there was more staff available to assist at lunchtime. Residents were offered a choice at mealtimes and drinks and snacks were provided during the day. A small number of residents chose to eat in their rooms. Management provided assurances to inspectors that staff were available to assist and monitor these residents during mealtimes.

The centre provided a laundry service for residents. All residents who the inspectors spoke with on the day of inspection were happy with the laundry service and there

were no reports of items of clothing missing.

The centre had an open visiting policy and a number of visitors were observed on the day of inspection. As per the centre's visiting policy residents were required to receive visitors in their bedrooms. Communal space was available for residents to use if they so wished.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The provider had progressed the compliance plan following the previous inspection in September 2021, and improvements were found in relation to Regulation 9: Residents' Rights and Regulation 16: Training and Staff development. On this inspection, the inspectors found that action was required by the registered provider to address Regulation 28: Fire precautions and areas of Regulation 17: Premises and Regulation 27: Infection control.

Mooncoin RCC Limited was the registered provider for Mooncoin Residential Care Centre. The company had five directors, one of whom was the registered provider representative and was actively involved in the daily operations of the centre. There was a stable and experienced senior management team in place. The person in charge worked full time and was supported by an assistant director of nursing, clinical nurse managers, a team of nurses, health care assistants, housekeeping staff, catering staff, an activities co-ordinator, maintenance and administration staff. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. Inspectors noted that staffing levels were lower than outlined in the centre's statement of purpose but equally the centres' beds were at reduced occupancy. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

Inspectors were informed that 14 residents had been admitted to the centre since 17 October 2022. An additional 14 residents were awaiting admission. The provider had taken a cautious approach to admitting the new residents with resident safety the priority in all decisions taken. Due to staff shortages the provider was unable to admit the residents until new staff were recruited and inducted which had an estimated time line of February 2023.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspectors were informed that the staff induction programme had been strengthened through the

introduction of a clinical nurse manager role in a supernumerary capacity. This ensured that staff could be appropriately supervised and supported to perform their respective role. Staff with whom the inspectors spoke with were knowledgeable regarding fire evacuation procedures and safeguarding procedures.

Inspectors reviewed a sample of staff files and all the requirements under the regulation were in place including Garda (police) vetting and registration with the professional regulator where required. One staff file was not held in the centre but was provided to inspectors while still onsite.

There were good management systems in place to monitor the centre's quality and safety. Improvements had been made to the centre's auditing process since the previous inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; wound care management, restrictive practice, falls, infection prevention and control and medication management. Audits were objective and identified improvements. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. The inspectors viewed the minutes of a recent management meeting which had agenda items included corrective measures from audits, infection prevention and control, clinical incidents and complaints. The annual review for 2021 was submitted following the inspection. It set out the improvements completed in 2021; for example, the introduction of staff appraisals, new ways of working and supportive measures for residents, staff and families.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

The complaints procedure was displayed in the reception area of centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of some of the complaints received in 2022 was viewed. There was evidence that complaints were effectively managed and the outcomes of the complaints and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a complaint or concern with the person in charge or any member of staff.

## Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. One nurse in the centre was the nominated infection control lead and was completing additional training in infection prevention and control.

Judgment: Compliant

## Regulation 21: Records

An inspector reviewed a sample of records. All the requirements set out in schedule 2 of the regulations were in place.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, restrictive practice and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

## Regulation 3: Statement of purpose

The floor plans and statement of purpose were not in line with what inspectors observed on the day of inspection. For example:

- A room identified as a sluice room was now a store room.
- A room identified as a store room was in the process of being converted into an office.



Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspectors viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

## Quality and safety

Overall inspectors found that residents had a good quality of life in Mooncoin Residential Care Centre which was respectful of their wishes and choices. Residents had access to a high level of medical and nursing care. In addition, residents had timely access to health and social care providers. Visitors were observed in the centre on the day of inspection. Visitors confirmed to inspectors that there was no restrictions on visiting.

The provider had an up-to-date infection control policy in place. The centre was generally clean on the day of inspection. Housekeeping staff were knowledgeable about their role with four housekeeping staff on duty in the morning time and three in the evening. Environmental audits were completed with the most recent audit completed in July 2022 with issues identified. A time bound action plan accompanied the environmental audit. The provider had developed a new cleaning schedule since the last inspection and a cleaning schedule for professionally cleaning upholstered chairs. Additional wall mounted hand gel sanitisers were installed and inspectors were informed that more were ordered. The laundering of residents' clothes was carried out onsite. The laundry room had a dirty to clean flow. There was an

ongoing programme of refurbishment with Hawthorn and Elm units completed. Inspectors were informed that the repainting and renovations were only one third of the way complete and this was evident on the day of inspection. General wear and tear was noted in some of the units. In addition, the centre was challenged with storage space for resident equipment. These along with additional findings will be discussed under Regulation 17: Premises and Regulation 27: Infection Control.

Residents had access to personal storage space including a wardrobe and lockable bedside locker. Following on from the report from the inspection in September 2021 a small number of residents wardrobes were observed. These were found to be generally neat and tidy.

Residents with communication difficulties were supported with assistive devices or where possible, staff could translate for them. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

The inspectors saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on a paper and electronic system. Residents needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and behaviours that were challenging. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Oversight of fire safety required review. On the previous inspection assurances were required by the registered provider to contain smoke and fire in the residents bedrooms. Bedroom doors did not have automatic closing devices to help contain fire and as part of the previous inspection compliance plan the provider had planned to install automatic closing devices throughout the centre. The inspectors were informed that the automatic door closing devices had not been installed as the device which had been trialled was activated by a low decibel sound such as the sound of residents moving their walking frames. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly and included instruction that the resident's bedroom door required closing in the event of a fire. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations and their supervision requirements at the assembly point. Staff spoken to were familiar with the centres evacuation procedure and the closing of residents bedroom doors. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment and of a simulated night time drill taking place in the centres' largest compartment. Fire drills records were detailed containing the number of residents evacuated, equipment used, how long the evacuation took and learning identified to inform future drills.

There was an effective system of daily and weekly checking of means of escape, fire safety equipment and compartment fire doors. Improvements required in relation to fire safety are discussed in more detail under Regulation 28: Fire precautions.

The activities schedule was in the process of being reviewed at the time of inspection. A number of residents were observed to be engaging in activities, however, a small number of residents expressed to inspectors that due to the number of residents taking part in activities that there could be a time period before activities can get up and running. A physiotherapist did an exercise class with residents once a week. Inspectors found that residents had not been consulted about the organisation of the centre since May 2022 and no satisfaction survey was completed.

### Regulation 10: Communication difficulties

A resident assessment and care plan was reviewed in relation to communication difficulties. There was a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements of a small number of residents.

Judgment: Compliant

### Regulation 11: Visits

The centre had an open visiting policy. Visitors were required to do a temperature check at the entrance to the centre but there was no requirement to book a visit or no restrictions on the length of time a family member/friend could visit.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to lockable storage space in their rooms. Residents' wardrobes observed were tidy at the time of inspection.

Judgment: Compliant

### Regulation 17: Premises

Ongoing actions were required to ensure the premises conformed to the matters set out in schedule 6. For example;

- Parts of the centre required painting and repair to ensure it could be effectively cleaned, such as hand rails, walls and skirting boards. In addition, splashing and staining was observed on a number of walls.
- A review of access to call bells was required. Residents in rooms 28, 37 and 53 did not have access to call bells.
- Improvements were required to the floor coverings in a bathroom and a corridor in the centre.
- Maintenance service records were requested for the beds in the centre on the day of inspection and after the inspection but were not received.
- The sluice room in Elm unit was a thoroughfare to the housekeeping chemical store room.
- There was multiple instances of inappropriate storage of equipment. For example:
  - The treatment room in Sycamore contained multiple items nutritional drinks, batteries charging, three hoists and a box of portable blood pressure monitors and thermometers.
  - Mattresses were stored behind a partition in the sitting room in Beech.
  - A wheelchair and weighing scales were stored in a resident's toilet in Sycamore.
  - Resident wheelchairs were stored in a sluice room.

Judgment: Substantially compliant

### Regulation 26: Risk management

The registered provider had an up to date risk management policy in place. The policy describes the measures and actions in place to control the five identified risks stipulated in the regulations. In addition, the policy outlined the management of accidents and incidents in the centre.

Judgment: Compliant

### Regulation 27: Infection control

While inspectors observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure procedures are consistent with the national standards for infection prevention control in community services. For example:

- A review of mattresses and cushions stored behind a partition areas in Sycamore sitting room was required as some of the mattresses and cushions were visibly dirty and torn.
- Shelving in the housekeeping store room in Elm unit and underneath the clinical handwash sink in the treatment room in Sycamore required review. These were in a state of disrepair and did not aide effective cleaning.
- Hand hygiene sinks did not meet the required specifications.
- A small number of sink plugholes were unclean and contained debris.
- A review of the centres' shower chairs and commodes was required as a number of shower chairs contained rust to the hinge area and commodes contained rust on the leg or wheel area. This posed a risk of cross contamination as staff could not effectively clean the rusted parts of the shower chairs and commodes.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required in relation to fire safety management systems, including:

- Assurances were required around the registered providers ability to contain smoke and fire and protect escape routes in the event of a fire. The registered provider had given assurances in the compliance plan following inspection in September 2021 that automatic door closures would be installed as part of the planned refurbishments. Automatic door closures had not been installed to residents' bedroom doors. There was a risk assessment on fire containment relating to the absence of automatic door closers on bedroom doors. Automatic door closers are important as they can delay the spread of fire and allow time to evacuate residents.
- The fire door to the linen store room on Ash unit was not closing to form a seal to contain smoke or fire.
- Smoking risk assessments had not been completed for two residents who smoked.
- While fire drills had been undertaken, there were two different templates used to record fire drills. One of the fire drill records which had not been in use since January 2022 did not record if staff had closed the resident's bedroom during a simulated fire drill.
- An outdoor area where a resident smoked required a suitable ash tray, a fire blanket, a fire extinguisher and call bell.
- The annual and quarterly certification was requested for both emergency lighting and the fire detection system. This was not received.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to a general practitioner who attended onsite every fortnight. In addition, inspectors were informed that residents had timely access to health and social care providers, for example; dietitians. A physiotherapist attended onsite once weekly and did an exercise class with residents. If residents required further physiotherapy this was an additional cost for the resident.

Twice daily temperature checks were in place in the centre and monthly weight checks. These were completed.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors were not assured that residents were regularly consulted about and participated in the organisation of the centre:

- Inspectors were informed and documentation confirmed that a residents' meeting had not taken since May 2022. No other minutes were available for 2022.
- No resident satisfaction survey had been completed in the centre in 2021 or to date in 2022.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mooncoin Residential Care Centre OSV-0000254

Inspection ID: MON-0038103

Date of inspection: 30/11/2022

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose updated to be resubmitted in February 2023 for renewal of registration with changes to the specific rooms outlined updated.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Ongoing maintenance and refurbishment will address areas of general wear and tear. Call bells and leads have been relocated in all bedrooms. Floor covering repairs and replacements added to the risk register and will be planned for completion by the end of February pending the availability of flooring company. Bed service records sent to HIQA with the stage one reply. The sluice room in the Elms - The chemical store room is to be taken out of commission as a store room for chemicals. Storage of all equipment has been reviewed and relocated as appropriate.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Storage of equipment – as previous.  
 Shelving – Storeroom decommissioned.  
 Hand Hygiene sinks – Under review and included on the risk register to plan replacements.  
 Plug holes – cleaned the day of inspection and on a regular schedule and review.  
 Shower chairs and commodes when in use are single person use only, and are primarily used in ensuites, which has a water component to that area’s usage, so are subject to review in an ongoing manner and repairs and replacement as required. Those currently in use have been reviewed and replaced as necessary.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Automatic door closers – In Mooncoin Residential Care Centre, we are aware we don’t have automatic door closers connected to the fire alarm, therefore all induction, fire training and fire drills take particular account of the containment of smoke measures required during an evacuation.  
 Fire door closer on the hot press has been repaired and meets the required specifications.  
 All residents who smoke have smoking risk assessments completed, which are scheduled for regular review.  
 The template which captures the step of actually closing fire doors as part of evacuation, is used for the fire drills in house.  
 Outdoor smoking area – all residents who wish to smoke have been advised of the smoking room as the designated smoking area.  
 The annual quarterly certification for both emergency lighting and the fire detection system – sent to HIQA with the stage one reply.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Residents meeting held on the 14th December, with outcomes actioned. Next years meetings scheduled quarterly, for 2023, the first on the 25th January,  
 Residents survey to be circulated in early January 2023, and the results collated and actioned before the end of February or as replies come back.



## 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	30/06/2023
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	28/02/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Not Compliant	Orange	11/01/2023

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/01/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the	Substantially Compliant	Yellow	28/02/2023

	information set out in Schedule 1.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	28/02/2023