



**Health
Information
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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:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinsole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0034833

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

It provides twenty-four hour nursing care to 48 residents both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents.

The centre is a single storey building comprising of 40 single en suite bedrooms and four twin bedrooms located in a rural area with local amenities close by. There is a specialist dementia unit Murvagh Suite accommodating 14 residents in single en suite bedrooms and Warren and Rosnowlagh suites are for the remaining residents.

The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 10 February 2022	10:00hrs to 17:45hrs	Nikhil Sureshkumar	Lead
Friday 11 February 2022	10:15hrs to 16:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector noted that good care was provided to the residents in the centre. The residents commented that the staff were excellent in providing care for them. The inspector spoke to five residents and three visitors during this two-day inspection, and overall, the residents and families commented positively regarding the residents' lives in the centre.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the centre and residents' accommodation. This included a signing in process, hand hygiene and an electronic temperature check.

On the first day of inspection, following an introductory meeting, the person in charge accompanied the inspector for a walk around the centre. The inspector observed that the centre's atmosphere was relaxed and homely. Residents were spending their time in communal areas, and there was a sufficient number of television, newspapers, and radio available in the communal rooms for residents in the centre. However, the inspector noted that television was not always available and accessible for some residents' in their bedrooms.

On the first day of inspection, an activities coordinator was supporting residents with various activities in the main part of the centre, and the residents were observed to be engaging well with the staff. The staff who spoke with the inspector demonstrated a keen interest in working with older people and were found to be knowledgeable about the care needs of the residents in the centre.

However, the inspector observed minimal meaningful activities for residents in the dementia-specific unit throughout the first day of inspection. The ambience of the dementia-specific unit was dull, and staff interactions with the residents were minimal. In addition, the environment was not stimulating for the residents. The inspector noted that the residents were left to watch television in the day room. However, the inspector noted that some residents were sleeping and showed no interest in television programs. When this was brought to the attention of the person in charge, they informed the inspector that this would be rectified.

On the second day of inspection, the inspector observed a range of activities and a stimulating environment for the residents in the dementia-specific unit and the rest of the centre. There were one to one sessions and group activities provided at various times. The staff interaction with residents became supportive in the dementia-specific unit, and staff were seen interacting with residents in a respectful and empathetic manner.

Although not observed, the provider informed the inspector that a musician performs live music sessions every week in the centre and that some residents in

the dementia-specific unit attend those musical sessions.

The inspector observed that the centre has adequate natural and artificial lighting throughout its corridors, and handrails were available in corridors. However, the inspector noted that some assistive equipment and specialised chairs stored in corridors reduced residents' accessibility to the handrails and their independence to move around the centre.

The corridor and day rooms' flooring was lined with carpets, and the inspector noted that the carpet flooring was torn and stained in some areas of the centre. When this was brought to the provider's attention, they informed the inspector that they had made arrangements to replace the carpet flooring.

There were sufficient bathrooms and toilets for the number of residents. Bathrooms and toilet facilities had a sufficient number of grab rails installed at appropriate locations to support residents. There were call bells available in toilets to assist residents in seeking staff assistance if required.

Residents' bedrooms were personalised with their personal items of significance. The inspector noted that adequate storage spaces were available to residents in their bedrooms for storing personal items. However, the inspector noted that the décor of some bedrooms required improvement and the bedroom walls required repair works and repainting.

The inspector noted that the food served in the centre was wholesome and presented nicely. The inspector noted that the staff sought residents' food choices and provided assistance to residents were required. However, on the first day of inspection, the inspector noted that there was no menu displayed in the centre, and this was brought to the attention of the person in charge.

On the second day of the inspection, the inspector noted that the staff had developed a picture menu, and this menu was made available to the residents at each dining table. The inspector saw residents glancing through the picture menus while they were in the dining room.

Some residents' comments were that 'the food is excellent in this place, it is a great place to live, they feel safe here, they get to see their families, and they liked the place.'

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

Capacity and capability

This was a well established designated centre in the local community with a stable management team and workforce. However, the inspector's findings were that significant focus and resources were now required to improve the governance and management of the centre, especially in relation to premises and fire precautions.

This two-day inspection was a risk-based inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For preparing for this inspection, the inspector reviewed actions from the last inspection, the information provided by the provider and the Person in Charge, and other information.

There was a clearly defined management structure in place with lines of authority and accountability in the centre. The centre has a well established and experienced staff team who have contributed to developing a resident centric culture. However, management systems required improvement to drive quality improvement and to ensure that risks were proactively identified and managed appropriately.

The provider of the designated centre is Drumhill Inn Limited. The person in charge of the centre was found to be supported by the representative of the registered provider, clinical nurse managers and other staff. The inspector noted that the person in charge of the centre was responsive and immediately addressed the issues identified to them on the day of inspection. The person in charge was well known to the residents and was knowledgeable about the residents' needs.

In this inspection, the inspector found that the centre was non-compliant with Regulation 17, Regulation 23 and Regulation 28. In addition, there were four staff vacancies at the time of the inspection, and residents did not have access to activities at the weekends. The provider was recruiting for these vacancies, and the inspector saw the documentation of the recruitment process that was underway.

The provider was issued with an urgent action plan following the inspection and was required to take immediate action to mitigate the fire safety risks identified by the inspector. The provider has submitted realistic and time-bound compliance plans to the inspector following the inspection.

Regulation 15: Staffing

The number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre required improvement. For example:

While there was a sufficient number of nursing and caring staff on duty on the day of the inspection, a review of the rosters showed that staff were not assigned during the weekend to support the residents to engage in meaningful activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff supervision required improvement in the centre. For example, the staff who assisted the residents on modified diets were not appropriately supervised by the nurses who were busy carrying out the medication rounds during mealtimes.

Refresher training was required to improve the professional development of staff. For example, the residents following readmission did not always have a review of their assessments and care plans done to meet the residents' changing needs.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed the records, as set out in Schedules 3 of the regulation, and noted that the records were not always appropriately maintained and did not support the safe administration of medications. For example, the inspector reviewed residents' medication records and noted gaps in the records, including missing biographical information.

Judgment: Substantially compliant

Regulation 23: Governance and management

The oversight and management of the premises did not ensure that all areas of the designated centre were well maintained and that resources were made available to ensure that the premises were provided in line with the statement of purpose. In addition, the provider did not have adequate oversight of the fire safety precautions that were in place in the designated centre. The inspector identified several significant fire safety risks on the day of the inspection that the provider had not identified. These are discussed under Regulation 28.

The oversight of risk management in the centre was not robust. The provider had not identified a number of the risks that the inspector identified on the day of the inspection, and as a result, these risks were not addressed. For example:

- A disinfectant bottle was kept along with food and fluids, which posed a safety risk of accidental ingestion or spraying of the chemicals.
- In addition, loose disposable gloves were stored at the nurses' station and along the corridor of the dementia-specific unit. This posed a risk of residents with cognitive impairment accidentally ingesting the gloves and choking.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registration information is not accurately reflected in the statement of purpose (SOP). The statement of purpose was not updated in 2021.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted to the Chief Inspector within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaint procedure displayed in the centre was not an up-to-date document. The information contained in the document did not include the name of the person who is currently responsible for managing complaints in the centre. This was addressed immediately, and an updated complaints procedure was made available to residents on the second day of inspection.

There was an open complaint in the centre that had elapsed the complaint management time frame mentioned in the centre's complaint management policy, and the details of the investigation were not available to the inspector on the day of inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were reviewed and updated within the previous three years. Any changes in these documents were communicated to staff in the centre's regular staff meetings.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be satisfactory, and the provider met the needs of the residents to a satisfactory standard. The inspector observed a resident-centred culture, with residents reporting that they felt safe and well cared for by the staff in the centre.

Resident committee meetings were held at regular intervals, and the minutes of meetings were available for the inspector to review. The inspector noted that the residents' experience of living in the centre was found to be positive.

Residents were closely monitored for risk of malnutrition or dehydration, and where unintentional weight loss or low fluid intake was identified, appropriate action was taken to prevent deterioration. However, the inspector noted that the residents' mealtimes were not a relaxed social occasion. The dining room was congested, and there was little ventilation in this room. In addition, medication rounds were happening during this time which took from the social experience and meant that residents received their medications in view of other residents and staff working in the dining room. This also meant that nursing staff were not available to supervise those residents who were on modified diets or with special dietary requirements.

On the day of inspection, the inspector noticed that the centre's fire precautions required significant improvement, which is further discussed under Regulation 28. The provider responded well to the urgent compliance plan issued by the inspector and was found to be committed to improving the fire safety risks in the centre. Following the inspection, the provider assured the inspector that a full fire safety risk assessment would be carried out by the centre's competent person.

During the walk around the centre, the inspector noticed that the general upkeep of the building required improvement. The inspector noted that the storage was not sufficient for the safe storage of equipment in the centre, which is discussed under Regulation 17.

The inspector noted that several areas of the centre were not clean on the first day of inspection. However, the inspector observed that the centre's cleanliness was improved on the second day of inspection. However, the inspector was not assured that the centre's infection prevention and control practices were always maintained to a high standard, and this is further discussed under Regulation 27.

Regulation 11: Visits

Indoor visiting for residents by their families were resumed, and they were in line with the Health Protection and Surveillance Centre (HPSC) guidance for long term residential care facilities. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures. Indoor visiting for residents by their families was resumed, and they were in line with the Health Protection and Surveillance Centre (HPSC) guidance for long term residential care facilities. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. The inspector noted that adequate storage space was available to residents in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The inspector noted that the structural fabric of the building services was not kept in a good state of repair, and the centre did not have a safe floor covering. For example:

- Some bedrooms were not suitably decorated, and required improvement, and the inspector noted that a bedroom wall was scuffed and needed repainting. Another bedroom wall was found to be damaged and was not identified for repair.
- The inspector noted that there were scuff marks on several bed frames, handrails and skirting boards.
- Carpets in some areas were found to be torn and posed a trip hazard for residents in the centre, which could potentially assist in the spread of fire.
- Some wooden furniture such as wardrobes were damaged and needed to be repaired or replaced.

There was insufficient storage available to store clinical equipment in the centre. For instance, the inspector noted that equipment such as hoists was stored in the corridor. This equipment restricted residents' access to handrails in the corridor and

did not allow them to safely and independently move around the centre.

The lock of a medication trolley was damaged, and the inspector noted that wheel locks were not present in the drug trolleys. Repair works were essential to fix the locks so that the nurses could safely and securely store the drug trolley during the drug rounds.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the most recent nursing transfer documents and found that the nursing transfer records and associated documents were not properly completed. For instance, some vital information such as medical history and most recent weight of the residents was not included in the nursing documents that accompanied the transfer letter.

The documents were not sufficiently detailed to support a safe hospital transfer for the residents in the event of an emergency. The nursing home's transfer document system required improvement to ensure that all relevant information about the residents would be included in the transfer document.

Judgment: Substantially compliant

Regulation 26: Risk management

A centre-specific risk management policy, a risk register and risk management procedures were in place. The risk register included assessment and review processes for identifying and managing risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control in the centre required improvement to meet national standards and other national guidance. For example:

- The inspector noted that the arrangements to store personal care products and linen were not appropriate and posed a risk of contamination of these products. For example, incontinence wears were placed loosely in different areas of the centre, and an open linen trolley with linen was found to be

stored in an en-suite bedroom.

- The inspectors noted that there were not enough hand sanitisers in the Alheimers unit to promote hand hygiene in the centre.
- Several areas of the centre had gaps between the lining of the floor and the skirting board, which has resulted in dust accumulating in these gaps. The base of a toilet in a communal toilet was visibly dirty and was badly stained. The inspector noted that cleaning and disinfection were not effective in these areas.
- In addition, the systems that were in place to ensure that the residents' communal equipment was cleaned after each use were not sufficient. This posed a risk of the spread of healthcare-associated infection to residents in the centre due to cross-contamination of pathogenic microbes. For example:
 - On the first day of inspection, the inspector noted that hoist slings were stored in the corridors, and the slings had no labels to identify if they belonged to any individual residents.
 - The inspector observed that there were dust on the hoist stored in the corridors.
 - Individual glucometers were not available for all residents in the centre.
- On the first day of inspection, the inspector noted that the carpets were dusty and stained in several areas. However, the inspector noticed improvements in cleaning on the second day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector noted that the provider did not sufficiently review the centre's fire precautions and did not take adequate precautions against the risk of fire in the centre to ensure the safety of residents. For example:

- Several soft furnishings such as crash mattresses were damaged, and the foam insides were exposed, which could potentially assist in the spread of fire.
- A room where an electrical distribution board was kept was used to store mattresses and other flammables. In addition, the cables penetrating the ceiling of this room were not adequately fire sealed.

A fire register maintained in the centre with daily and weekly checks did not effectively identify the issues the inspector found on this inspection. For example:

- On the first day of inspection, a final fire exit door in the chapel was found to be blocked with a table. The person in charge was notified of this and was asked to take immediate action.
- Large quantities of oxygen (eight large cylinders) were stored in the centre along with other combustibles and posed a fire safety risk.

- Inspector noted that while most of the bedroom doors have self-closing devices, a large number of these bedroom doors were not closing properly. In addition, on the first day of inspection, the inspector found that a bedroom door was wedge opened to disable a self-closing device. There were no risk assessments carried out or residents' needs identified for this practice. When this was brought to the attention of the person in charge, the door stopper was immediately removed from the room.
- Inspector saw several types of unused door stoppers at various locations in the centre on the second day of inspection. The door stoppers the inspector found include wedges and weighted door stops. When this was brought to the attention of the provider, they informed the inspector that appropriate door stoppers would be installed in the centre.
- Self-closing devices installed on several bedroom doors were damaged and detached from the doors and were ineffective in closing the fire doors.
- Inspector noted that several fire exit signages (running man signage) across the centre were not lighting up and, as a result, were not easily visible in the event of a fire emergency.

In addition, the inspector noted that the fire doors in the centre were not appropriately maintained. Several fire doors were found to be damaged, and this has made some of the fire compartments ineffective. For example:

- The inspector noted that the cross corridor fire door at the entrance of the Alzheimer's unit did not create a fire and smoke seal when closed. This increased the size of the centre's largest compartment. The inspector measured the gap between the door and its frame, and this was approximately between 1.5 cm to 2.0 cm, and the intumescent strips and smoke seal were partially missing on one side of this door. In addition, the inspector noted a large hole in the cross corridor fire door inside the Alzheimer's unit, and there were visible damages on the fire door.
- Several fire doors in the centre's sub fire compartments were not closing properly and did not ensure that they could prevent the spread of toxic fume, smoke and fire in the event of an emergency. For instance, the inspector noted that several bedroom fire doors and the fire doors in the kitchen and the laundry were not closing properly.
- The inspector noted that there were oil leaks from the hinges of several fire doors.
- There were holes in several fire doors in sub-compartments due to missing key locks or door handles.
- Several fire doors in sub-compartments did not have intumescent strips and smoke seals to stop the spread of smoke or combustible fumes.

The inspector noted that appropriate fire detection systems were not available in some areas of the centre. For example:

- Smoke detectors were not available in the two rooms that were used for storing large quantities of highly flammable materials such as alcohol-containing sanitisers, mattresses and incontinence wear.
- Appropriate sensors were not available in the laundry room where gas was

used to operate the cloth drier.

The inspector noted that the centre's fire drill carried out with minimal staffing was found to be ineffective in safely evacuating the residents to a safe place. In addition, the documentation of the fire drill report required some improvement. For example, the drill reports did not specify whether the drill carried out was a nighttime or daytime compartment evacuation drill.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider did not ensure that a pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations to residents in line with their regulatory requirements and professional guidance. Therefore, the medicine storage procedures were not monitored by a pharmacist.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the nursing records showed that while validated assessment tools were being used to assess residents' needs in specific areas, these did not inform a comprehensive assessment, which could then be used to develop a care plan with the resident and/or their family. The care plans the inspector reviewed did not contain the most up to date information about the residents.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. Residents were supported to attend outpatient and other appointments in line with public health guidance. Inspector noticed on the day of inspection that the residents had access to general practitioners (GPs) from local practice, allied health professionals, specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector were found to be knowledgeable and were aware of how to positively respond to those residents who might display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

In a number of the twin bedrooms, residents were not able to watch television from their beds. In addition, there was no television in one twin room.

The inspector noted that the door to the garden was locked which meant that the residents could not access this safe outdoor space without a member of staff unlocking the door.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not 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 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aras Mhic Shuibhne OSV-0000312

Inspection ID: MON-0034833

Date of inspection: 11/02/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We will look in to recruiting an activities coordinator that will cover weekends. Also in the meantime a care assistant is allocated to activities for a few hours during the weekend</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All nurses now ensure that the medication rounds are not carried out at mealtimes to allow them to supervise staff. All nurses have ensured that all residents following readmission have a review immediately of their assessments and careplans and document any changes. All nurses will receive training in careplanning. All staff will receive training from a speech and language therapist regarding modified diets</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All records have since been updated.</p>	

All nurses will up-date their medication management and care planning training.	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All fire safety precautions identified on the day of inspection have since been corrected to fire safety standards.</p> <p>All gloves in the dementia-specific unit are now stored in a locked unit.</p> <p>All disinfectants are stored in a locked store.</p> <p>Risk management in the center is now more robust with daily checks.</p> <p>Refresher course to all fire wardens training has been giv</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>Statement of purpose has since been updated.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All residents and family members are made aware of the complaint's procedure on admission</p> <p>Complaint has been dealt with and is now closed.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: All bedrooms that required improvement have been repaired. All wardrobes that were damaged have since been repaired or replaced All bed frames, handrails and skirting boards have been repaired. A Storage room has been made available for hoists when not in use. Both medication trolleys have been repaired. All carpets will be replaced. New sinks will also be installed.</p>	
<p>Regulation 25: Temporary absence or discharge of residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: The nursing home is now using the national transfer letter for all transfers to hospital.</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All staff are aware that all personal care products and linen must be stored appropriately. Extra hand sanitizers have been placed in the Alzheimer's unit. All gaps between the floor and skirting boards have been repaired to reduce dust accumulating. Area in the communal toilets has been repaired. All staff are aware that slings are to be stored in the resident's bedroom. All slings have a label on to identify who it belongs to. All residents that require a glucometer now have their own. All staff will receive up-dated in-house training in infection control. Cleaning of all equipment has become more robust. All carpets will be replaced. New sinks in clinical areas will also be installed.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All crash mats that were damaged have been removed and replaced with new crash mats.</p> <p>All mattresses and flammables have been removed from store and cables that were penetrating the ceiling are now fire sealed.</p> <p>All extra oxygen that was in stock due to covid 19 has been sent back to the company, only 3 cylinders remain.</p> <p>All fire doors are now closing properly as per fire safety requirements.</p> <p>All appropriate door stoppers have been installed where required.</p> <p>All bulbs in the fire exit signage have been replaced.</p> <p>All fire doors that require to be replaced have been replaced.</p> <p>All damaged intumescent strips have been replaced.</p> <p>All missing keylocks and door handles have been replaced.</p> <p>Smoke detectors have been installed in both storage rooms.</p> <p>Appropriate sensors have been installed in the laundry and kitchen.</p> <p>All fire drills now specify if the drill was a daytime or nighttime drill.</p> <p>Fire warden training has been given on the 11/03/2022.</p> <p>A fire risk assessment of the building will be carried out by the 13/05/2022 cert will be available on request.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>As a result of covid 19 our pharmacist had been coming into the nursing home. However I have spoken with the pharmacist and he is now doing reviews.</p> <p>Both medication trolleys are now repaired.</p> <p>All medications are now stored in the appropriate area.</p> <p>All nurses are to up-date their medication management.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans are now up-dated with the most up to date information.</p>	

A comprehensive assessment will be in place for each resident.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The television that was missing is now in place.
The resident that is in the double room can now watch TV if desired.
Lock is removed from the door during daytime.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	12/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/07/2022

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	11/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	14/02/2022
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	Substantially Compliant	Yellow	31/03/2022

	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.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	14/02/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	11/02/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate	Not Compliant	Red	14/02/2022

	arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	13/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	14/02/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	14/02/2022
Regulation 28(2)(iv)	The registered provider 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.	Not Compliant	Red	14/02/2022
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical	Substantially Compliant	Yellow	31/05/2022

	Society of Ireland.			
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	28/02/2022
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	28/02/2022
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	31/03/2022
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	Substantially Compliant	Yellow	28/02/2022

	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.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/04/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2022
Regulation 9(2)(b)	The registered provider shall provide for residents	Substantially Compliant	Yellow	28/02/2022

	opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	28/02/2022