



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

Issued by the Chief Inspector

Name of designated centre:	Arus Carolan Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Castle Street, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	14 October 2022
Centre ID:	OSV-0000656
Fieldwork ID:	MON-0035529

About the designated centre

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

The designated centre provides 24-hour nursing care to 36 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of two bedrooms with three beds, four twin bedrooms and 22 single bedrooms. Each of the two bedrooms with three beds shares a shower, toilet and wash basin with an adjacent twin bedroom. two twin and two single bedrooms have full en suite facilities. the remaining 20 single bedrooms have a wash basin in each. There are assisted communal showers and toilets. Communal facilities include a dining room, a sitting room, an oratory and a hair salon. Residents have access to a safe outdoor courtyard with sheltered seating. The provider states that the designated centre's aim is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Friday 14 October 2022	10:30hrs to 16:50hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents were generally content with living in the centre. Residents had access as they wished to the outdoor garden/courtyard and residents who attended the communal sitting room enjoyed a variety of meaningful social activities. However, some residents who remained in their bedrooms expressed dissatisfaction regarding their quality of life in the designated centre.

Fire safety works had been progressed and preparation for painting of the internal walls/surfaces and replacement of floor covering was underway. The overall occupancy in the centre had been reduced to facilitate the planned maintenance works in a way that causes minimal impact on residents' daily lives however the inspector observed that the layout of some single and twin bedrooms and two bedrooms with three beds were not meeting residents' needs.

On arrival, the inspector was met by a staff nurse in the absence of the person in charge and signing in and an introductory meeting, the staff nurse accompanied the inspector on a walk around the premises. This gave the inspector opportunity to meet with residents and staff and to gain insight into residents' lived experience in the designated centre.

The inspector observed that the centre was a purpose-built single storey building. Residents' accommodation consisted of 22 single, four twin and two bedrooms with three beds in each. There was a spacious day room, a dining room, an oratory and a quiet room in the centre. These communal rooms were decorated with memorabilia familiar to residents. The inspectors observed a farm-themed display of animal models in the reception and heard from staff that this was an initiative to support and initiate conversations among residents from farming backgrounds. The communal rooms had a variety of modified tables that facilitated residents in assistive wheelchairs to access the table surfaces with greater ease.

The surfaces on the internal centre walls were prepared for painting and the inspector observed that residents had vacated their bedrooms along one of the corridors for the period of this phased work. One resident who had temporarily relocated to a room on another corridor to allow refurbishment works to be completed had an interesting view from their window into a courtyard designed with a street scene. However the resident told the inspector that they were moving back to their original room as they preferred the view from that bedroom.

A large part of another outdoor courtyard/garden was sheltered with a perspex roofed construction, so residents were not deterred from accessing the outdoors by the weather. Outdoor tables and chairs were provided. This outdoor area was interesting and contained large farm animal models, raised flowerbeds, and a water feature. In addition, the garden shed door was painted to represent a stable with a horse looking out over a half door.

The inspector observed that the majority of the residents choose to rest in the communal sitting room during the day of the inspection. Residents had opportunities to participate in a variety of social activities facilitated by the activity coordinator in this area. The inspector observed residents participating in arts and crafts, reading the newspapers, joining in saying the rosary and enjoying a music DVD. There was also a reminiscence session on life in the local community during October in times past. The activity coordinator was very familiar with the residents' life histories and knew the local areas well. This made this reminiscence session meaningful for residents as they talked about the harvest moon, visits to neighbouring houses for card games and life raising young families. Many of the residents who lived in the the countryside and in the local town before they came to live in the centre, shared their personal memories.

However, the inspector observed the atmosphere and quality of life in the communal sitting room was in direct contrast to that for residents who remained in their bedrooms. These residents' feedback included comments such as 'there's not a whole lot to do here other than watch the television all day', 'you have to make your own entertainment to pass the day' and 'the day can be very long here'. The inspector observed that some of these residents sat in assistive chairs by their bedside or in bed watching staff and others passing along on the corridors. The inspector was told that the activity coordinator took responsibility for facilitating residents' social activities in the communal sitting room and care staff had responsibility for ensuring social activity needs of residents who remained in their bedrooms were met. The inspector observed that this arrangement did not ensure these residents' needs for meaningful occupation and social interaction were being met.

The inspector observed that in some single bedrooms due to a lack of space beside the bed residents' bedside lockers were placed at the bottom of their beds and were outside of the resident's reach while they were resting in their chairs or in bed. One resident's water and a bottle of mineral were placed on top of the locker and they told the inspector that they needed to call a member of staff each time they wanted a drink. Some of these bedrooms appeared cluttered, especially those bedrooms with foam floor mats for the resident's use in them. The inspector also observed that the layout of two bedrooms with three beds meant that when the privacy curtain was pulled around the bed of the resident closest to the window, the other residents in the room could not access natural daylight or see out of the window. They also could not open or close the window without disturbing the first resident.

In addition the inspector observed that the layout of the bedrooms with two and three beds did not ensure that residents had adequate shelf space to display their photographs and greeting cards. For example some residents' photographs and greeting cards were stuck on the wall behind their beds and they had no view of them. One resident had a collage of photographs on the wall behind their bed but could not enjoy looking at it. The resident in the bed closest to the window in these bedrooms used the windowsill as a shelf. In addition, the inspector observed that residents in these bedrooms could not control access to their wardrobes, as their wardrobes were located outside their bed-space. While those residents accommodated in single bedrooms had access to their own television, residents in

twin and triple bedrooms shared one television. This meant that each resident's choice of television viewing and listening depended on the other residents' agreement in these bedrooms.

Residents told the inspector that their local priest celebrated a Mass on one day each week in the oratory. The oratory was separated from the sitting room by means of a partition that was opened to the sitting room every week so all the residents could join in the Mass. Some residents expressed their appreciation regarding the opportunity for them to continue to attend weekly Mass.

Residents feedback to the inspector regarding the staff caring for them in the centre was very positive. Their comments included, 'I think the world of the staff here', 'there's always one of the staff around to help you out' and that staff were 'very kind to us all'. These comments concurred with the inspector's observations that staff were attentive to residents' needs for assistance and their interactions with residents were kind and respectful.

Inspectors observed that residents had unrestricted access to two secure outdoor courtyard/gardens, accessible from the communal dining and sitting rooms. Residents actively participated in the residents' forum meetings. Residents' suggestions were acted upon.

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 service being delivered.

Capacity and capability

This inspection was unannounced to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on progress with completion of the compliance plan from the last inspection completed in September 2021. The inspector found that six of the 12 actions from the last inspection were satisfactorily completed. Although, the actions required to address fire safety were progressed, compliance with Regulation 28, Fire precautions could not be assured in the absence of written confirmation by a person competent in fire safety confirming that all of the of the necessary fire safety works had been completed to a satisfactory standard and were in compliance with the legislation.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge works full-time in the designated centre and is supported by two clinical nurse managers and a team of nurses, carers and support staff. The organisational

structure was clearly set out, and all staff roles and responsibilities were defined.

There were 26 residents with varying levels of dependencies accommodated in the centre at the time of this inspection. In order to facilitate completion of a phased programme of refurbishment and maintenance works the registered provider was not admitting any new residents to the designated centre at the time of the inspection.

While, the provider had systems in place to monitor the quality and safety of the service, management and oversight needed greater focus and effort to ensure that areas needing improvement were identified and addressed in a timely manner. For example, although maintenance works were scheduled to commence in the days following this inspection, this action to address the poor standards of maintenance in the centre was part of the provider's compliance plan from the 2021 inspection and had not been completed within the time frames submitted to the Chief Inspector following that inspection. As a result inadequate maintenance of the premises continued to have a significant impact on residents' safety from risk of infection and the quality of their lived environment.

The provider had ensured that there were adequate nursing and care staff available to meet residents' needs since the last inspection. Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. However, further improvements were required to ensure that residents with higher levels of need and those residents who choose not to attend the communal sitting room during the day had access to meaningful social activities that met their interests and capacities.

The provider had arrangements for recording accidents and incidents involving residents in the centre and appropriately notifying the Health Information and Quality Authority as required by the regulations. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for some residents, and robust procedures were in place to ensure this process was managed according to the legislation and best practice.

There was a low number of documented complaints, and procedures were in place to ensure any complaints received were managed in line with the centre's policy.

Residents were facilitated and encouraged to feedback on aspects of the service they received, and this informed improvements in the service and an annual review of the quality and safety of the service delivered to residents in 2021.

Regulation 15: Staffing

The inspector found that there was adequate numbers of staff available with appropriate skills to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Supervision of care delivery was not adequate to ensure care staff with role responsibilities to ensure residents who remained in their bedrooms had adequate opportunities for meaningful social activities to meet their interests and capacities.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Although, improved management and oversight systems were in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 since the previous inspection, more focus and effort was now required to ensure that;

- the actions in progress to upgrade internal painting and flooring were progressed to completion in a timely manner.
- a system of ongoing maintenance was implemented to ensure all areas of the premises were kept in a good state of repair and that the centre is in compliance with the regulations.

The management systems that were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not robust and did not;

- provide confirmation of satisfactory completion of fire safety works and fire safety in the centre by a person competent in fire safety.
- ensure that bedrooms with two and three beds in each met the needs of the residents accommodated in these bedrooms.
- ensure the actions required to upgrade the premises including internal painting and the repair /replacement of flooring were progressed to

- completion in a timely manner.
- ensure all areas of the premises were kept in a good state of repair and that the centre was in compliance with the regulations.

Judgment: Not 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 within the specified time frames and as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents' health and nursing care needs were met to a high standard. Several examples of good practices and person-centred care were observed that enriched residents' quality of life in the centre. For example, residents who were able to attend the communal sitting room were provided with rich opportunities to participate in social activities that met their interests and capacities. However, this was not the same for all residents and access to a meaningful social programme was limited for residents who did not attend the communal sitting room during the day. Therefore, the inspector found that improved supports were necessary to ensure that residents who stayed in their bedrooms enjoyed a life in the centre that provided them with adequate opportunities for meaningful engagement and interaction.

The provider had improved the measures in place since the last inspection to ensure residents' safety in the event of a fire in the centre, including timely emergency evacuation of residents and effective fire/smoke/fume containment. Confirmation of satisfactory completion of fire safety works by a person competent in fire safety was still required to provide the service provider and the Chief Inspector with necessary assurances regarding residents' fire safety in the centre.

There was a programme of repainting and refurbishment works scheduled to commence in the days following the inspection. This work was overdue and the inspector found that the premises had further deteriorated since the last inspection and was in a poor state of repair which was impacting on the lived environment for the residents. In addition the provider had failed to progress the necessary actions to ensure that the residents' rights to privacy, dignity and choices were upheld in two three bedded rooms.

While, the overall layout and design of the centre generally met residents' individual and collective needs, the layout of some single bedrooms and two bedrooms with three beds required review to ensure residents' needs for privacy, dignity and access to their personal possessions were met. Residents did not have access to appropriate shelf space to display their photographs and could not retain control over their clothing and personal possessions due to the location of their wardrobe space and lockers.

Up-to-date infection prevention and control policies and procedures provided guidance to staff regarding the standards of practice required to ensure that residents were adequately protected from risk of infection. However, the poor standards of maintenance in the centre hindered effective cleaning procedures. Staff responsible for housekeeping were knowledgeable regarding cleaning and decontamination procedures.

Although staff were diligent regarding hand hygiene and appropriate use of personal protective equipment, sinks available for staff hand-washing did not meet recommended specifications. The inspectors' findings are discussed under Regulation 27 infection prevention and control in this report.

Safe visiting was facilitated for residents in line with public health guidelines. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Staff were familiar with the residents individual needs and they received good standards of nursing care and support. Residents' care plan documentation was comprehensive and completed to a standard that clearly guided staff with providing person-centred care in line with residents' preferences and wishes. The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals.

Measures were in place to ensure residents were safeguarded from abuse. There was a positive approach to the care of a small number of residents who were predisposed to experiencing episodes of responsive behaviours. While, efforts were made to promote a minimal restraint environment, a high use of staff alert equipment needed review to ensure residents' independence was supported.

Residents were supported to speak freely and provide feedback on the service they received. Issues brought to the attention of staff were addressed. Residents had access to local and national newspapers and radios. However, the provision of one television in the three and twin bedrooms did not optimise residents' individual choice of television viewing/listening.

Regulation 11: Visits

There were no restrictions to residents visiting with their families and friends. Residents could meet their visitors in private in an area outside of their bedroom if

they wished to do so. Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could not maintain control of their personal clothing and possessions in two bedrooms with three beds, four bedrooms with two beds and in several twin bedrooms due to the following;

- Residents' clothes were stored in a wardrobe along a wall outside of their bed spaces. Although, each resident's clothes were stored in a separate section of the wardrobe, the arrangement did not ensure that each resident could maintain control of their clothing or that the other residents in the room would not access their part of the wardrobe space.
- Residents in these bedrooms did not have a suitable surface or shelf so they could display their personal photographs in their bedrooms if they chose to do so. For example, residents in the beds closest to windows were using the window ledges as a surface to place their photograph frames on and the other residents' photographs and artwork were displayed on the wall behind their bed. This meant that one to two residents in these bedrooms could not have their photographs located within their view.
- Residents' bedside lockers were located out of their reach at the bottom of their beds in several twin bedrooms and meant residents could not access their possessions stored in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Not compliant

Regulation 17: Premises

Notwithstanding that works were scheduled to commence in the days following the inspection to paint the internal walls and surfaces and replace floor covering, the premises was found to be poorly maintained on the day of this inspection. This is a repeated finding from the last inspection in September 2021 and was evidenced by;

- The paint on internal walls, wooden surfaces on bottom of walls along corridors and door frames was missing in several areas.
- The surfaces on a number of radiators were rusted and did not ensure these surfaces could be effectively cleaned.
- The arrangements in place for ensuring ongoing maintenance in the centre

were not robust and did not ensure that all areas of the premises were kept in a good state of repair.

The design and layout of several single and two bedrooms with three beds in each did not adequately meet the needs of residents in accordance with the centre's statement of purpose. This was evidenced by;

- There was not sufficient space in some single bedrooms for residents' bedside lockers to be placed by their bed to facilitate their ease of access.
- Two bedrooms with three beds in each were not laid out in a way that facilitated each resident to rest in their assistive chair by their bedside or to access their bed without disturbing the resident in the bed next to them. When the screen curtains were closed around the bed closest to the window, the room was devoid of natural light and of a view out the window for the other two residents. Due to the location of the bed closest to the window the other residents in the room could not access the window or open/close the window without entering the bedspace of the resident closest to the window.

A hand wash sink in a communal toilet was not of a standard size and posed a risk of water spillage onto floor and slip by vulnerable residents.

Judgment: Not compliant

Regulation 27: Infection control

The environment and equipment were not managed in a way that minimised the risk of transmitting health care associated infections. This was evidenced by;

- Clinical hand-wash sinks in the centre did not comply with current recommended specifications and did not support effective hand hygiene by staff.
- There no clinical hand wash sinks located close to the point of care which meant that the only sinks available for staff to use were those sinks intended for resident use in communal toilets and bathrooms and sinks in residents' bedrooms and en suite bathrooms. This posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management checking procedures were in place and the records of daily, weekly and quarterly checks were complete. There was evidence that any deficits identified were addressed without delay.

Assurances were provided regarding timely evacuation of residents to a place of safety and measures were in place to ensure effective containment of smoke, fumes and fire in the event of a fire emergency in the centre.

All staff were facilitated to attend annual fire safety training and to participate in simulated emergency evacuation drills. All staff who spoke with the inspector were knowledgeable regarding the fire safety procedures and their role in the event of a fire emergency in the centre.

Each residents emergency evacuation staffing needs and equipment were regularly assessed, documented and available for easy reference if needed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed within on their admission to the centre to identify their needs. Residents' needs were assessed with a range of accredited assessment tools. Care plans were developed to direct staff regarding the interventions they must complete to address each resident's assessed needs. The information in residents' care plans was person-centred and reflective of each resident's preferences and wishes regarding their usual routines, preferences and wishes. Residents' care plan were reviewed regularly or in response to a change in their needs in consultation with them and/or their families and significant others.

Residents' risk of falling was assessed and measures were implemented to mitigate risks identified. Residents' risk of malnutrition and dehydration were closely monitored. Management of vulnerable residents' risk of skin breakdown due to pressure was effective and their skin integrity was intact.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs) who visited the centre each day during the week. On-call medical services were available to residents out-of-hours as necessary. Links with the community palliative care team were well established and their expertise was sought for care of residents receiving end-of-life care, as appropriate. In addition, psychiatry of older age, tissue viability specialists, chiropody, a dentist and an optician service were accessible to residents as needed.

Allied health professionals including a dietician, speech and language therapy services and a physiotherapist assessed and supported residents' needs as needed.

Recommendations made by allied health professionals were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments as scheduled.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While, staff were committed to providing a restraint free environment for residents in the centre the inspector found that there was a high use of sensor alert equipment especially for those residents identified at risk of falling. The inspector reviewed a sample of risk assessments and care plans for these residents and found that some records did not include a comprehensive assessment of the risk and therefore the need for this equipment. For example, some residents with assessed risk of falling had movement sensor mats in their beds and on the floor and other residents had movement sensor mats in their beds and foam mats on the floor. This equipment was in place in addition to regular 15 minute checks by staff for these residents when they were in their bedrooms.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and that all incidents, allegations or suspicions of abuse were addressed and managed appropriately. All staff members were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

While, residents who attended the communal sitting room had access to a variety of meaningful group and one-to-one social activities, residents who were unable to spend time in the communal sitting room or chose to remain in their bedrooms had limited access to social activities that met their interests and capacities. This is a

repeated finding from the last inspection.

The provision of one television in bedrooms with two and three beds did not support choice of programme viewing or listening by the residents in these bedrooms.

Residents' privacy and dignity rights were negatively impacted by the layout of the two bedrooms with three beds in each. For example;

- The location of the beds and the bed screen curtains in these rooms did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the residents in the other beds in these rooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Arus Carolan Nursing Unit OSV-0000656

Inspection ID: MON-0035529

Date of inspection: 14/10/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure Compliance with Regulation 16 (1)(b) Staff supervision , The Registered Provider shall ensure that staff are adequately supervised:</p> <p>Compliance will be met by :</p> <p>1. The Person In Charge in conjunction with the Registered Provider has completed a review of roles and responsibilities of care staff within the designated centre. For those residents whom remain in their bedrooms at their own request or due to their clinical condition, staffs have been allocated to support these residents to ensure they have adequate opportunities for meaningful social activities. This has been completed as of the 16/11/ 2022 and will be reviewed on an ongoing basis</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure Compliance with Regulation 23(a) Governance and Management 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:</p> <p>To ensure Compliance with Regulation 23(c) Governance and Management the Registered Provider shall ensure that management systems are in place to ensure that</p>	

the service provided is safe, appropriate, consistent and effectively monitored.

Compliance will be met by :

1. The designated centre is currently undergoing a fire safety upgrade and an upgrade to the current premises. The Fire Safety upgrade will ensure compliance with Regulation 28 Fire Protection. The upgrade works to the premises will include internal painting, flooring, upgrade of clinical hand wash basins, upgrade to the bathroom facilitates for residents, new wardrobes and handrails throughout the centre. These works will ensure compliance with Regulation 23 Governance and Management, Regulation 27 Infection Prevention and Control, Regulation 28 Fire Precautions, Regulation 9 Residents Rights and Regulation 17 Premises.
2. A system of ongoing maintenance will be in place following the completion of the refurbishment works in conjunction with the maintenance manager. This will ensure the upkeep of the premises.
3. Fire safety works have commenced within the centre. Currently all red risks have been completed, the remaining amber risks on the fire safety risk assessment are in progress and will be completed as per timelines set out on the Fire safety risk assessment.
4. Monthly Fire evacuation drills remain on-going in the centre which is demonstrating effective and efficient evacuation times.
5. All staff have up to date fire safety training and the Person in Charge monitors fire safety on a daily basis within the centre.
6. A review of the bedroom accommodation has been completed by the Person in Charge and the Registered Provider. A reconfiguration of the bedrooms has taken place to ensure residents have access to their locker and personnel processions. This was completed on the 08/11/2022.
7. The Register Provider and the Person in Charge have reviewed the layout of the 2x three bedded units within the centre. These bedrooms will be reconfigured to 2x two bedded units. This will enhance the quality of life of residents residing within these bedrooms. This will be completed by the 14/04/2023.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure Compliance with Regulation 12(a)(c): Personal Possessions: The Person In Charge shall, in so far as is reasonably practical, ensures that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions

Compliance will be met by the following :

1. The Person in Charge has completed a review of all resident's bedroom layouts to ensure that residents as is reasonably practical are able to access their personal clothing

and storage. This was completed on the 08/11/2022. All bedside lockers are now accessible to residents this was completed on 17/10/2022.

2. The Register Provider and the Person in Charge have reviewed the layout of the 2x three bedded units within the centre. These bedrooms will be reconfigured to 2x two bedded units. This will enhance the quality of life of residents residing within these bedrooms. This will be completed by the 14/04/2023.

3. Consultation has occurred with residents regarding their own personal space.

4. Shelves have been purchased and will be fitted at each resident's bedside. This will support residents to display their photographs and other mementos if this is their wish. This will be completed as part of the refurbishment of the bedroom areas within the centre. This will be completed by the 14/04/2023.

5. On the 11/11/2022, the Person in Charge and the Assistant Director of Nursing in Infection Prevention Control completed a review of all clinical wash hand basins within the centre. As part of the refurbishment plan all sinks will be replaced to ensure they are SARI compliant. This will be completed on 14/04/2023.

Regulation 17: Premises

Not Compliant

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

To ensure compliance with Regulation 17(1): Premises: The Registered Provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3

To ensure compliance with Regulation 17(2): Premises: 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

Compliance will be met by the following :

1. The Person in Charge in conjunction with the residents have reviewed the personal bed space of each resident. Beds and chairs have been repositioned where requested by the resident. This ensures easier access to clothing and personal possessions .This was completed on 17/10/2022 and will remain on-going.

2. The Register Provider and the Person in Charge have reviewed the layout of the 2x three bedded units within the centre. These bedrooms will be reconfigured to 2x two bedded units. This will enhance the quality of life of residents residing within these bedrooms. This will be completed by the 14/04/2023.

3. The Registered Provider and the Person in Charge have met with the Maintenance Manager and a cyclical maintenance programme has been agreed. This will ensure the ongoing upkeep and maintenance of the centre.

4. Extensive upgrade works have commenced within the designated centre as off the 17/10/2022. These upgrades are as follows:

- Internal painting within the centre to be completed by 07/07/2023

- All bedrooms will be refurbished to include new wardrobes, bed side lockers, painting and shelving. To be completed by 14/04/2023
- Flooring will be replaced throughout the centre .To be completed by 07/07/2023
- An upgrade to the bathrooms will take place as to ensure compliance with Infection Prevention and Control. To be completed by 14/04/2023.
- Replacement of the existing handrails in the centre to be completed by 07/07/2023

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

To ensure compliance with 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.

Compliance will be met by the following :

1. On the 11/11/2022, the Person in Charge and the Assistant Director of Nursing in Infection Prevention Control completed a review of all clinical wash hand basins within the centre. As part of the refurbishment plan all sinks will be replaced to ensure they are SARI compliant. This will be completed by the 14/04/2023. This review also identified that four additional Clinical hand wash sinks where required. These will be located close to the point of care as advised by the Assistant Director of Infection Prevention and Control. This will be completed by the 07/07/2023.
2. All residents are being supported by staff to ensure they have access to hand washing facilitates at a sink or hand hygiene wipes dependent on resident preference. This is being monitored on an ongoing basis by the Person in Charge.
3. All staff have up to date AMRIC training.
4. Hand hygiene gels are available throughout the centre at the point of care to support effective hand hygiene.
5. Daily Infection Prevention Control safety pauses are part of the centres governance and management which ensure that Infection Prevention and Control is to the forefront of staff daily work.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

To ensure compliance with Regulation 7 (3) .The registered provider shall ensure that, where restraint is used in a designated center, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Compliance will be met by :

1. The Person in Charge has completed a review of restrictive practices in the designated centre with particular focus on the use of Sensor alert equipment. This equipment is used as part of ensuring the residents safety and facilitating independence. This review has resulted in the development of individual risk assessments being reviewed and completed for each resident who uses sensor equipment. This review has significantly reduced the number and use of sensor alarm equipment being used in the centre. This was completed on 14/11/2022 and will be reviewed on an ongoing basis with the emphasis being on a restraint free environment for all residents.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance with Regulation 9(2)(b) : Residents rights The Rregistered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities ,

To ensure compliance with Regulation 9 (3)n(a) The 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

To ensure compliance with Regulation 9(3)(b): Residents Rights The Rregistered Provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private

Compliance will be met by :

1. A review of the televisions available to residents within the centre has taken place. This review has resulted in additional televisions being ordered to afford each resident access to their own individual television. Currently the Person in Charge is awaiting the delivery of these televisions. Televisions will be installed as part of the bedroom upgrade works. This will be completed by the 14/04/2023.
2. A resident's activities questionnaire was completed in June 2022 with all residents residing in the centre. Following this a quality improvement plan has been implemented and each resident has an individual activities care plan in place.
3. For those residents who are unable to attend social activities or who request to remain in their bedrooms., the Person in Charge has met with these residents and another activities questionnaire has been completed. By completing this questionnaire this will ensure all residents have access to meaningful social activities as they wish. This was completed on 21/11/2022 and a quality improvement plan is currently being developed.

The Person in Charge will review activities delivered to residents on an ongoing basis.

4. The Person in Charge has reviewed the staffing allocations and roles and responsibilities of all staff, staff are allocated to ensure that residents who spend time in their bedrooms are supported with meaningful activities on a daily basis.

8. A Review of the bedroom space has been completed by the Person in Charge and registered provider. The Register Provider and the person in charge have reviewed the layout of the 2x three bedded units within the centre. These bedrooms will be reconfigured to 2x two bedded units. This will enhance the quality of life of residents residing within these bedrooms. This will be completed by the 14/04/2023.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	14/04/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	14/04/2023

	and other personal possessions.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	16/11/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	07/07/2023
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.	Not Compliant	Orange	07/07/2023
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	07/07/2023
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	07/07/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	07/07/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	14/11/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	21/11/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	14/04/2023

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	14/04/2023