Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Bramleigh Lodge Nursing Home |
| Name of provider: | Derg Healthcare Ltd. |
| Address of centre: | Cashel Road, Cahir, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 January 2025 |
| Centre ID: | OSV-0000204 |
| Fieldwork ID: | MON-0037181 |

## About the designated centre

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

Bramleigh Lodge Nursing Home is registered to accommodate up to 26 residents and the provider is a limited company called Derg Healthcare Ltd. The centre is a detached single storey building, situated close to the centre of Cahir town. It is located within easy reach of the tourist centre of the town and is serviced by nearby restaurants, public gardens, public houses, library and community hall. The stated aims and objectives of the centre include a commitment to providing the highest standards of person-centered care, developing and improving the quality of life in the centre for all residents, and to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice. The residents' accommodation comprises of 14 single bedrooms and six twin bedrooms. A pre-admission assessment is completed on all potential admissions and this assessment determines the suitability of the centre to meet each resident's needs. The centre offers to meet the needs of low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for both male and female residents requiring support with the following care needs: General care, Dementia care, Respite care, Palliative Care and Acquired Brain Injury Care. All nursing care is provided on a 24-hour basis. Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 26 |

## How we inspect

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 |
|---|---|---|---|
| Tuesday 14 January 2025 | 09:30hrs to 18:30hrs | John Greaney | Lead |

## What residents told us and what inspectors observed

Overall, there was a comfortable and relaxed atmosphere in the centre. Residents appeared content and their feedback to the inspector was that they received a good service. Residents gave positive feedback on the care they received and of the responsiveness of staff to requests for assistance.

This was an unannounced inspection that took place over the course of one day. On arrival to the centre, the inspector was met by the clinical nurse manager (CNM) who facilitated the inspection. The person in charge was on a planned absence. There were 26 residents in the centre with no vacancies on the day of the inspection.

Over the course of the day, the inspector availed of a number of opportunities to walk around the centre, both on his own and in the company of the CNM. In addition to observing the general environment, these walks gave the inspector an opportunity to meet with residents and staff and to observe practices to ascertain residents' experiences of living in the centre.

Staff were observed to be attentive to residents' needs and were seen to be respectful, kind and patient in all interactions with residents. It was evident that staff and residents knew each other well. Staff were familiar with residents' individual interests, past lives and families. Residents told the inspector that staff were responsive to their needs and there was never any delays with staff answering their call bells.

Bramleigh Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area of Cahir town, Co. Tipperary. It is a single storey facility and can accommodate twenty six residents in fourteen single and six twin bedrooms. Seven of the single bedrooms are en suite with shower, toilet and wash hand basin. All of the other bedrooms have wash hand basins in the room. There are three communal bathrooms, each with shower, toilet and wash hand basin. There is one additional communal toilet for use by residents and two staff toilets, one of which is reserved for use by kitchen staff. Communal shower and toilet facilities are located proximal to the bedrooms that do not have en suite facilities.

Communal facilities comprise a sitting room, a dining room, a visitors room and a television room. The television room is small and is being used as a sensory room with relaxing music playing in the background and colourful lights projected around the room. There was staff training underway on the day of the inspection and this was facilitated in the visitor's room, making it unavailable to residents and visitors over the course of the day. Residents that spent time away from their bedrooms predominantly used the large sitting room and this is also where any group activities are facilitated. There is a secure outdoor area that is accessible from the sitting room and from one of the corridors. This area is small, brightly painted and has an

artificial grass surface, suitable garden furniture and large potted plants.

Residents' mealtimes were observed to be social occasions for them. Residents were offered a choice of hot meal options for their lunch time meal. Residents told the inspector that the food was "as good as you'd get in a hotel" and if they didn't feel like the menu offered on the day the chef would prepare something else. Staff were observed mingling among the residents and provided a small number of residents with discreet assistance and encouragement in accordance with their needs.

The inspector observed that even though the single bedrooms were compact, the layout and space available met each resident's needs. Residents had adequate storage space for their clothing and personal possessions. Many of the residents had personalised their bedrooms with family photographs and other memorabilia.

Social activities are normally facilitated by a member of staff dedicated to activities. The activity staff member was on extended leave on the day of the inspection. The inspector did observe that bingo was facilitated by healthcare staff on the morning of the inspection and a large number of residents participated in this. There were no activities in the afternoon and a large number of residents spent the afternoon in their bedrooms with minimal stimulation other than a television.

Residents informed the inspector that they felt very safe and secure in the centre and that they would speak to individual staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received. One resident told the inspector that they were well looked after and they felt very safe and secure.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

This inspection found that more focus and effort are required to ensure adequate oversight arrangements are in place to support the monitoring of quality and safety of care delivered to residents. While a number of the actions required from the previous inspection, conducted in March 2024, were addressed, some were not addressed and were repeat findings on this inspection. These findings are addressed in more detail under the relevant regulations of this report.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Derg Healthcare is the registered provider of Bramleigh Lodge Nursing Home and the company comprises two directors. While the provider is not involved in the operation of any other designated centre, one or

both directors are also involved in the operation of four other designated centres.

The governance structure comprises the provider organisation, a person in charge and a clinical nurse manager. The person in charge is supported in their role by a clinical nurse manager (CNM) and a team of nurses, health care assistants, household, catering and activities staff. This management structure, however, is not in accordance with that set out in the Statement of Purpose (SOP) against which the centre is registered. While the centre had a system in place for reviewing the quality of care experienced by the residents living in the centre, the audit and oversight processes were not fully effective. These and other issues in relation to governance and management are outlined in more detail under Regulation 23 of this report.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory training and a programme of professional development training to ensure that they had the necessary skills and competencies to meet the needs of residents. The inspector's observations of staff practices and discussions with staff gave assurances that the staff working with residents on the day were familiar with residents' needs.

Arrangements for recording accidents and incidents involving residents in the centre were in place and records indicated that measures were taken to minimise the risk of accidents and incidents reoccurring. Notifications required to be submitted to the office of the Chief Inspector were submitted within the specified time frames.

The inspector reviewed the designated centre's complaints policy. The policy was updated to reflect recent changes to the regulation. While records indicated that complaints were recorded, action was required in the management of complaints and this is discussed in more detail under Regulation 34 of this report.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents. The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible and maintained in line with the requirements of the regulations.

## Registration Regulation 4: Application for registration or renewal of registration

The Statement of Purpose submitted shortly prior to this inspection, as part of the registration renewal process, did not accurately reflect actual staffing numbers on the day of the inspection. For example:

- the SOP listed one whole time equivalent (WTE) clinical nurse manager (CNM), however, discussions with staff and a review of the roster indicated that the CNM only works part time
- the WTE staffing for both nurses and care assistants included in the SOP did not reflect the numbers of staff available, based on discussions with management and a review of the staff roster.

Judgment: Substantially compliant

## Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training appropriate to their role. A system for tracking staff training and records was made available to the inspector on the day of the inspection, however, this was not up to date and did not accurately reflect attendance at training. An up-to-date training matrix was submitted following the inspection. A review of the matrix demonstrated that staff were supported to attend mandatory training and there was a high level of compliance in attendance at this training. A small number of deficits were identified in relation to fire safety training and this is addressed under regulation 28 of this report.

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

Judgment: Compliant

## Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- the management structure in place on the day of the inspection did not correlate with the management structure outlined in the statement of purpose submitted as part of the registration of the centre in 2022. The SOP against which the centre is currently registered outlined a management structure that included one whole time equivalent (WTE) ADON and one CNM. On the day of the inspection it was found that there is only one part time CNM on the staffing roster and no ADON
- the WTE staffing numbers outlined in the statement of purpose did not reflect actual staffing numbers available of the day of the inspection
- while there was a comprehensive programme of audits, there was not always a time bound action plan associated with each audit to identify who was responsible for addressing the required actions or to confirm that the action had been completed
- adequate management arrangements were not in place to confirm the status of staff training on the day of the inspection
- commitments given following the last inspection in relation to fire safety were not implemented, particularly in relation to fire drills

Judgment: Not compliant

## Regulation 3: Statement of purpose

statement of purpose submitted as part of the registration of the centre in 2022 did not correlate with the management structure or available staffing on the days of the inspection. For example:

- the management structure in place on the day of the inspection did not correlate with the management structure outlined in the SOP against which the centre is currently registered outlined a management structure that included one whole time equivalent (WTE) ADON and one CNM. On the day of the inspection it was found that there is only one part time CNM on the staffing roster and no ADON
- the WTE staffing numbers outlined in the statement of purpose did not reflect actual staffing numbers available of the day of the inspection in respect of nursing and care staff

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of records found that the person in charge submitted notifications to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

Action was required to ensure that all complaints are adequately investigated and that a review is conducted in instances where the complainant is dissatisfied with the outcome of the investigation. For example, the record of a complaint from one resident about noise at night did not demonstrate a full understanding of the issue raised from the resident's perspective. Additionally, records of a complaint in relation to food indicated that the complainant did not agree with the outcome of the investigation, however, there was no indication that a review should be conducted in accordance with the complaints policy.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector was assured that the registered provider strived to provide a high quality service and that staff provided person-centred care based on residents' individual needs and preferences. Notwithstanding the good practices observed, further improvements were required to enhance the quality of care provided to residents. Areas of required improvement included fire safety management systems, infection control, the provision of activities to residents and medication prescribing. These are discussed in more detail under the relevant regulations of this report.

The inspector reviewed documentation relevant to the care of residents, such as nursing records, assessments and care plans. Residents' needs were assessed prior to their admission to the centre to ensure the registered provider could meet their needs. In addition, there was a comprehensive assessment completed within 48 hours of their admission. The assessment process incorporated validated tools to assess each resident’s clinical risk areas, for example their risk of malnutrition and falls. Care plans were developed following these assessments and these were seen to be predominantly personalised and reflected residents' needs and wishes.

The inspector observed staff and resident interactions and found that where residents presented with responsive behaviours (how residents living with dementia

or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) that these situations were well managed by staff present on the day. Interactions between staff and residents were observed to be person-centred, respectful and non-restrictive.

Residents told the inspector that they enjoyed their meals and that there was plenty of choice. The inspector observed the lunch time meal and found that there were adequate numbers of staff to support the residents with their personal care needs on the day of the inspection. Staff offered discreet support and assistance to those residents who required assistance at lunch time.

Residents had access to advocacy services. Information was available about these services on the residents' notice boards and in the resident's guide. Activities were mostly reliant on the presence of an activity coordinator. While this person was on an unplanned absence, the inspector observed that there were periods of time, particularly in the afternoon when there were minimal opportunities for residents to engage in meaning occupation and recreation. This is discussed further under Regulation 9 of this report.

Records reviewed found that there were daily and weekly checks of fire safety systems to ensure they were functioning appropriately. Fire extinguishers and the fire alarm had preventive maintenance conducted at the required frequency. There were, however, some deficits identified on this inspection in relation to fire safety that were also found at the last inspection. Fire drill records indicated that fire drills involved involved a discussion around fire safety and the simulated evacuation of one resident on a ski sheet. Learning would be enhanced through simulated evacuation of an entire compartment in order to assess staff performance and enhance learning from the drills. There were also deficits found in emergency lighting preventive maintenance records. Actions required in relation to fire safety are addressed in more detail under regulation 28 of this report.

## Regulation 27: Infection control

The registered provider had not ensured that procedures consistent with the National standards for Infection Prevention and Control in Community Services (2018) published by the Authority, were implemented by staff. Although the centre was visibly clean throughout, the inspector observed some practices that required improvement. For example,

- records of antimicrobial stewardship and the monitoring of multi-drug resistant organisms (MDROs) were not available in the centre on the day of the inspection
- wash basins used for personal hygiene were stored inappropriately. For example, in one shared bedroom a wash basin was stored on the floor, which poses a risk of cross contamination. In another bedroom a wash basin was stored on top of a general waste bin

- a commode was not appropriately disinfected following use
- personal hygiene items were stored on top of a chest of drawers in a shared bedroom and were not labelled for individual use.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Action was required in relation to fire safety management to support the evacuation of residents and the containment of fire. For example:

- fire drills did not adequately simulate the actions required to be taken in the event of a fire. Fire drill records reflected discussions around fire safety rather than actual simulated evacuation reflecting real life scenarios
- emergency evacuation routes on the outside of the building leading to the assembly area did not support the rapid evacuation of residents in the event of a fire. The emergency evacuation route required the opening of two pad locked gates, in order to get to the assembly area. One of the padlocks was controlled by a key that was not readily accessible in the event of an emergency fire. The other pad lock was coded and a demonstration by staff on the day of the inspection indicated that it could be difficult to open in an emergency situation
- a review was required of emergency lighting along external evacuation routes to ensure the route was adequately lit in the event of a fire
- records of the preventive maintenance of emergency lighting, available in the centre on the day of the inspection, indicated that it was last serviced on 19 March 2024, rather than at quarterly intervals as required by relevant standards
- a bedroom fire doors was held open with a foot stool, which would negatively impact on the containment of flame and smoke in the event of a fire.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Action was required in relation to the medication management to ensure that medication prescribing and administration complied with evidence-based practice and the centre's own policy. For example, while prescriptions were transcribed by a nurse and checked by a second nurse, they were not co-signed by a medical officer in accordance with the centre's own medication management policy.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

## Regulation 6: Health care

Residents' nursing and healthcare needs were met to required professional standards and residents had access to the service of General Practitioners (GPs). An on-call GP service was available to residents out-of-hours as needed.

Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, and their recommendations were implemented.

Judgment: Compliant

## Regulation 9: Residents' rights

Not all residents had access to meaningful activities in line with their preferences and capacities. For example, the activity programme was predominantly reliant on an activity coordinator. On the day of the inspection and for a period of time prior to the inspection, the activity coordinator was on leave. While the inspector observed that bingo was facilitated on the morning of the inspection, no activities were facilitated in the afternoon. A number of residents spent the afternoon in their bedrooms and those that remained in the sitting room had little stimulation other than the television, to which many residents did not demonstrate any interest.

Action was required to ensure that residents were consulted in relation to the operation of the centre. For example, the last residents' meeting was held in July 2024. Additionally, records were not available to demonstrate that residents and their families were consulted through other means, such as resident or relative surveys.

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** | |
| Registration Regulation 4: Application for registration or renewal of registration | Substantially compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | 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 |
| **Quality and safety** | |
| 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 | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for Bramleigh Lodge Nursing Home OSV-0000204

## Inspection ID: MON-0037181

## Date of inspection: 14/01/2025

**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** |
|---|---|
| Registration Regulation 4: Application for registration or renewal of registration | Substantially Compliant |
| Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:<br>• The Statement of Purpose has been updated to ensure WTEs reflect actual staffing levels. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>• The updated SOP reflects current staffing levels,<br>• The updated SOP reflects the addition of an Operations Manager to the management structure who provides support to the PIC and CNM on a daily basis along with a once weekly visit to the centre,<br>• The auditing schedule has been updated and time bound action plans have been implemented to ensure required actions are addressed. Audit results, included the associated action plan, are discussed at relevant departmental meetings and weekly governance and management meetings,<br>• All outstanding fire safety related works are currently being completed and weekly simulated fire drills and frequent compartment evacuations commenced and recorded. | |

| | |
|---|---|
| Regulation 3: Statement of purpose | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 3: Statement of purpose:<br>• The SOP has been updated to reflect actual staffing levels within the centre. | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure:<br>• All complaints received are recorded and investigated as per policy,<br>• Complaints are reviewed by the Operations Manager who also meets with the resident(s) raising the complaint,<br>• Complete remain open and under investigation until the resident indicates their satisfaction with the outcome,<br>• Residents are offered the support of an independent advocate when raising a complaint and throughout the investigation process. | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control:<br>• A MDRO register has been introduced along with residents and staff having easy access to information leaflets on common MDRO's,<br>• Auditing of antimicrobial use has commenced,<br>• Wash basins for residents are now stored appropriately and staff educated as to the necessity for this practice,<br>• Equipment for shared use is now appropriately and effectively disinfected after each use,<br>• Personal hygiene items used by residents in shared rooms are now stored in individual, closed units and labelled for individual use. | |

| Regulation 28: Fire precautions | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Weekly simulated fire drills and frequent compartment evacuations have commenced and are recorded accordingly,
• Emergency evacuation routes now support rapid evacuation as pad locks on gates have been replaced by key pads, the codes of which all staff are familiar with,
• Emergency lighting is due to be installed at one specific location along the external evacuation route,
• Preventative maintenance of emergency lighting has been conducted and scheduled on a quarterly basis for the remainder of 2025,
• Floor plates to accompany the hold-open devices on the fire doors have been installed to ensure the doors will close automatically on activation of the fire alarm.

| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• Resident GP's have visited the centre in recent weeks and completed medication reviews for all of their residents along with signing of the drug kardex'

| Regulation 9: Residents' rights | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A second activities co-ordinator has been recruited. The SOP has been updated to reflect the increase in WTE in this area which also reflects the return from leave of our original activities co-ordinator,
• Consultation with residents is ongoing to ensure the activities schedule reflects their individual preferences where possible,
• A resident's meeting was held on February 7th 2025 and matters arising have been actioned. Resident's meetings will be scheduled monthly going forward, and more frequently if required,
• Resident surveys will be issued by our new activities co-ordinator throughout the month of March and the findings correlated.

## 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 |
|---|---|---|---|---|
| Registration Regulation 4 (1) | A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1. | Substantially Compliant | Yellow | 28/02/2025 |
| 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 | 28/02/2025 |
| Regulation 27 | The registered provider shall ensure that procedures, | Substantially Compliant | Yellow | 28/02/2025 |

| | | | | |
|---|---|---|---|---|
| | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Not Compliant | Orange | 07/03/2025 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Orange | 28/02/2025 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 28/02/2025 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for | Substantially Compliant | Yellow | 28/02/2025 |

| | | | | |
|---|---|---|---|---|
| | detecting, containing and extinguishing fires. | | | |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Substantially Compliant | Yellow | 28/02/2025 |
| 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 | 14/02/2025 |
| Regulation 34(2)(b) | The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint. | Substantially Compliant | Yellow | 28/02/2025 |
| Regulation 34(2)(d) | The registered provider shall ensure that the complaints | Substantially Compliant | Yellow | 28/02/2025 |

| | | | | |
|---|---|---|---|---|
| | procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | | | |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 03/03/2025 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | Substantially Compliant | Yellow | 07/02/2025 |