



**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:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0037082

About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is a new two-storey building which is currently registered with the Health Information and Quality Authority (HIQA) for 32 residents. There is 24 hour nursing care provided. There is access to allied health services such as physiotherapy and dietitian. The medical and pharmacy team visit weekly and when required. The centre has Skype which allows residents to communicate over the Internet by voice using a microphone, by video using a web cam, and by instant messaging. The centre also has free Wi Fi and residents may freely use mobile phones and have access to visitors at any time. The accommodation comprises all single full en-suite bedrooms. The centre also has assisted toilets and a bath, to afford choice to residents. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A lift is available to access the first floor of the centre. There is a spacious new garden area and ample on site car parking for staff and visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 November 2022	10:00hrs to 18:00hrs	Sean Ryan	Lead
Wednesday 23 November 2022	10:00hrs to 18:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

Through the inspectors' observations and conversations with residents, inspectors were assured that residents received person-centred care and support from a dedicated team of staff who knew the residents individual needs and preferences well. Residents told the inspectors that this was a good place to live and that 'knowing the people that care for you makes you feel relaxed and safe'. Residents told the inspectors that the best part of the day was activities when they occurred and expressed a wish to have more time for activities.

Inspectors were met by the person in charge on arrival at the centre. Following an opening meeting, the inspectors walked through the premises with the person in charge and met with residents and staff.

The atmosphere in the centre was calm and relaxed for residents. The centre was appropriately lit, spacious, warm and appeared comfortable for the residents. Staff were observed attending to residents requests for assistance promptly while nursing staff were observed providing refreshments to residents who were in the communal dayrooms. Residents told the inspectors that staff engaged with them in a caring and respectful manner and they felt comfortable in their presence. The observed interactions between residents and staff were as the residents described.

Inspectors spoke with a number of residents in their bedrooms and in the communal day rooms who expressed their satisfaction with the quality of care they received. Residents were complimentary in their comments about the management and staff. Residents told the inspectors that staff supported them in many aspects of their daily life and that they received timely and appropriate nursing and medical care. When asked, residents told the inspectors that they felt safe living in the centre and that staff encouraged them to freely express their opinions or concerns, so the quality of the service could be continuously improved. For example, residents expressed a wish to have their supper at a later time in the evening and this had been implemented. Residents were very complimentary of the activities staff and they looked forward to activities that were described as 'lively and great fun'. Residents told the inspector that they were not always made aware of when activities were occurring and some residents told the inspectors that they found the days long when there were no activities taking place. Inspectors observed that in the morning, there was limited activities or social engagement as staff were busily attending to the needs of residents in their bedrooms.

Residents were very complimentary of their bedroom accommodation. The centre provided accommodation to 32 residents in spacious single rooms with en suite facilities. Residents' rooms were tastefully decorated and were personalised by residents according to their individual preferences. Corridors were wide, to allow residents to safely mobilise. However, inspectors observed that the inappropriate storage of equipment on corridors impeded residents access to handrails on some parts of the corridors. Inspectors observed equipment such as hoists stored in

residents' bedrooms.

There was a large communal room on each floor that was divided into a comfortable seating area and a dining area. There was a small dayroom on the first floor with a balcony that overlooked the garden and landscape. However, inspectors observed that this area was not currently accessible to residents as it was in use as a staff room.

Floorplans were appropriately placed throughout the centre to aid residents and visitors in orientating themselves as to their location. However, inspectors observed that those floorplans were not an accurate description of the layout of the centre.

Some fire doors along corridors were observed to contain gaps when closed and there were large gaps observed at the base of fire doors to the external electrical rooms.

Residents had access to an enclosed garden that was appropriately furnished and maintained to a high standard. There were external storage units in this area with one area allocated to the storage of records. The garden area was secured via keypad protected gates but was also accessible to residents through an exit on the ground floor.

Residents told the inspectors that they had ample storage space for their clothing and they were satisfied with the secure storage for their valuables. Residents' personal clothing was laundered off-site by an external service provider. Residents expressed their satisfaction with the service provided.

Residents were complimentary about the food they received. Inspectors spent time observing the resident's dining experience and observed it to be a calm and social occasion for residents. The dining room area had an appropriate number of tables and chairs for the number of residents on each floor. Residents complimented the menu on offer and described their meal time experience as a 'good time to chat to other residents and staff'. Staff were available to provide discrete assistance to residents and the engagement between residents and staff was person-centred. Residents who chose to have their meals in their bedrooms were supported to do this and staff were available to provide assistance. Residents confirmed the availability of snacks and juices throughout the day and confirmed they could request alternative meal choices if they wished.

The centres management consulted with residents on a daily basis and through formal, scheduled, residents meetings. Residents were supported to attend religious services in the centre and in the community. Resident confirmed that their call bells were answered promptly with the occasional wait for assistance if staff were busy elsewhere. Residents were supported to maintain their individual style and appearance. One resident described how staff ensured their earrings were cleaned and polished and were put in with 'great care'. Other residents described how staff helped them to select their clothing for the day.

Inspectors spoke with a small number of visitors who were observed attending the centre. Visitors expressed their satisfaction with the quality of care provided to their

relatives and were complimentary in their comments about the attentiveness of the staff.

Overall, inspectors were assured that residents received good quality care from a service that valued their feedback and used it to inform ongoing quality improvements.

The following sections of this report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This one day unannounced risk inspection was carried out by inspectors of social services to:

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- review the providers application to renew the registration of the centre.
- follow up on the actions taken by the provider to address significant issues of non-compliance identified on the previous inspection in June 2022 with regard to the management of record-keeping.

The findings of this inspection were that the registered provider had governance and management systems in place to ensure effective oversight of the quality and safety of the service provided to residents. Inspectors found that action had been taken to establish a record-keeping and file management system in the centre to ensure records were stored securely and easily retrieved. Those systems were underpinned by a policy and procedure that detailed the systematic, consistent and controlled management of records. However, further action was required to ensure records were securely stored within the designated centre.

While the provider had a robust system in place to ensure effective monitoring of the service, some action was required to ensure the risk management systems were effectively implemented to identify and respond to risks that may impact on residents such as those described under Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions. Further action was also required to ensure residents social care needs, in relation to the provision of activities, were met.

Ard na Ri Nursing Home is operated by a partnership with both partners involved in the day to day operation of the centre. One of the partners represented the partnership and was on-site weekly to provide governance, oversight and support to the management team. The centre had two persons in charge that shared the role of person in charge. The clinical management structure also included a clinical nurse manager and assistant director of nursing who were responsible for both the

administration and supervision of the service, while also delivering direct care to residents. The assistant director of nursing deputised for the persons in charge in their absence. Arrangements were in place to ensure a member of the management team was on duty at all times and available to provide additional support to staff outside of normal working hours.

Management systems were in place to monitor, evaluate and improve the quality of the service. The quality and safety of care was monitored through a variety of clinical and environmental audits and weekly monitoring of key performance indicators such as the incidence of wounds, falls and complaints. Inspectors reviewed a sample of completed audits and found that they were effective in supporting the management team to identify and address deficits in the service through improvement action plans. There was evidence that audit findings and action plans were communicated and assigned to staff in their relevant areas of responsibility to ensure actions were implemented and completed.

Risk management systems were underpinned by the risk management policy that detailed the operation of a risk register to identify and record risks to resident's safety and wellbeing. The risk register was maintained by the persons in charge and detailed the actions to be implemented in response to identified risks to mitigate the risk of harm to residents. However, the exclusion of some known risks from the centre's active risk register, such as the lack of storage facilities, impacted on the centre's ability to minimise and appropriately manage risk.

Record-keeping systems were comprised of both electronic and paper based systems that were monitored by the persons in charge and administrator. Records were stored in secured cabinets behind the reception desk while archived records were stored in an external area that was appropriately secured and monitored. Systems had been established following an audit of records on-site, whereby an index of records was maintained to facilitate access and retrieve records within the storage area. The monitoring and oversight of the storage of records required strengthening to ensure records were stored in the designated centre and to ensure filing cabinets containing residents' personal identifiable information were secured.

A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure on file, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. The records contained the information as required under Schedule 2 of the regulations.

The provider had ensured that each resident admitted to the centre was issued with a contract of care that detailed the terms on which the resident shall reside in the centre. However, the contracts reviewed by inspectors did not detail the fees payable by residents under the nursing home support scheme which is a regulatory requirement.

The staffing levels were appropriate for the size and layout of the building and to meet the assessed needs of the residents. There was adequate staffing in place to support housekeeping and catering.

There was a comprehensive training and development programme in place for all

grades of staff. A review of staff training records found that all staff had up-to-date mandatory training, relevant to providing residents with safe and quality care. This included fire safety, safeguarding of vulnerable people and infection prevention and control. Staff were supervised and supported in their role by the management.

A complaints procedure was prominently displayed in the centre and outlined the process for making a complaint, and the personnel involved in complaint management in the centre. A review of the complaints record found that all complaints were managed in line with the requirements of the regulation.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare staff. The staffing compliment also included housekeeping, catering, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspectors showed that all staff had up-to-date mandatory training.

There were arrangements in place for the ongoing supervision of staff through management presence, formal induction processes and performance reviews.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A review of the record keeping arrangements in the centre found that records, as set out in schedule 2, 3 and 4 of the regulations, were kept in an area that was not registered as part of the designated centre.

Records, as set out in Schedule 3 of the regulations, were not securely stored in the designated centre. For example, medication prescription records that contained residents personal identifiable information were stored in an unsecured filing cabinet on a corridor in the reception area.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were not adequately robust and further oversight was required to ensure the service was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- While improved, record-keeping and file management systems were not in line with regulatory requirements. For example, records were stored in an area of the premises that was not registered as part of the designated centre.
- The systems of risk management were not effectively implemented. The

centre's risk register did not contain known risks in the centre such as those associated with the storage constraints.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of seven contracts and found that four of these did not have the fees to be charged for the services to be provided to the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre and this contained all of the information as required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as outlined under Schedule 4 of the regulations, had been submitted to the Chief Inspector of Social Services as required, and within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed the record of complaints received in the centre. The record of closed complaints contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented, the complainant's level of satisfaction with the outcome, and evidence of learning from complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The service provided an appropriate standard of person-centred care for the residents. Residents reported their satisfaction with the quality and safety of care they received. However, inspectors found that some action was required with regard to infection prevention and control, fire safety and the premises to comply with the regulations and to ensure a safe environment was maintained for residents. Further action was required to ensure a consistent programme of social engagement and activities was provided to meet the social care needs of the residents.

A review of four residents' records found that residents' care and support needs were appropriately identified through validated assessment tools that were used to inform the development of person-centred care plans. Inspectors found that when residents were identified as at risk of impaired skin integrity, falls or malnutrition, an appropriate care plan was developed to guide staff on the appropriate interventions in place to manage those risks. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

There were a number of residents who required the use of bedrails. Records reviewed by the inspector showed that appropriate risk assessments had been carried out. A restrictive practice register was maintained in the centre which was reviewed regularly by the person in charge.

Residents were reviewed by their general practitioner (GP) as required or requested. Records of consultations were recorded on the electronic record system. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional assessment through a blend of remote and in-person consultations. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and

responding to allegations of abuse. The provider did not manage the finances or pensions of residents in the centre.

The risk management policy met the requirements of Regulation 26: Risk management and contained associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. Hazards in the centre were identified, assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk.

The premises was designed and laid out to meet the needs of the residents and was finished to a high standard. There was a communal room on each floor that was dual purpose in providing a comfortable seating area for residents and a space for dining. The old premises had been demolished and foundations had been laid for the construction of a new premises that, in time, would be an extension of the current premises and would address the storage issues identified on this inspection. Nonetheless, action was required to ensure storage arrangements did not impact on the residents in the interim and this is actioned under Regulation 17: Premises.

The provider had systems in place to monitor and evaluate the effectiveness of infection prevention and control measures. This included frequent auditing of the physical environment, the quality of environmental hygiene and staff knowledge with regard to hand hygiene. Residents bedrooms, en-suites and communal days rooms were visibly clean on inspection. However, there were areas of the premises and equipment that were not adequately cleaned and records of cleaning were not maintained for those areas identified. Further oversight of infection prevention and control was required and is further discussed under Regulation 27: Infection control.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. Daily checks were completed to ensure means of escape were unobstructed. Nonetheless, action was required with regard to fire precautions. For example, there was a gap between fire doors when closed. This compromised the function of fire doors in containing the spread of smoke and fire in the event of a fire emergency. Inspectors found that there was a significant gap between the bottom of two fire doors and the floor of the electrical switch rooms. This area was also used as an undesignated smoking area. Further findings are described under Regulation 28: Fire precautions.

The inspectors found that residents could exercise choice in how to spend their day. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by inspectors showed that relevant topics were discussed including mealtimes, staffing, changes to the building and activities. Resident satisfaction surveys were carried out and feedback was acted upon. Residents had access to independent advocacy services. There was a schedule of activities in place that detailed activities for the morning, afternoon and evening. Activities were facilitated by an activities co-ordinator for two hours a day, six days a week. Inspectors were informed that healthcare staff supported the provision of activities outside of that

scheduled time. However, residents were observed to spend long periods of time without appropriate occupation or activities. This is further discussed under Regulation 9, Residents rights.

Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or reception area if they wished.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends and that visiting was no restricted.

Judgment: Compliant

Regulation 17: Premises

There were a small number areas in the centre that required action to meet the requirements of Schedule 6 of the regulations. For example;

- There was inadequate storage facilities in the premises. Equipment such as a medication trolley, waste receptacles, and wheelchairs were stored along corridors and impeded residents access to handrails.
- Equipment used by residents, such as a hoist, was observed to be stored in a residents room.
- There was inadequate storage facilities in residents en-suites. For example, residents toiletries and oral hygiene products were stored on top of hand towel dispensers.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

Some action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by;

- Service records were not maintained for the bedpan washers to ensure they were maintained in line with manufacturing requirements and to ensure that they remain fit for purpose.
- The system of clinical specimen collection, such as urine specimens, was not in line with best practice and there was no record of decontamination of the equipment used.
- Residents personal items, such as razors and toiletries, were inappropriately stored under a hand hygiene sink on the corridors which increased the risk of cross infection to residents.
- There was poor practice observed with regard to the use of personal protective equipment such as gloves and face masks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further action was required to comply with the regulation. For example;

- There were gaps in the records of weekly fire safety checks.
- The emergency escape floor plans displayed in the centre did not accurately represent the layout of the current centre or the available escape routes.
- There were a number of cross corridor fire doors that, when closed, created a gap that compromised the function of the doors in containing the spread of smoke and fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of four resident care plans found that they accurately described the interventions necessary to support residents with their assessed needs. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents had timely referral and access to a geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a weekly basis. Inspectors found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All staff had attended training to safeguard

residents from abuse. Residents had access to the services of an independent advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that they were provided with opportunities to participate in activities in accordance with their interests and capacities. Activities were scheduled six days per week for two hours in the afternoon. However, residents reported that outside of those scheduled times, there was limited opportunities for social engagement and meaningful activities.

Inspectors observed residents spent long periods of time with no facility for activity or social engagement on the morning of the inspection.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0037082

Date of inspection: 23/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The designated area used to store archived records is sited in an enclosed area to the rear of the centre. This store has been included in the floor plan footprint submitted to HIQA for registration. The medication prescription records that were stored in the unsecured filing cabinet were filed in error as there is a secure filing cabinet provided for in reception to file all such resident sensitive information. This has been rectified and accordingly the files are now housed in secure filing cabinet within a locked press.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The designated area used to store archived records is sited to the rear of the centre. This store has been included in the floor plan footprint submitted to HIQA for registration.</p> <p>The risk register has been updated and additional risks around storage constraints, storage of files and the person in charge open plan office have been developed.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts are now fully completed in line with regulations. Contracts will be completed on admission to include all financial details. .</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The centre is reviewing its current storage arrangements within the centre. This review will entail decanting of areas referred to in the report and the creation of additional space both within the existing centre and the new planned development. The corridors are to be unobstructed at all times with residents having unimpeded access to handrails. Waste receptacles have been moved off the corridors. The medication trolley is returned to the nurse's station when not in use. Additional ensuite storage for resident toiletries will be provided to mitigate the storage of items on top of the hand towel dispensers. The necessity and requirement to ensure toiletries are stored correctly and appropriately at all times has been reinforced to household staff and HCAs by the centre's management.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The bed pan washer is scheduled for inspection and servicing by a competent person to include thermal testing. The system of clinical specimen collection has been reviewed and staff have been reeducated in the correct storage and decontamination of urine collection containers. Resident's personal items such as stock toiletries are now secured appropriately. Consideration is being given to providing individualized wall mounted toiletries in each ensuite. Staff have been educated in the importance of not sharing toiletries. The requirement for all personnel to use PPE correctly and appropriately has been reinforced to staff through IPC reeducation and supervision and correction action by the centre's management.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The necessity to ensure continuity in weekly fire safety checks was relayed to the designated staff member and the importance of ensuring that such checks were completed each week to ensure a robust and consistent fire safety management system. Alternative coverage is provided for when the designate staff member is not on duty and/or on leave. The displayed emergency escape floor plans in the centre accurately reflected the layout of the existing registered centre but also included the old unregistered section of the centre which is currently being redeveloped. This section is being removed from the floor plans. A fire door audit by a competent person. Where non-conformances are identified by the competent person, appropriate works will be undertaken.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activities are scheduled for each afternoon during the hours from 13.30hrs to 16.30hrs Monday to Saturday inclusive. The activities programme has now been reviewed to include additional social activities before lunch.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	04/01/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	04/01/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	04/01/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	04/01/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/02/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 9(2)(b)	The registered	Substantially	Yellow	04/01/2023

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Compliant		
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