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:	Aperee Living Conna
Name of provider:	Aperee Living Conna Ltd
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	22 September 2022
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0037956

About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with en-suite toilet and shower some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. Visitors are always welcome. The centre employs over 80 staff and offers long-term and respite care as well as caring for residents with dementia. The management and governance of Conna Nursing Home is directed by a team of staff who continually strive to raise standards of care. There is 24-hour nursing care available. A pre-admission assessment is carried out to clearly identify the needs of the person prior to admission. Conna Nursing Home employs a team of activity staff. Each resident is assessed from an activities perspective and a personalized programme is designed for them. A care plan will be developed with the resident's participation within 48 hours of admission. It will set out personal care needs and will provide guidance to staff members. There is medical and allied health services available and all dietary needs are catered for. Residents are encouraged to be proactive in the development of services and facilities at Conna. We are interested in your feedback to ensure that our service is continually reviewed in line with best practice through surveys and residents' meetings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Thursday 22 September 2022	09:30hrs to 17:45hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported by experienced and competent staff to have a good quality of life in the centre. The inspector met with many of the 39 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. The inspector also met with three visitors during the inspection. The inspector observed that action was required to ensure that residents safety was promoted at all times in particular in relation to fire safety risks in the centre.

On arrival, a staff member guided the inspector through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walkaround, the inspector saw that staff were attending to some residents' personal care with some residents still in bed, while other residents were up and sitting in the day room or walking around the centre. It was evident to the inspector that the person in charge knew the residents and their care needs during the walkaround.

Aperee Living Conna is a large single storey building located in the scenic rural setting near Conna village and is registered to accommodate 50 residents. The centre had 44 single bedrooms and three double bedrooms arranged in three main wings called Aghern, Douglas and Castle. The double rooms were occupied by only one resident on the day of inspection. A number of bathrooms were shared between bedrooms in the centre and the inspector saw that signage in these rooms had improved since the September 2021 inspection with reminders for residents to lock the door and knock before entry. The inspector saw however that the lock in one of the shared bathroom was broken. The person in charged arranged to have it remedied by maintenance staff on the day of inspection. The inspector saw that a number of residents' bedrooms were personalised with residents family photographs, memorobilia and in some rooms, furniture from residents' own homes. All bedrooms had double wardrobes, lockers and storage space. One resident told the inspector they would like more storage space for their belongings.

There was plenty communal spaces for residents' use with a large dining room, day room, activities room, sun room and oratory. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. The oratory had been recently renovated to provide a restful space for residents. A section of the room was cordoned off for storage of wheel chairs and was painted with a stained glass effect. An altar was respectfully decorated and the inspector saw residents pray the rosary together in the oratory in the afternoon. During the walkaround the inspector saw that flooring in the dining room, some of the corridors and in some residents' bedrooms was worn and required repair. Furthermore, the grab rails throughout the centre, along with skirting boards were worn and required review.

The inspector also saw a number of issues with fire doors throughout the centre that were missing signage to indicate that they were fire doors and some of the closing mechanisms on bedroom doors required attention. Door closure devices were also missing from a number of doors in the centre. These and other issues will be discussed under Regulation 28: Fire precautions. During the walkaround the inspector saw that external providers were onsite undertaking upgrades to the laundry. The inspector also saw that the plant room was cluttered with furniture and old equipment which required review as it had been identified as a fire risk in the centre.

The centre had ample parking available for residents and staff and was surrounded by well landscaped gardens and pathways that were available for residents' use. The centre also had an internal secure garden area that was furnished with seating and tables and plenty of flowering plants and shrubs. This garden area was easily accessible to residents living in the centre. The inspector saw that two residents were also using this space as a smoking area.

The inspector observed that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. Residents were complimentary regarding the food and choices available to them. There were regular offerings of drinks and snacks thoughout the day. Residents could choose whether to dine in their bedrooms or in the spacious dining room. The inspector saw that there were sufficient staff to assist residents who required it with their meals and this assistance was provided in a respectful and dignified manner. Tables in the dining room were nicely decorated and had appropriate condiments for residents' use. However, the inspector noted that the dining room was very noisy during the lunchtime meal. There was noise from the television and the kitchen impeding a sociable dining experience for residents as it was hard to hear residents and staff during the meal.

In general, residents who spoke with the inspector were in praise of the care that staff provided. The inspector observed many person centred interactions between residents and staff during the inspection. Residents appeared well cared for and neatly dressed according to their preferences. The inspector saw the centre's resident cat "Felix" roamed freely around the centre. A number of residents told inspectors that they enjoyed the time they spent with the cat. Visitors were welcomed in the centre and were seen coming and going throughout the day of inspection.

Residents views on the running of the centre was sought through residents' meetings and surveys. A number of residents told the inspector how they had enjoyed a recent trip to a local farm and planning was underway for a number of residents to visit Mount Mellerary Abbey in the week following the inspection. On the day of inspection, the hair salon was in full swing with many of the residents availing of the hairdresser's services. The inspector heard residents and the hairdresser have great chats and banter during the day. There was an activity staff member rostered to activities five days a week. The inspector saw the weekly activity schedule and saw that weekend activities were limited to music on the TV in the day room and movies while there were more varied activities during the

weekdays such as baking, flower arranging and arts and crafts as well as external live music sessions. The person in charge told the inspector that recruitment of an extra activities co-ordinator was underway to provide meaningful activities over the seven days of the week.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The provider had a history of good compliance with the regulations, however the inspector found on this inspection that actions were required by the registered provider to address the governance and management of the centre, particularly in relation to oversight of fire safety and premises issues to ensure the safety of residents. Management systems also required action and improvement and each of these areas are detailed under the relevant regulation.

This was an unannounced inspection to monitor compliance with the regulations. Aperee Living Conna is a designated centre that is part of the Aperee Living Group, which owns and operates a number of nursing homes throughout the country. Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. The management team consists of a person in charge, an assistant director of nursing and a clinical nurse manager, all of whom had been appointed since the previous inspection. This team also had support from the group's senior management team, which consisted of a regional manager, human resources manager, and an operations manager. The person in charge was absent from the centre for an extended period, and the Chief Inspector had been notified of this expected absence and their return, as required under the regulations.

The person in charge had been recently appointed to the centre and had a good knowledge of her role and responsibilities. She was supported in her role by an assistant director of nursing, a clinical nurse manager and a team of nursing, care, housekeeping administrative, maintenance and activity staff.

The inspector found that the number and skill mix of nursing and care staff were appropriate to meet the residents' assessed needs on the day of inspection. From a review of rosters and from speaking with staff, there was a minimum of two registered nurses on duty every day and night. Due to recent resignations, recruitment was underway at the time of inspection for a new head chef, a housekeeping supervisor and an activities co-ordinator. These positions were anticipated to be filled in the weeks following inspection. Administrative staff were rostered over seven days a week to support staff and facilitate visiting in the centre.

Staff working in the centre were provided with both face-to-face training and online training appropriate to their role. Training in the centre was well monitored and records were well maintained. From speaking with staff, it was evident that staff were up-to-date with required mandatory training and were knowledgeable regarding residents' needs. The person in charge and assistant director of nursing communicated with staff daily to inform them of any changes to residents' needs and held regular staff meetings to communicate any practice changes.

A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents and included an improvement plan for the centre for 2022. There was a comprehensive record of incidents and accidents that took place in the centre and all had been notified to the Chief Inspector as required by the regulations. Complaints were recorded and the person in charge was well-informed regarding complaints made, actions taken and consulting with the complainant to resolve the issues raised. However, the complaints procedure displayed in the centre required updating to reflect the change of complaints officer with the appointment of a new person in charge.

Governance and management meetings were held monthly between the person in charge or assistant director of nursing in her absence and the regional manager via a blend of in-person and telephone communications. Records evidenced that areas such as staffing, recruitment and incidents were discussed and quality improvement plans were developed. Weekly meetings occurred between the internal management team and key clinical performance indicators such as falls, restrictive practices and wounds were discussed and actioned. Information specific to audit findings were analysed and corrective actions were developed where deficits in the service were identified.

The operations manager for the group along with the regional manager had been onsite the day prior to the inspection for an operational management meeting regarding governance structure for the group, to review the centre’s emergency response plan and to develop an action plan for addressing the fire safety risks in the centre. However, this inspection found that resources were required as well as action to strengthen the management systems to ensure oversight of risks to residents’ safety in particular in relation to fire safety. These are detailed under regulation 23.

Regulation 14: Persons in charge

The person in charge while new to the role of person in charge, was experienced in management in the centre. She fulfilled the requirements of the regulations and was suitably qualified. She was full time in post.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of the 39 residents living in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was examined and mandatory training was up-to-date for all staff. The inspector was informed that there were plans to increase face-to-face training sessions in the centre in the coming weeks. Staff who spoke with the inspector were knowledgeable regarding residents' care needs. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

Regulation 21: Records

Information specified in Schedule 2 of the regulations was in place in a sample of staff files reviewed by the inspector.

Judgment: Compliant

Regulation 23: Governance and management

Some of the systems in place did not support effective governance and management of the centre in relation to the following:

Resources were not sufficient to ensure the safety of residents in the centre in relation to fire risks in the centre. The provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises in January 2022. This assessment identified a number of red (high) and orange (medium) fire safety risks in the centre. The inspector found that a number of these risks had yet to be addressed on the day of inspection.

Oversight of the management of fire safety and premises was not sufficiently robust and required action to ensure that the safety of residents was promoted at all times. This was evidenced by the findings outlined under regulation 17 and 28. The lack of managerial oversight was particularly evident where a red risk fire issue had been previously addressed and inappropriate items were removed from the plant room but due to lack of managerial oversight on this inspection the plant room was again filled with old furniture and equipment posing a reoccurring high fire risk.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained in the centre's electronic information system. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 32: Notification of absence

The Chief Inspector was given appropriate notice of the proposed absence of the person in charge in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure displayed required updating to reflect changes to the centre's nominated complaints officer. The person in charge was recently appointed as the complaints' officer for the centre.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The Chief Inspector was given notice and details of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge as the absence was for 28 days or more as required in the regulations.

Judgment: Compliant

Quality and safety

Overall, the nursing care and support provided to residents was seen to be of a good standard, providing a holistic and person-centred service for residents. Residents told the inspector that staff were kind and caring and ensured a warm and friendly atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to healthcare services. However, the inspector identified that action was required in relation to premises, fire precautions and residents' rights.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed need. A speech and language therapist and dietitian were in the centre on the day of inspection providing assessments and plans for residents who required them. The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which were used to inform person-centered care plans for each resident. Residents living in the centre had access to community based palliative care teams and the community mental health services.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided and was seen to be up-to-date for staff. The person in charge was undertaking a review of the number of sensor chair and bed mats in use in the centre.

The inspector found that the location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. There was plenty of communal space including easy to access outdoor areas for residents to enjoy. However, a number of areas such as storage and maintenance of flooring and premises required action as outlined under regulation 17 premises.

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. Fire safety training had been provided to staff. Personal evacuation plans were in place for each resident and identified the different evacuation methods applicable to individual residents for day and night evacuations. The inspector found that staff were generally knowledgeable and clear about what to do in the event of a fire. Training records evidenced that

fire drills were completed, cognisant of night time staff levels. A night porter was employed through an agency in the centre to ensure that fire safety checks were conducted at night and these were recorded in the centre. However, the provider had not implemented the recommendations with regards to upgrades required to the fire alarm,and had also failed to implement a number of actions that were required following a fire safety risk assessment, undertaken in January 2022. This is outlined under regulation 23. Furthermore, the provider had not ensured that residents who smoked had appropriate safety precautions in place. These and other findings are outlined under regulation 28 Fire precautions.

While it was evident to the inspector that management and staff promoted and respected the rights and choices of resident's in the centre, action was required to ensure that residents had access to occupational and meaningful activities at weekends. During weekdays, a dedicated activity staff member was assigned to ensuring that residents had both one to one and group activities such as bingo, flower arranging, arts and crafts. However these were limited at weekends. It was evident to the inspector that while residents meetings were held and relevant issues such as menu and activities were discussed, actions arising from these meetings were not consistently addressed. These and other findings are outlined under regulation 9.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive. The inspector saw a number of visitors in the centre on the day of inspection. Visitors and residents told the inspector that they were satisfied with the arrangements in place for visiting.

Judgment: Compliant

Regulation 17: Premises

There were a number of areas of the premises that required action to ensure the premises was maintained in a good state of repair and there was adequate provision for storage;

- a lock on one of the shared bathrooms was broken and required repair
- the grab rails on corridors throughout the centre were worn and required repainting
- the skirting boards and walls in some residents bedrooms required painting
- storage required review in the centre as the plant room was used to store old furniture and equipment and was a fire risk and a bathroom was used as a storage room

- flooring in a number of residents bathrooms and bedrooms and the dining room was worn and required repair or replacement.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulations. There was an emergency response plan in place.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents against the risk of fire as evidenced by the following;

- a fire safety risk assessment undertaken of the centre in January 2022 identified areas of high and medium risk within the centre. A number of outstanding actions were required to be taken by the provider to ensure the safety of residents which included areas classed as high risk.
- The chief inspector had been given a document stating that the plant room was cleared of furniture and other items however the inspector found on this inspection it was again cluttered with furniture such as bedroom locker drawers, chairs and old hoists and was therefore a serious fire hazard and high risk.
- a number of door closure devices were missing from doors in the centre
- action was required to ensure early warning of, and adequate detection of fire as a store room was not fitted with a smoke detector
- protection against the risk of fire for two residents who smoked were not in place as the area in use did not have a fire blanket, smoking aprons or a call bell to alert staff in the event of a fire in the area,
- three bedroom door closures required action as one was closing too slowly while another two were closing very quickly; maintenance staff addressed this issue on the day of inspection
- signage was missing from doors to alert staff that they were fire doors and to remind staff that they required to be kept shut
- oxygen storage in the centre required review and clear signage was required to identify the hazard where oxygen was in use; this was addressed by the person in charge during the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were reviewed every four months or more frequently, as required. These were supported by clinical risk assessments using validated tools. Care plans were found to contain the detail required to guide care, in a person-centred manner.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' health care needs were well met, and they had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly by local GPs who attended the centre once a week and when required. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and podiatry as required. A dietitian and speech and language therapist were onsite in the centre on the day of inspection and was providing assessments to residents who required them.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. Staff were up-to-date with relevant training. The inspector saw that alternatives to bed rails such as low-low beds and crash mats were in use in the centre. The person in charge assured the inspector that she was currently reviewing the number of chair sensor mats in use in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff had training to ensure they had up-to-date knowledge and skills in relation to staff protection and safeguarding vulnerable adults. Incidents and or allegations of abuse were investigated in line with the centre's policy by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

The following required action to ensure the rights of residents were upheld and promoted;

While some improvements were noted to the dining experience since the last inspection, the noise levels during the lunch time meal from both the television and the kitchen were not conducive to residents chatting with each other and staff to ensure a sociable dining experience.The issue of noise levels from the television was also raised by residents at a residents' meeting in May 2022 and required action.

The facilities for occupation and recreation and the opportunities to participate in activities in accordance with their interests and capacities was limited at the weekends to music and movies on TV in the day room.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not 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 Aperee Living Conna OSV-0004447

Inspection ID: MON-0037956

Date of inspection: 22/09/2022

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The matters referred to by the inspector in this section are addressed under the relevant regulations 28 and 17 below.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints procedure updated to reflect current status and is on display in reception.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Internal locking mechanisms have been put in place for all shared bathrooms. Maintenance schedule put in place to address flooring, painting work and areas noted to have wear and tear Subsequent to the inspection of September 22nd, all storage was removed from the plant room. Routine inspections shall be conducted by the Director of Nursing or other	

manager to ensure this area are well maintained and not used for storage going forward.

All items of storage will be removed from the bathroom and redesignated for resident use.

A review of flooring is currently underway and where appropriate replacement / repair will be considered as part of capital projects request.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Where fire safety precautions have been identified as being required in the Fire Safety Risk Assessment, but are not currently implemented, the Register will be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level. A competent construction company has been contracted to address these remedial works required.

All storage has been removed from the plant room. Routine inspections shall be conducted by the Director of Nursing or other manager to ensure this area is well maintained and not used for storage going forward.

A full review of door closures has been completed, fitted where required, and altered to close at a safe speed i.e. not too fast or two slow.

A smoke detector has been fitted to the store room.

Smoking aprons and fire blanket are now in place. The installation of a call bell facility is scheduled. In the interim, any resident who smokes shall be supervised by a staff member.

Appropriate signage for fire doors is now in place.

Appropriate signage and notifications systems for oxygen in use is now in place.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

TV will be turned off in dining room during all meals.
Kitchen door will remain closed during mealtimes.
Regular mealtime audits will be completed in the home to ensure standards are maintained.

Additional Activity Coordinator commenced and now activities are completed over 7 days of the week

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	28/02/2023
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.	Not Compliant	Orange	30/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/11/2022

	consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	26/10/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	20/10/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	20/10/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	20/09/2022

	practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			