



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

Issued by the Chief Inspector

Name of designated centre:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0039235

About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate 48 male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over two floors, and there is a courtyard and garden to the rear of the property. 24-hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 February 2023	09:20hrs to 17:05hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day. The overall feedback from the residents was that they liked their home and were content in their surroundings. The residents were complimentary of the staff and said that the staff were good to them. The residents were well groomed and nicely dressed. The staff in the centre appeared familiar with the residents and were patient and attentive towards them. A number of residents were unable to have a conversation due to speech or cognitive impairments but were observed to be content and comfortable in their surroundings. Call bells were heard by the inspector throughout the day and were answered promptly. However, issues relating to the premises, residents' privacy and dignity, infection control and fire were identified during the inspection as requiring action to improve the quality of resident's lives. This will be further discussed in the report below.

On the day of inspection the inspector was met by the person in charge. The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting, the inspector did a walk around the nursing home with the person in charge.

The centre is based over two floors, ground and first floor. Access to the first floor is by stairs or elevator. Bedrooms comprised of both single and double occupancy bedrooms, some with en-suite facilities and others with shared toilets and bathrooms.

Residents were supported to personalise their rooms with pictures photographs and personal items. There was adequate storage in the residents' rooms for the storage of their clothes and belongings and a lockable unit was available for all residents who wished to use one. However, the position of some wardrobes in the double rooms did not allow for residents to access their clothing while in their personal space due to the room layout and curtain placement.

Laundry facilities for the residents' clothing was available on site and residents told the inspector that they were happy with these arrangements. They said that they got their clothes back every few days clean and fresh. Sometimes they sent items home with family members and staff facilitated this.

There was a large day room looking out over the garden area. Access to the garden was unrestricted with multiple doors on the ground floor unlocked to allow residents easy access. The placement of furniture varied throughout the day depending on the activities that the residents were undertaking at the time, and the staff facilitated the movement of chairs and furniture to include as many residents as possible in the activities. There was a small area of arranged chairs to allow residents to chat with each other and some residents preferred to sit there whilst joining in with activities such as a sing-song. There were alcohol based hand rub

dispensers located throughout the building.

Residents and family members who spoke with the inspector said that they were happy with the cleanliness of the bedrooms and the communal areas. Some visitors complimented the staff on their attention to personalised details when caring for their loved ones such as helping them choose suitable clothing and accessories, in line with the residents personal preferences.

The inspector had the opportunity to observe residents at the lunch time meal in the dining room. The residents mostly went to the dining room for their meals, however, a few chose to eat in their rooms and this was facilitated by staff. The food served looked and smelled appetising. Each meal was prepared in the nearby kitchen and brought directly to the residents so it remained hot. Many residents told the inspectors that the food was of good quality and that they had access to choices at mealtimes. They said that they liked the food and that there was always plenty of food available. The inspector saw evidence of resident meetings that included discussions about food options, and information from the residents satisfaction survey was included in the centres annual review.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in place, with management systems to promote the delivery of quality care to residents. The centre had a homely feel and the residents who spoke with the inspector told the inspector that they were happy living there and that they felt safe. However, this inspection identified that further action and improvements were still required in relation to the statement of purpose, governance and management, premises, infection control, fire and residents' rights.

This was an unannounced risk inspection by inspectors of social services to monitor compliance with regulations and to review the information submitted by the provider in respect of the application to renew the registration of the centre. Additionally, the compliance plans from the previous inspections carried out in February and March 2022 were followed up. The majority of issues had been addressed, however, action was still required under the statement of purpose, premises, residents rights, infection control and fire precautions to ensure a safe and effective service was provided to residents.

Willoway Nursing Home Limited is the registered provider for Terenure Nursing Home. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. On the day of inspection the person in charge was supported by a team of

nurses, healthcare assistants, activities, housekeeping, catering, the facilities manager and maintenance staff. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The quality, finance, administration and human resources functions were provided to the centre through the wider Grace Healthcare team. Arrangements were in place for a senior staff nurse to deputise in the absence of the person in charge.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified. A preventative maintenance programme was in place to ensure that maintenance checks were completed frequently. The head of services development supported the person in charge and was on site a minimum of once a week. Monthly senior management meetings were documented and any actions were identified and progress followed up at subsequent meetings.

There were a low number of staff vacancies with a full nursing compliment and interviews scheduled for healthcare assistant vacancies. Clinical care was overseen by the person in charge. The electronic medical records system supported this oversight by providing a live dashboard of information relating to residents medical and social needs and planned care. It included information on issues such as pressure ulcers, the number of residents on antibiotics, on-call doctor visits, the use of restraints, resident falls, weight loss and other relevant information.

The Statement of purpose did not accurately reflect the layout of some parts of the building , for example two day spaces marked on the ground floor and two on the first floor were corridors. The larger day space on the first floor was not seen to be used and did not have suitable furnishings for residents use. The majority of residents used the living room and dining room on the ground floor.

In a number of bedrooms (Room two, three and four, 21 and 22) occupancy had been reduced to provide more space for the residents and promote the residents rights, however the empty beds had not been removed from room two, three or 22. The application to renew registration reflected this reduction in occupancy, however, issues remained in the majority of shared bedrooms whereby residents personal space was limited and when the room curtains were pulled, many residents did not have access to their personal belongings or clothing within their personal space. In line with condition 4 of the centres registration, the inspector saw that the occupancy in room 21 had been reduced to two residents. The bed had been removed but the curtain placement had not yet been adjusted to provide additional space for the residents living there. In room 22 there was one resident but the second empty bed was still present in the room. According to the statement of purpose this was still marked as a double occupancy room. Confirmation of completion of the work to reconfigure rooms 21 and 22 was received after the inspection.

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

There was evidence that a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix (a record of staff training) was in place for staff and this was being maintained and overseen by the person in charge. Compliance with training was also monitored at the monthly management meeting. A sample of staff informed the inspectors that they had access to training and were reminded when any training was due. Evidence of fire evacuation drills and tool box talks relating to fire safety was provided to the inspector.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed and showed to be in compliance with the regulations.

Staff had received their An Garda Síochána vetting prior to commencing work. All nurses on duty held a valid Nursing and Midwifery Board of Ireland registration.

Resident files were stored in a locked cabinet in the person in charges' office. Those

more than one year old were transferred to an off-site storage facility and the group administration team tracked the records to ensure destruction at the correct intervals.

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place to cover injury to residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Action was required in relation to the following issues:

- Occupancy in two room had been reduced in order to comply with condition 4 of the registration conditions. However, the room had not been reconfigured to the new occupancy levels. One resident was living in room 22, however an empty bed remained in the room and the statement of purpose indicated it as a double room.
- The centre's statement of purpose did not accurately reflect the facilities available to residents living in the centre. Four day spaces identified were corridors. The larger day space on the first floor was not furnished for use.
- Issues in relation to the premises were impacting on the resident's' rights to undertake personal activities in private as detailed under Regulation 17: premise and Regulation 9: Residents' rights.
- Outstanding Fire precautions were identified as detailed under Regulation 28: Fire precautions. For example upgrades to the existing fire alarm system and storage underneath the stairwell.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the

room occupied by the resident and the room occupancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose did not accurately reflect the facilities available to residents living in the centre, as under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Four day spaces identified were corridors. In line with the centres own risk assessment the the larger day space on the first floor was not furnished for use therefore could not be used as a seating area, recreational or dining space, until planned renovation works were completed.

Judgment: Substantially compliant

Quality and safety

Overall, there were good standards of care provided, and the healthcare needs of residents were well met. Residents informed the inspector that they were happy living in the centre, they liked living there and were well looked after. There was a lovely sense of community in the centre and the inspector observed many positive interactions between residents, their visitors and staff. However, some improvements were required as detailed under Regulation 9; Residents rights, Regulation 17; Premises and Regulation 27; Infection control to further enhance the quality and safety of the service for the benefit of the residents.

There was a very low use of restraints in the nursing home. Where any form of restraint was a required, for example a bed or chair alarm, a comprehensive risk assessment was in place. This was discussed and agreed with the resident and family where appropriate. Both doors to the front of the building had keypad locks for safety and security, but all other doors to the garden area were unlocked and some residents were seen going outside at various times throughout the day of inspection. Visiting was unrestricted and visitors were seen coming and going from the centre throughout the day. A number of residents and some visitors had the keypad access codes to enter and exit the building.

Residents were observed partaking in a sing-song activity in the afternoon of the inspection. The activities staff had arranged the day room to accommodate a large number of residents and they were joining in with the singing. Staff were seen informing residents when the activities were about to start and those who chose to join in, went to the day room to partake. A schedule of activities was displayed on

the notice board in the day room for residents to see. There was a dedicated activities coordinator Monday to Friday. Other staff were assigned to undertake the planned programme of activities at the weekend.

The inspector reviewed the configuration of residents' personal space in the majority of double occupancy bedrooms. Many were found to be not in compliance with Statutory Instrument No. 293/2016 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013. For example, rooms one and five. As a result, residents could not complete all personal activities in private in these bedrooms within their own dedicated space. Occupancy had been reduced in some rooms to address this however other rooms remained with limited space for the residents. This was discussed with the registered provider on the day of the inspection. The registered provider was aware of these issues and had developed a plan to undertake a renovation of the designated centre in order to address these issues, but works had not yet commenced on this plan.

Ancillary facilities were available such as a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment however storage within this area was limited. The infrastructure of the laundry did not support the functional separation of the clean and dirty phases of the laundering process. There was no space available for the separation and folding of laundered items. The laundry itself was in need of repair with rust visible on walls and the door. Insulation was coming away from the ceiling and parts of the floor were damaged. The sink in the laundry did not meet requirements of the national standards.

Evacuation procedures were clearly displayed throughout the centre and fire exits were free from obstruction. All but five staff were up to date with fire training and a training plan was in place for them to receive training. Evidence of fire drills and mini training sessions were provided to the inspector. Evidence of vertical fire evacuation drills conducted by a contractor and training on the use of fire evacuation chairs was also available.

The inspector followed up on the previous inspection fire compliance plans from in February and March 2022. The person in charge had completed a review of resident dependency levels since the last inspection and those assessed as high-dependency were moved to the ground floor with the consent of the resident and/or their families. The majority of issues had been addressed with the exception of two as identified under Regulation 28: Fire Precautions.

Staff were observed communicating with residents in a kind and respectful manner. Televisions, newspapers, telephones and radios were available for residents' use. However, residents' rights were not always upheld in the centre as they could not always exercise choice and undertake personal activities in private due to premises issues and the layout of some rooms as identified under Regulation 9: Residents rights.

Regulation 11: Visits

Visiting for residents was unrestricted and in line with public health guidance for visitation in long-term care facilities. Visiting was observed throughout the day, with the majority of visitors attending the residents' room.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage for their clothes and personal possessions. A list of resident's personal property was maintained in their personal record.

Laundry facilities were available on-site and the residents were satisfied with this service. Residents' clothes were labelled to prevent loss and they could also have family members take clothing home for laundering if they chose to do so.

Judgment: Compliant

Regulation 17: Premises

Although the premises was found clean overall, the following issues did not meet Schedule 6 requirements:

- A number of bedrooms had reduced occupancy from double to single, however the personal space for each resident in some of the remaining twin bedrooms measured less than 7.4m². Residents were not able to access their personal belongings or chairs within this space.
- Access to overhead bed lights was limited due to the relocation of beds in some rooms, therefore the residents were not always able to reach the light switch from their bed.
- There was a lack of appropriate storage in the designated centre resulting in the inappropriate storage of supplies and equipment. For example electrical items were stored in a bathroom and cleaning supplies were stored under a stairwell.
- The laundry facility was limited in size hindering the segregation of the clean and dirty phases of the laundering process. Maintenance work was required for the walls, flooring and ceiling. The sink was not in line with the national standards.
- A call bell was missing on one shower room therefore a resident could not summon assistance if required.
- There was no rack on the sink in the cleaners room to support the filling of a

bucket ,and there was limited storage available in the room for cleaning supplies such as toilet rolls and paper hand towels.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide contained all the relevant information as per the regulations. Other information was visible on notice boards throughout the centre for example: access to an independent advocacy service.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- The surfaces of some walls, bins, radiators, and shrinkage to the edges of some flooring did not support effective cleaning to support infection prevention and control measures.
- Pipes connected to the taps of the janitorial sink in the cleaners rooms were hanging into the sink posing a risk of cross contamination.
- The melamine work surface in the sluice room did not support good infection control practices as the edges and sink insert area were damaged and therefore did not allow for effective cleaning.
- One visitors toilet had a cracked pedestal, rusty screws and rust on the radiator affecting effective cleaning.
- Some items of furniture were seen to be worn and therefore did not allow for effective cleaning. Rust was observed on the legs of some bedside tables.
- Care trolleys with supplies were inappropriately stored in a bathroom increasing the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified:

- From the previous inspection in March 2022, the fire alarm was not fully compliant with a L1 category system and additional detection was required to the kitchen, lobby and under the staircase area.
- Several boxes of supplies and a piece of equipment was stored under one of the stairs. The inspectors asked that these be removed immediately on the day of inspection. This was a similar finding on a previous inspection.
- A call bell was required in the smoking shelter in the event that a resident may require assistance.
- Some electrical items were found stored in a bathroom such as electronic weighing scales and a hair drier.

Judgment: Substantially compliant

Regulation 8: Protection

Training on safeguarding was available to staff with all staff up-to-date with their training. Staff who spoke with the inspector, were aware of what constitutes abuse and were able to tell the inspector of appropriate action that they would take if they suspected or witnessed abuse.

Arrangements were in place for managing residents' finances in the centre. The director of services is the nominated pensions-agent and processes are in place in line with the Social Protection Department guidance. Seven residents required this service on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to undertake personal activities in private was restricted for some residents. The layout of double-occupancy rooms did not always uphold residents' rights to privacy, dignity and decision-making about their lives. For example:

- The personal space of the residents in some of the double rooms did not afford the residents access to their wardrobes or chairs when the privacy screens were closed.
- One resident told inspectors that they did not like having to share their bathroom with the resident next door.
- A number of shower rooms were accessible directly from the residents rooms but also had a door leading to the corridor increasing the potential of someone entering the room whilst they were using it.

Residents were not always able to exercise their choice. By way of the example:

- Residents were unable to make choices relating to their environment due to the layout of some of the double-occupancy rooms, which meant residents could not watch television in privacy as there was only one small television in the bedroom. Individual hearing devices were also not available for residents' use.
- Access to the window in a number of rooms was restricted due to the bed placement.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Terenure Nursing Home OSV-000047

Inspection ID: MON-0039235

Date of inspection: 02/02/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Occupancy in room number 1 and 5 has been reconfigured and reduced from two beds to single occupancy. Infrastructural work was also completed on Bedroom 22 to ensure optimum private space is afforded to both residents. The empty beds and the curtains rails were also removed from these rooms as part of the reconfiguration and in turn support resident rights within the centre for privacy, dignity and to carry out activities in private. • The Statement of Purpose for the centre was also updated to accurately reflect all the facilities within the centre. This was provided to the Inspector after the inspection. • Outstanding Fire precautions like upgrades to the existing fire alarm and detection system have been completed, with certification for same provided to the inspector after the inspection. Further sign off of these works is to be completed by an external fire expert in April 2023. • All storage areas under the stairs were cleared on the day of inspection, with ongoing observational checks completed by the management team to ensure no reoccurrence of this practice. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Statement of Purpose has been updated to accurately reflect facilities and services within the centre, with consideration given to all feedback from the Inspector. This was submitted to the Inspector in March 2023. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A review is underway within the home to optimise all personal space for residents within their bedrooms. This will include new curtains to support the privacy of residents in their own space. Reconfiguration of rooms to reduce occupancy and room size has also been completed within the centre in March 2023. • A review was undertaken of all overhead bed lights in resident rooms to ensure that all residents have access to their lights was completed in the centre and all residents now have appropriate access to overhead bed lights. This was completed in March 2023. • Storage in the centre has been reviewed and unnecessary items and equipment removed. Ongoing monitoring of storage is underway within the centre by the management team. • There is a plan in place to address facilities in the centre, currently clinical laundry is supported off site, and personal laundry only is laundered on site, with a plan to move personal laundry off site by June 2023. A long term plan to decommission the laundry facilities in it's entirety will be reliant on planning permission which is in progress at the pre planning stage. • All shower rooms now have call bells in place. This was completed in March 2023. • The cleaners room have been reviewed and updated to improve storage facilities within it. This was completed in March 2023. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Pipes connected to the taps of the janitorial sink in the cleaners rooms is being replaced. This will be completed by 30.03.2023 • An ongoing schedule of works is in place in the centre to identify equipment and facilities that may require repair or replacement. This is completed on an ongoing basis. • The melamine work surface in the sluice room has been replaced. This was completed in March 2023. • The visitors toiled cracked pedestal, rusty screws and rust on the radiator were removed. • Any item of furniture with rust or damage has been removed from the centre, and a programme for replacement of equipment is underway in the centre. This will be completed by June 2023. • Care trolleys with supplies stored in a bathroom were removed and placed in an 	

appropriate location on the day of inspection, this is monitored on an ongoing basis to prevent reoccurrence, with regular communication to all staff to ensure adherence.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- L1 category system is now in place in the centre and was completed in March 2023. Additional detection required to the kitchen, lobby and under the staircase area is scheduled for installation and this will be completed by April 30th 2023.
- Several boxes of supplies and a piece of equipment stored under one of the stairs were removed on the day of inspection and ongoing supervision is in place by the management team to prevent reoccurrence.
- A call bell required in the smoking shelter in the event that a resident may require assistance is in place. This was completed in March 2023.
- Some electrical items found stored in a bathroom such as electronic weighing scales and a hair drier were removed on the day of inspection. Ongoing supervision and communication with all staff to prevent reoccurrence is in place by the management team.

Regulation 9: Residents' rights

Substantially Compliant

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

- The personal space of the residents in the double rooms was reviewed and reconfigured therefore allowing the residents private access to their own wardrobes and personal belongings, with privacy screens/curtains in place to support this. This was completed in March 2023.
- All residents are afforded the opportunity to move to another room when they become available in the centre. The Person in Charge maintains a list of these expressions of interest to ensure all residents are supported in a fair and equitable manner.
- Any shower rooms that also has a door leading to the corridor now have signage in place to indicate when the room is in use. This is to support the privacy and dignity of those residents using them and to ensure they are not disturbed. This has been communicated to all staff and residents. This was completed in March 2023.
- Residents are now able to make choices relating to their environment due to the layout of some of the double-occupancy rooms, which supports residents to watch television in privacy for example. There is an ongoing programme of TV replacement within the home.

Individual headphones were now available for residents' use who can safely use them when watching the television to minimise disturbance to other residents, but still

supporting the choice of other residents.

- Access to the window in a few rooms are now free from restriction due to the bed placement. This was completed in March 2023.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/06/2023
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.	Substantially Compliant	Yellow	30/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/06/2023

	associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
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	31/03/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	31/03/2023

	that a resident may undertake personal activities in private.			
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