



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

## Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0032535

## About the designated centre

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

Lourdesville Nursing home is located in the vicinity of Kildare town and close to many areas of interest, including the Curragh, Curragh racecourse, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. The centre now operates from the ground floor only. Bedroom accommodation consists of single, twin and three bedded rooms. Communal accommodation includes a large dining, day rooms, conservatory, quiet room, small dining room, activities room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre can accommodate maximum 42 residents, male and female, over the age of 18 of varying dependencies, for long and short-term stays. 24-hour nursing care is provided to cater for various needs, including dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post-operative care. The registered provider is a sole trader and employs approximately 31 staff.

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

Number of residents on the date of inspection:	37
--	----

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 10 February 2022	09:00hrs to 17:15hrs	Helena Budzicz	Lead
Thursday 10 February 2022	09:00hrs to 17:15hrs	Arlene Ryan	Support

## What residents told us and what inspectors observed

On the day of inspection, the inspectors were met by the reception staff and the person in charge. The monitoring of temperatures, signs and symptoms of COVID-19, and hand hygiene was completed.

Following an introductory meeting, the inspectors did a walk-around the nursing home with the person in charge. They were later joined by the provider for part of the tour. There were numerous communal and dining areas available for the residents' use. The residents mostly went to the dining room for their meals; however, a few chose to eat in their rooms. Staff were on hand to assist residents to move about the nursing home as they pleased.

The centre had a very homely feel. The residents, visitors and staff were all very complimentary of the care and services provided. Inspectors spoke with ten residents and two visitors. They consistently praised the staff and the person in charge and said that they loved it there and felt safe, and didn't have to worry about anything. Residents said that the staff were 'fantastic' and that 'they are just lovely'. There was a calm and familiar relationship between residents and staff, and interactions were person centred.

One visitor said that she could not praise the staff enough. She said that they showed 'human kindness and human care' and said that it was the 'small things that made it special', giving examples of things that made a difference to the residents' lives, such as cooking favourite meals or treating visitors like family. Another visitor described the staff as caring and friendly and described the centre 'like a home away from home'.

When asked about complaints, all residents and visitors said that they never had to complain. One resident said about the staff that 'you could never complain about them'. The residents and visitors knew the person in charge well and said that any query or concern would be dealt with immediately.

Residents told inspectors that they loved the activities, including bingo, quizzes and word-searches but in particular the live music sessions in the evenings. However, one resident said that the quizzes were less frequent recently, and they missed this. The residents particularly enjoyed the family day during the summer when their relatives and friends were able to come to the centre's grounds for tea and cakes. There were petting animals brought in, and both the residents, families and the children, in particular, loved this, and they had their pictures taken as a memoir.

The residents told inspectors that they liked the food in the nursing home and that there was plenty. If they didn't like something they could have an alternative and sometimes the chef would cook them their individual favourite meals. Inspectors saw residents being offered drinks often throughout the day.

The residents told inspectors that they had plenty of storage in their rooms for their personal belongings and clothing. They said that their laundry was sent off for cleaning and brought back to their rooms a few times a week. The staff helped residents organise their winter and summer wardrobes, and some families chose to take these extra clothes home so as to free up storage space.

Staff informed inspectors that this was a 'good place to work'. They said it felt more like a home-away-from-home and was warm and cosy. They mentioned that a lot of improvement work was being done in the nursing home at the moment, but it was making it better. They liked working there and liked their colleagues.

The following two sections, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

The purpose of this unannounced inspection was to monitor compliance with the regulations and follow up on the action plan from the last inspection. The centre is registered for 42 residents, and on the day of the inspection, there were 37 residents living in the centre.

Overall, inspectors found that the registered provider ensured the service was delivered in line with the statement of purpose and that residents received a good standard of care and service. The registered provider had addressed most of the outstanding actions from the previous inspection and ensured the centre was appropriately resourced to ensure residents' needs were met. While this inspection identified the need for further improvements in respect of premises, residents' rights and governance and management, the inspectors found that the registered provider was very committed to achieve regulatory compliance and to continuously improving the service.

The management team on-site on the day of inspection included the person in charge, who was supported by the assistant director of nursing. Seamus Brennan is the owner and the registered provider for Lourdesville Nursing Home and was available throughout the day and met with inspectors.

The centre was adequately resourced with the appropriate staffing levels and skills-mix to meet the needs of the residents. Staff were knowledgeable about the residents and their individual preferences and needs, and this was evident in their conversations with the inspectors and through their interactions with residents.

Staff informed inspectors that training was available to them, which was reflected in the training matrix. Some mandatory and other relevant training was completed online as well as on-site. The induction programme for new staff was very detailed.

The person in charge had oversight of this programme and signed off staff's competencies on completion of each section.

A sample of four staff records identified that the requirements of Schedule 2 of the regulations were met. Each staff had completed An Garda Síochána (police) vetting prior to joining the service, and registered nurses held an active registration with the Nursing and Midwifery Board of Ireland (NMBI).

The registered provider ensured oversight of service and quality of care provided through systems of auditing and monitoring of key performance indicators. Clinical audits were completed and scheduled in areas such as health and safety, privacy and dignity, dementia and pressure ulcers. Nonetheless, to drive further quality improvement, trending and analysis of infection control practices in the centre or regular health and safety walkarounds will further improve the risk identification and support quality and safety improvements in the centre.

A record of incidents occurring in the centre was well maintained; however, inspectors found that not all notifiable incidents that occurred in the centre had been notified to the Chief Inspector, as required under regulations.

An annual review of the quality and safety of care delivered to residents had taken place for 2020 in consultation with residents and their families. The inspectors saw evidence of the survey on the service during 2021 completed by residents and families.

Inspectors reviewed the centre's complaints log, and no complaints had been logged within the past 12 months. The person in charge, who is the designated complaints officer in the centre, confirmed this with inspectors. The complaints procedure was displayed in the reception area and included the contact details of all relevant persons involved in the process as per regulatory requirements.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application was submitted to vary the conditions 1 and to remove condition 4 attached to the current registration.

Judgment: Compliant

### Regulation 15: Staffing

The staffing levels and skills-mix was good to meet the needs of the residents. Staff were attentive towards the residents, and call bells were answered quickly. There

was a minimum of one registered nurse on duty at all times in line with the regulatory requirements.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training indicated that training was available to staff, and the training matrix showed that staff had received all their mandatory training and other relevant training.

Judgment: Compliant

### Regulation 21: Records

A copy of transfer letters when a resident was transferred to another service from the centre was not kept in all of the resident's files reviewed.

Judgment: Substantially compliant

### Regulation 22: Insurance

A current insurance certificate was in place and had the necessary insurance coverage as detailed in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Some aspects of the governance and management systems in place were not sufficiently consistent or effective to ensure a high standard of care was provided to all residents. Management systems in place to oversee that the service was consistent and safe were not sufficiently robust. For example:

- There were immediate risks identified on this inspection in respect of premises and health and safety, which had not been identified by the provider, such as unsafe flooring in one of the communal areas. Follow up

assurances and a follow up visual inspection was completed five days later, confirming that the urgent issues had been addressed.

- Inspectors were not assured that the information documented from audits and incidents were analysed sufficiently as they had failed to identify areas for improvements, such as some of the issues found on this inspection. This included infection control audits and health and safety audits, and submitting the notifiable incidents to the Chief Inspectors office.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A review was required of the description of the rooms in the Statement of Purpose to ensure that they corresponded with the floor plans and that the floor plans reflected the design and layout of the centre. Inspectors accepted that this was addressed and completed promptly by the provider.

Judgment: Compliant

### Regulation 31: Notification of incidents

Based on a review of incidents logged, the inspectors identified that three notifications of serious injury to residents and one relating to the loss of power had not been submitted as required by the regulations to the Chief Inspector. The inspectors were satisfied that this was a failure to notify and that these incidents had been appropriately managed. These notifications were submitted retrospectively post the inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

A copy of the complaints policy was available and the procedure was displayed in the reception area. There had been no complaints within the past 12 months. There was a suggestion box available in the centre.

Judgment: Compliant

## Quality and safety

Overall, there were good standards of care provided, and the healthcare needs of residents were well met. Inspectors followed up on the previous inspection compliance plan and found that all items under infection control had been addressed. Although a lot of improvements had been made throughout the nursing home, further improvements were required with infection control practices, the physical environment and residents' rights.

Residents were receiving visitors in their rooms and had adequate privacy to do so. The residents and visitors were very complimentary about how the staff had facilitated visits during the COVID-19 pandemic while trying to maintain a safe environment.

The management team informed the inspectors of their ongoing refurbishment plan throughout the centre. Inspectors saw that much work had taken place recently. The provider converted existing space and created a treatment room, day room, activities room, housekeeping storage room and storage room. Ongoing works outside were in progress to facilitate a new patio area for residents' use. However, some urgent works which posed immediate risks to residents' health and safety were required within the centre as detailed under Regulation 17: Premises.

Residents' records were maintained on a paper-based system that was easy to read and accessible to residents. The inspectors saw that assessments and care plans were updated when residents' conditions changed.

The inspectors reviewed fire safety maintenance and testing records, including the emergency lighting and fire alarm systems, and found them to be up-to-date. Each resident had a current personal emergency evacuation plan.

Overall, the centre was visibly clean and household cleaning staff spoken with confirmed that they had undertaken additional training throughout the year, especially in relation to infection prevention and control practices. The housekeeping staff demonstrated their knowledge of using the flat mop and cleaning cloth system used throughout the nursing home. The processes for the mixing and use of chemicals were laminated and clearly displayed in the cleaner's room. The cleaning trollies were clean and organised and had a lockable cabinet for the storage of chemicals. However, some infection control practices and environmental issues were affecting appropriate cleaning practices as detailed under Regulation 27: Infection Control.

## Regulation 11: Visits

Indoor visiting for residents by their families had resumed in line with current public health guidelines (Health Protection Surveillance Centre, COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs). Infection prevention and control measures were in place which allowed residents to receive visitors safely.

Judgment: Compliant

### Regulation 17: Premises

Improvements pertaining to the premises following the previous inspection had been addressed by the provider; however, some further areas required immediate attention:

- The floor in one of the bedrooms and the dining room area was observed to be unstable and sloping. Inspectors asked the person in charge to remove all residents from the dining room as there was an immediate risk of the floor collapsing under the pressure from the furniture and people standing on the floor. The provider addressed this in the following days' post the inspection. One of the inspectors completed a follow up visual inspection on 16 February 2022 and saw that the floor had been replaced in its entirety and addressed to a good standard.
- Ventilation in the bathrooms required a review as some bathrooms did not have ventilation, and some ventilation was not working.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

Following discharge back to the centre, comprehensive information was available when the resident returned to the centre. However, a copy of the transferred letter when a resident was transferred to another facility was not maintained within the centre. This is addressed under Regulation 21: Records.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy and risk register met the requirements of the regulations and addressed specific issues such as unexplained absence of any resident, self-harm and the prevention of abuse.

Judgment: Compliant

### Regulation 27: Infection control

The centre was visually clean, and despite the numerous examples of good practice observed on the day, there were some issues fundamental to good infection prevention and control that required further improvement:

- Staff working in the centre on the day of the inspection did not consistently adhere to the current national guidelines (Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities) in respect of FFP2 face mask use while providing active patient care. This was addressed on the day of the inspection.
- A number of items were inappropriately stored on the floor in different areas around the centre. The storage and segregation practices between the clean and dirty equipment required full review to ensure residents were protected from the risk of cross-infection.
- The medicine trolley was rusty, and the paint on the shelves was worn out. Inspectors observed rusted rails and corroded washers in the sink in the sluice room and some mosaic tiles missing in one of the bathrooms, which meant that they could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector reviewed fire safety maintenance and testing records, including the emergency lighting and fire alarm systems, and found them to be up-to-date. Each resident had a current personal emergency evacuation plan. Staff had completed fire evacuation drills simulating night time staffing levels in the largest fire compartment in the centre, and there was evidence of learning from this exercise and areas for further improvement.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' needs were assessed using standardised tools, and a person-centred care plan was developed, to direct the staff to assist residents to meet those needs.

Wounds were managed well with appropriate input from specialist tissue viability nurse and dietetic input as required. Residents had access to appropriate equipment to meet their assessed needs, such as pressure relieving equipment or manual handling equipment.

Judgment: Compliant

### Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately. Residents had good access to general practitioner (GP) services. A medical review of residents' needs was completed on a regular basis in the centre. There were also links with other allied health professionals such as tissue viability nurse, dietitian, occupational therapy, palliative care, speech and language therapy and psychiatry of old age.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place and residents were protected from abuse. Staff were clear about their role to report any concerns to senior staff. The person in charge confirmed that An Garda Síochána (police) vetting was in place for all staff and persons who provided services to residents in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors observed that a small number of residents had to pass through a communal day area to reach the shower room, which was located beside the reception. This arrangement did not ensure that residents' privacy and dignity needs were upheld. Access to shower facilities in this area required review. In a small number of twin rooms, the inspectors observed mirrors placed above the sink. While a privacy folding screen was in place, the reflection in the mirror compromised the resident's privacy and dignity. This was immediately rectified on the day at the request of the inspectors, and mirrors removed until alternative arrangements to effectively support residents' privacy needs could be put in place.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0032535

Date of inspection: 10/02/2022

## 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: Following the Management Meeting with all nursing staff which took place on the 17th. February 2022 a reminder for "Inhouse Policy No.8 " re: Schedule 5 "Staff Training &amp; Development" to be adhered to with respect to retaining a copy of the Transfer Letter when a resident is being transferred to another service from the centre. During discussion the nurses informed management a transfer letter was sent but omitted to retain a copy in file. Overall, the meeting with the nursing staff proved invaluable in terms of communicating the importance of following through on internal policy.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Following a management meeting which took place on the 17th. February 2022 to review the unannounced inspection with Head of Maintenance present. The introduction of monthly assessment checks with any required action plan will be implemented which management feel will be sufficiently robust to oversee the needs of the centre and this would come under the remit of the Maintenance Manager overseen by the Person in Charge and Register Provider. This action plan it was considered necessary to ensure a high standard of care consistently and effectively was provided to all residents with respect to the centre's physical environment. Regarding the immediate risks identified by the inspectors on the day of the inspection 10.02.2022 with respect to the centre's premises and health and safety, unsafe flooring</p>	

in the communal area identified as the Top Dining Room was completely replaced with new underflooring and linoleum following a detailed risk assessment completed by management on the day of the inspection. Tables and Chairs were also colour coordinated in line with the colour scheme in collaboration with the centre's inhouse Painter.

In addition, the introduction of monthly Infection Prevention and Control and health and Safety audit checks have been introduced as a measurable method to improve the areas which need attention which can then be prioritised in terms of their identifiable risk to the overall safety of residents.

These regular monthly audits aim to improve the Governance and Management systems of the centre overall, resulting in any necessary notifiable incidents sent to the Chief Inspectors Office in an appropriate, timely and sufficient fashion.

Regulation 31: Notification of incidents	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The continued submission of required notifications to the Chief Inspector is a commitment of senior management. To submit these notifications in a timely and appropriate manner, additional portal access has been granted by HIQA to members of senior management which aims to maintain a robust watchdog approach to the centre's commitment to adhere to the regulations re: Notification of Incidents to the Chief Inspector.

As identified in the report the notifications in question were submitted retrospectively post the inspection carried out on the 10.02.2022

Regulation 17: Premises	Not Compliant
-------------------------	---------------

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

The management acknowledge the need for immediate action to immediate risk. Following a detailed risk assessment regarding the floor in one of the bedrooms and the top dining room. The latter was identified as an area of floor which posed an immediate risk of collapsing under the pressure from the furniture and from people standing on the floor, with the bedroom flooring a potential trip hazard.

The flooring in the top dining room area has been replaced in its entirety and the floor in the bedroom was also repaired. Visual evidence was sent to the inspector to further assure the inspectors that the risks identified were fully addressed to a good standard.

The installation of the necessary ventilation systems in the identified bathrooms throughout the centre have also been addressed as of the 31st. March 2022. A risk

assessment was completed by Head of Maintenance measuring a total of 7 ventilation systems which were required and subsequently have been installed.

Regulation 27: Infection control

Substantially Compliant

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

With immediate effect following the inspection which took place on the 10.02.2022, all staff who provide active patient care must adhere to the current national guidelines (Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of Covid-19, Influenza, and other Respiratory Infections in Residential Care Facilities) and wear the FFP2 face masks. Supervision of nursing and management staff will ensure continued effort in staff compliance.

The installation of raised timber flooring has taken place in all three linen storage rooms within the centre as of the 31st of March 2022. The intention of these raised timber flooring is for the appropriate storage of clean equipment and items only.

The medicine trolley which was identified by the inspectors as rusty has been treated for rust and its shelving repainted. This took place on the same day as the inspection the 10.02.2022.

Corroded washers in the sink in the sluice were treated and cleaned resulting in all corrosive material being removed. Any rusty rails observed by the inspectors were replaced and both the treated sink and replaced rails were visually inspected by the inspector on the 16.02.2022.

The small mosaic tiles in one of the bathrooms will be replaced with a larger surface area tile. Completion date for same is scheduled for the 14th of April 2022.

The small mosaic tiles in one of the bathrooms will be replaced with a larger surface area tile. Completion date for same is scheduled for the 14th of April 2022.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following a management meeting on the 17.02.2022 the discussion of renovating Zone 2 to accommodate a new bathroom i.e., with shower facilities and its particulars is currently under review, the completion date which is realistic and achievable is also under consideration, but it is expected to be completed by the 31st of December 2022. This decision will ensure that residents' privacy and dignity needs will be upheld and

there will no longer be a need to pass through a communal area to access shower facilities for these residents that reside in Zone 2.

In twin rooms where mirrors were placed above the sinks, these mirrors were immediately removed as detailed in the inspection report. Residents who have requested mirrors following the removal of the previous mirrors were given stand-alone mirrors to facilitate their personal needs and wants.

## 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.	Not Compliant	Orange	31/03/2022
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	17/02/2022
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	Not Compliant	Orange	31/03/2022

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	14/04/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	23/02/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2022