



**Health  
Information  
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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: | Aras Mhathair Phoil               |
| Name of provider:          | Health Service Executive          |
| Address of centre:         | Knockroe, Castlerea,<br>Roscommon |
| Type of inspection:        | Announced                         |
| Date of inspection:        | 23 January 2024                   |
| Centre ID:                 | OSV-0000652                       |
| Fieldwork ID:              | MON-0042104                       |

## About the designated centre

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

The designated centre provides 24-hour nursing care to 24 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of 12 single and six twin bedrooms. Communal facilities included a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities. An accessible toilet is located close to the sitting rooms and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 18 |
|--|----|

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                       | Times of Inspection     | Inspector                         | Role |
|----------------------------|-------------------------|-----------------------------------|------|
| Tuesday 23<br>January 2024 | 09:30hrs to<br>16:00hrs | Catherine Rose<br>Connolly Gargan | Lead |

## What residents told us and what inspectors observed

This was an announced inspection and was completed over one day. The inspector met with many of the residents living in Aras Mhathair Phoil and they reported that the service met their individual needs to a high standard and that they felt safe and comfortable living in the centre. Residents were satisfied with the opportunities available to them to engage in social activities that interested them and the supports they received including support to keep in contact with their local community.

As part of this announced inspection process, questionnaires were provided to the residents to complete prior to the inspection. Six questionnaires were completed and were reviewed by the inspector. Residents' feedback in the questionnaires was predominantly positive and all questionnaires that were completed confirmed that the residents were comfortable, felt safe in the centre and that their care needs were met to a high standard. In addition, all residents expressed their satisfaction with the quality and choice of food provided for them. Residents reported that the social activities available to them were 'well organised', 'enjoyable and very entertaining'. Residents' comments regarding the staff in the centre included that they were 'amazing', 'go way beyond what is required of them' to ensure residents are comfortable and well cared for, 'kind', 'friendly and respectful'. Residents said they wanted nothing changed. All residents were happy with their bedrooms but one resident commented that they would like 'a little more space'. Residents reported that if they made a complaint, it was responded to without delay and to their satisfaction.

On arrival at the centre, the inspector met with the person in charge. After a short introductory meeting, the person in charge accompanied the inspector on a walk around the centre. This gave the inspector an opportunity to introduce themselves and to meet with residents and staff. In addition to conversing with residents and staff, the inspector spent time observing residents' daily routines to gain insight into their lived experiences in the centre and how their needs were met by staff.

There was a calm, happy and relaxed atmosphere in the centre and the inspector observed that staff and residents chatted and laughed together throughout the day. It was clear that residents trusted staff and they had built positive relationships together. Residents spoke to the inspector about the 'extra' efforts that staff made to ensure they were 'comfortable' and 'well cared for'.

One resident told the inspector that the centre was now her home and that she was 'very happy' living there. Many of the residents expressed their satisfaction that the centre was local to where they previously lived in the community. One resident said 'we all know each other here and we are all friends'. Another resident said they looked forward to joining the other residents in the sitting room and participating in the social activities.

Residents told the inspector that there was never any delays with staff answering their call bells and they felt that staff were not rushed and had time to spend time with them.

Aras Mhathair Phoil designated centre is located in a quiet residential area and is designed in a quadrangle with all residents' accommodation on ground floor level. The centre's interior and exterior was maintained to a high standard. The premises surrounded an outdoor garden area which was accessible to residents as they wished. Outdoor seating was available and the paths were covered with a rubber surface to promote residents' safety. A variety of shrubs were growing in beds and in planters around a central water feature. One side of two of the circulating corridors had views of the enclosed garden and the front of the centre and provided points of interest for residents who liked to walk along these corridors.

Residents' bedroom accommodation was provided in 12 single and six twin bedrooms. Residents told the inspector that their bedrooms were comfortable and met their needs. Each of these bedrooms had a hand wash basin and residents had sufficient storage space for their clothing and personal possessions.

On the day of this inspection, most of the residents spend their day in the sitting and the dining room. A small number of residents preferred to spend their time in their bedrooms. Staff were observed to visit these residents often and to spend time with them throughout the day. One resident chose to remain in bed until late morning and their choice was respected. Breakfast was provided later in the dining room for this resident at their request.

Residents told the inspector that they 'enjoyed' all the social activities and especially loved the 'fun' and 'craic' during the activities. The inspector saw that there was a variety of social activities scheduled to ensure that all the residents had opportunities to participate in social activities that interested them. These activities were clearly displayed for residents' information on a white board in the sitting room. The inspector observed that residents who needed support to participate in the activities were provided with support from staff on a one-to-one basis. One resident recited a poem for the inspector. Staff were observed to be attentive to residents' needs for assistance and to avail of every opportunity to engage with them in light-hearted banter and conversations. Residents responded positively to these interactions.

The resident's dining experience was observed by the inspector to be a pleasant, sociable and relaxed occasion. Residents had choice of three hot meal options on the lunch and tea-time menus which were displayed on a notice board in large picture format in the dining room for their information. Residents told the inspector that the food was 'beautiful', 'plentiful' and 'tasty'. Staff were available and provided discreet and person-centred assistance to residents as needed during mealtimes. Residents complimented the quality and quantity of food they received.

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

This announced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in January 2023 and on the statutory notifications and other information received since the last inspection. The provider had applied to the Chief Inspector for renewal of the registration of Aras Mhathair Phoil and this application was reviewed as part of this inspection.

The inspector assessed the provider's compliance with a restrictive condition on the centre's registration, which restricted the occupancy of four fire compartments to six residents in each. The inspector found that the provider had complied with this registration condition and had recently commenced rostering three day on duty in the centre each night.

The registered provider of Aras Mhathair Phoil is the Health Service Executive (HSE), and a general manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, Aras Mhathair Phoil benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training and finance.

The designated centre's local management structure consisted of a person in charge and a clinical nurse manager. However, this local management structure has been incomplete since September 2023 and the clinical nurse manager position remained vacant at the time of this inspection. The provider's failure to appoint a suitable person into this local clinical management role was negatively impacting on service effectiveness and did not ensure that there was suitable deputising arrangements in place for when the person in charge was absent from the designated centre. Furthermore, this arrangement was not in line with the management arrangements as set out in the provider's statement of purpose.

The person in charge and senior management representing the provider met on a regular basis to review the quality and safety of the service. However, in the absence of local management support for the person in charge, auditing of key areas of the quality and safety of the clinical and non clinical service provided was limited and a number of audits had not been completed in line with the provider's audit schedule. Therefore, the quality assurance systems in place could not be relied on to inform continuous improvement and to give assurances regarding the quality and safety of the service to residents.

The provider had ensured there was adequate numbers of staff available with appropriate skills to ensure that residents' needs were met. The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory training and a programme of professional development training to ensure that they had the necessary skills and competencies to meet the complex needs of residents. The inspectors' observations of staff practices and discussions with staff gave assurances that they were familiar with residents' needs and were appropriately supervised according to their roles.

Records were held securely and records that should be held in the centre were made available to the inspector for the purpose of this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notifications as required by the regulations were notified to the Health Information and Quality Authority within the specified timeframes.

The centre's policies and procedures had been updated and were accessible to all staff working in the centre.

#### Regulation 14: Persons in charge

The person in charge was appointed in October 2022 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and attended to residents needs for assistance without any delays.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre attended professional development training to update their skills and knowledge to competently meet



residents' needs. Staff nurses had completed training on managing wounds since the last inspection.

Staff were appropriately supervised according to their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all information pertaining to each resident as specified by the regulations.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available to the inspector. Records were stored securely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had not ensured that there was a clinical nurse manager in post to support the person in charge as set out in the provider's statement of purpose. As a result, suitable deputising arrangements were not available in the event of an absence by the person in charge.

The long term vacancy on the clinical management team meant that some audits had not been completed and a number of action plans for those audits that had been completed had not been adequately followed up.

The oversight of fire safety precautions was not effective and did not provide assurance that residents were adequately protected in the event of a fire emergency in the designated centre. These findings are set out under Regulation 28: Fire precautions.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the time frames as specified by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures were updated within the last three years and were made available to the inspector for review. The policies were implemented by staff as evidenced from review of practices and speaking to the staff and residents.

Judgment: Compliant

## Quality and safety

Overall, this inspection found residents' were provided with good standards of nursing and healthcare. Residents' rights were respected by staff and the provider ensured that residents were kept central to service provision and were facilitated to enjoy fulfilling and meaningful lives in the centre. The premises was well maintained and was clean and tidy.

The provider had completed extensive fire safety upgrade works in the designated centre. However the final certification to provide assurance that these works had been completed to the required standards had not been made available to the chief inspector when requested. The internal fire safety checks did not include the basement area of the premises where the oil tank and the boiler room were located

which, are high risk areas. Furthermore, assurances regarding residents' timely and safe evacuation in the event of a fire emergency in the centre were not adequate at the time of this inspection.

Residents' nursing care and support needs were met to a high standard by staff and residents were facilitated with timely access to their GP and health care professionals. Following the previous inspection, the provider had ensured that residents had timely access to occupational therapy services.

Residents' needs were comprehensively assessed and their care plan documentation clearly informed and directed the care and supports staff must provide for each resident to meet their needs.

The provider had measures in place to protect residents from risk of infection. Procedures were in place to mitigate risk of transmission of antibiotic resistant bacteria infections in the centre.

Residents' living environment was maintained to a good standard. The centre was decorated in a traditional style that was familiar to residents and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. Residents were accommodated in single and twin bedrooms. The floor space in the single bedrooms measured from 7.6 to 8.0 square meters and met the minimum requirements of the regulations. The provider had installed overhead ceiling hoists in all bedrooms so that residents who required hoist transfers did not need to use mobile hoists as some of the single bedrooms did not have sufficient space to use a mobile hoist safely. The layout of these bedrooms met the needs of the current residents. However, the space in some rooms was not sufficient for residents to use mobility equipment to mobilise safely around these bedroom.

The inspector observed that four rooms were set up as bedrooms with a bed in each. The person in charge told the inspector that these rooms were not used to accommodate residents.

The twin bedrooms provided adequate space for residents. However, the provision of one television in these bedrooms did not support resident's individual choice regarding their television viewing and listening. The provider had made additional storage space available for items of residents' assistive equipment since the last inspection.

Residents could access the outdoor spaces as they wished.

Communal spaces were comfortable and residents were provided with a variety of spacious communal areas, including dining and sitting room facilities. Residents' mealtimes in the centre were unhurried and were a social occasion for many of the residents.

A varied social activity programme was facilitated to residents' needs and they were supported to participate in meaningful social activities that interested them and were in line with their individual capacities.

Staff had been facilitated to attend training to ensure that they had up-to-date knowledge and skill with managing residents predisposed to experiencing episodes of responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff maintained an effective and supportive approach to managing residents' responsive behaviours and this had a positive impact on residents' quality of life. The inspector found that there was a low use of restraint in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment were assessed and procedures were in place to ensure they and any other arrangements did not pose prolonged or unnecessary restrictions on residents.

Residents were supported to practice their religion and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received.

Residents who had difficulty communicating were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and clearly articulated their responsibility to report any concerns they may have regarding residents' safety.

### Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and specialist assistive equipment to support their communication needs.

Judgment: Compliant

### Regulation 11: Visits

Residents' families and friends were facilitated to visit them and there was practical precautions in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available for residents could meet their visitors in private, outside of their bedrooms, if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and were supported to maintain control of their own personal clothing and possessions. Each resident had enough space to store their clothes and personal possessions. Residents' bedside lockers were placed by their beds could access their personal belongings in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of the premises met the current residents' needs and conformed to the requirements set out in Schedule 6 of the regulations. However some of the smaller single bedrooms would need to be kept under review as they did not provide sufficient space if the resident accommodated in them required high support chairs and mobility aids.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with a varied diet and they confirmed that they could have alternatives to the three hot meal menu options offered if they wished. Residents' special dietary requirements were effectively communicated to catering staff and dishes were prepared in accordance with residents' individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available at mealtimes and throughout the day.

Mealtimes were facilitated in the dining room. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. Residents were provided with discreet assistance as needed. There was sufficient staff available to provide timely assistance residents in the dining room and in their bedrooms at mealtimes.

Judgment: Compliant

## Regulation 27: Infection control

The provider met the requirements of Regulation 27: infection control and the National Standards for infection prevention and control in community services (2018). The provider had upgraded the sluice rooms and had addressed the findings of the last inspection to ensure residents were protected from risk of infection. The environment and equipment was consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were consistently completed by staff.

Judgment: Compliant

## Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to ensure residents' safe evacuation and that they were protected from risk of fire as follows;

- the records of the simulated emergency evacuation drill information available did not provide assurance that staff supervision for residents post evacuation had been considered as part of the evacuation procedure. At the time of this inspection the inspector confirmed that thirteen residents had assessed supervision needs post evacuation.
- the fire management systems in place to check that fire prevention and warning equipment was functioning as required did not include the basement floor. The basement floor contained a boiler room, a room housing the central heating oil tank and storage areas.
- following extensive fire safety improvement works in the centre the provider had not obtained confirmation by a person competent in fire safety that all parts of the premises including the basement floor were in compliance with the regulations and fire safety legislation and standards. Consequently the provider could not be assured that residents were adequately protected from risk of fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs including assessment of their risk of falling, malnutrition, pressure related skin damage and their support needs to ensure their safe mobility among others. These assessments clearly informed the information in residents' care plans regarding each resident's care needs and the care interventions staff must complete to meet their needs. The information was mostly person-centred and reflected each resident's individual care preferences and usual routines.

There was one resident with a pressure related skin wound that had developed prior to their admission. The information in this resident's wound care plan, wound treatment plan and monitoring reflected evidence based wound care procedures.

Residents care plans were regularly updated in consultation with residents and their representatives, as appropriate.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours, if needed. A physiotherapist provided assessments and treatments with residents on two days every week. Residents were supported to safely attend out-patient and other appointments.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff maintained a positive and supportive approach in their care of the small number of residents who were predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The person in charge and staff were committed to minimal restraint use in the centre and their practices reflected the national restraint policy guidelines. Use of full-length bedrails had been significantly reduced. Alternatives to restrictive

equipment was assessed and used as appropriate and in consultation with individual residents and their representatives.

Judgment: Compliant

### Regulation 8: Protection

The provider had effective measures to ensure residents were safeguarded from risk of abuse. The procedures to be followed by staff were set out in the centre's policies and in safeguarding plans for a small number of resident's. These measures included the arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. There was evidence that learning from investigations was implemented to protect residents from abuse.

All staff were facilitated to complete training on safeguarding residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The provision of one television in the six twin bedrooms could not support both residents' to choose their television programme viewing or listening as they wished.

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>                       |                         |
| Regulation 14: Persons in charge                     | Compliant               |
| 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 31: Notification of incidents             | Compliant               |
| Regulation 4: Written policies and procedures        | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 10: Communication difficulties            | Compliant               |
| Regulation 11: Visits                                | Compliant               |
| Regulation 12: Personal possessions                  | Compliant               |
| Regulation 17: Premises                              | Compliant               |
| Regulation 18: Food and nutrition                    | Compliant               |
| Regulation 27: Infection control                     | Compliant               |
| Regulation 28: Fire precautions                      | Substantially compliant |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 6: Health care                            | Compliant               |
| Regulation 7: Managing behaviour that is challenging | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Substantially compliant |

# Compliance Plan for Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0042104

Date of inspection: 23/01/2024

## 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> <p>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations</p> <ul style="list-style-type: none"> <li>- The post of the clinical nurse manger has been approved for recruitment. There is a panel in place. However, this has been paused due to the current embargo on recruitment.</li> </ul> <p>This post was expressed internally multiple times on an acting basis with no interests.</p> |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>- The staffing levels has been increased to 3 on nights since 15 January 2024 to ensure appropriate supervision post evacuation in case of emergencies.</li> <li>- The basement floor is now included in the checks to ensure the fire management systems and equipment are functioning as required.</li> <li>- The fire consultant on site on 4th March and estates are currently waiting on his report.</li> </ul>  |                         |

|  |                         |
|--|-------------------------|
| Regulation 9: Residents' rights  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"><li>- The general manager has given approval to provide a second television in all shared bedrooms to ensure all residents have access the programmes they wish. The maintenance department are currently obtaining quotations and the expected date of installation of TVs will be completed by 1st July 2024.</li></ul> |                         |

**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).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| 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.  | Substantially Compliant | Yellow             | 01/07/2024                      |
| Regulation 23(b)  | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Substantially Compliant | Yellow             | 01/07/2024                      |
| Regulation 23(c)  | The registered provider shall ensure that management systems are in place to ensure   | Substantially Compliant | Yellow             | 01/07/2024                      |

|                          |   |                         |        |            |
|--------------------------|---|-------------------------|--------|------------|
|                          | that the service provided is safe, appropriate, 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. | Substantially Compliant | Yellow | 01/07/2024 |
| Regulation 28(1)(c)(iii) | The registered provider shall make adequate arrangements for testing fire equipment.  | Substantially Compliant | Yellow | 01/04/2024 |
| Regulation 28(2)(iv)     | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.                 | Substantially Compliant | Yellow | 15/01/2024 |
| 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 | 01/07/2024 |

