



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

Issued by the Chief Inspector

Name of designated centre:	Arus Carolan Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Castle Street, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	27 April 2023
Centre ID:	OSV-0000656
Fieldwork ID:	MON-0038503

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 36 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 two bedrooms with three beds, four twin bedrooms and 22 single bedrooms. Each of the two bedrooms with three beds shares a shower, toilet and wash basin with an adjacent twin bedroom. two twin and two single bedrooms have full en suite facilities. the remaining 20 single bedrooms have a wash basin in each. There are assisted communal showers and toilets. Communal facilities include a dining room, a sitting room, an oratory and a hair salon. Residents have access to a safe outdoor courtyard with sheltered seating. The provider states that the designated centre's aim is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 27 April 2023	10:15hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents were content and happy with living in the centre. Residents had access as they wished to the outdoor garden/courtyard and residents enjoyed a variety of meaningful social activities. Building works were taking place on the day of the inspection on one side of the centre premises and access to the building site was sealed off to ensure residents' safety and that associated noise and dust was not impacting on the residents.

On arrival, the inspector was met by a clinical nurse manager who was deputising for the person in charge while on annual leave. Following an introductory meeting, the clinical nurse manager accompanied the inspector on a walk around the premises. This gave the inspector opportunity to meet with residents and staff and to gain insight into residents' lived experience in the designated centre.

The inspector observed that the centre was a purpose-built single storey building. Residents' accommodation consisted of 22 single, four twin and two bedrooms with three beds in each. Ten single beds, the oratory and a quiet room were closed for refurbishment and were sealed off from the rest of the designated centre. There was a spacious day room where the majority of residents spent their day and a dining room. These communal rooms were decorated with memorabilia that was familiar to residents in addition to their artwork. The inspector observed a farm-themed display in the reception area and talked with one resident who liked to spend time looking at the animal and bird models. Modified tables were available in the sitting and dining rooms to facilitate residents in assistive wheelchairs to comfortably access a table surface. These residents increased access to a table surface enabled them to participate in a art activity taking place on the day.

Most residents choose to spend their day participating in the activities in the sitting room outside of their mealtimes. The doors to the outdoor courtyard/garden were unlocked and during the day, some residents liked to sit out on the outdoor seating that was sheltered with a perspex roofed construction. The availability of this sheltered area of the courtyard/garden meant that residents were not deterred from accessing the outdoors by the weather. Although, the outdoor area was interesting and contained large farm animal models, raised flowerbeds, a water feature and the garden shed door was painted to represent a stable with a horse looking out over a half door, paint of the wooden surfaces of the fence and the garden shed was worn and in need of repair.

Residents told the inspector that their local priest celebrated a Mass on one day each week in the oratory. The oratory was separated from the sitting room by means of a partition that was opened to the sitting room every week so all the residents could join in the Mass. Residents welcomed the opportunity of this weekly Mass.

The centre's activity coordinator facilitated a variety of social activities throughout

the day and these activities and this gave residents opportunities to participate in meaningful social activities that interested them. A local musician spend a number of hours singing for the residents during the afternoon and some residents used this opportunity to dance. One-to-one social activities were facilitated for the small number of residents who preferred to spend the day in their bedrooms. These residents confirmed that they had 'plenty to occupy their mind' and another resident said that they enjoyed chatting to staff.

The inspector spoke with one resident who was trialling a combined storage/bed table unit and they told the inspector that they were 'very happy' with it and it ensured that 'they could have all their things beside them'. However, the inspector observed that due to layout and space available in a number of other twin bedrooms the bedside lockers were placed at the bottom of the residents' beds and were outside of their reach while the residents were resting in their chairs or in bed.

Residents said that their bedrooms were comfortable and met their needs. However the inspector found that the layout of a number of twin and multi-occupancy rooms did not meet the needs of the residents and did not ensure their privacy and rights could be upheld. These findings are discussed under the relevant regulations in the quality and safety section of the report.

Residents feedback to the inspector regarding the staff caring for them in the centre was overwhelmingly positive. Residents' comments included, "wouldn't be as well as I am without the staff here", 'superb people' and that staff were 'very kind to us all'. These comments concurred with the inspector's observations that staff were attentive to residents' needs for assistance and that staff interactions with residents were kind and respectful at all times.

Inspectors observed that residents had unrestricted access to two secure outdoor courtyard/gardens, accessible from the communal dining and sitting rooms.

Residents actively participated in the residents' forum meetings and they told the inspector that they were 'kept up-to-date' and were often asked for their experiences of the service they received. Residents were knowledgeable regarding the refurbishment works taking place and while most residents spoken with said that they were not impacted by these works, some residents told the inspector they did not like the 'noise'. On the day of the inspection, the inspector observed that the separation of the building site from the rest of the centre was being reinforced to further mitigate risk of negative impact on the residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Although, the provider had systems in place to monitor the quality and safety of the service, actions were not completed to ensure that fire safety risks and areas of residents' lived environment identified as needing improvement were addressed in a timely manner. The provider had put a number of measures in place to reduce the impact of the ongoing building works on the residents but works that should be completed in July 2023 were significantly delayed and were not now due to be completed until November 2023. This was an unacceptable delay and meant that the residents would be living with the building works for more than 12 months.

This inspection was unannounced 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 progress with completion of the compliance plan from the last inspection in October 2022. Actions to bring Regulations 7: Managing behaviours that challenge and 16: Staff training and development into compliance were completed. At the time of this inspection, refurbishment building works of one side of the premises was completed to a good standard and to the satisfaction of the residents residing in the newly refurbished bedrooms. Works had commenced in another side of the centre and this area was sealed off to ensure residents' safety whilst the works were ongoing.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge works full-time in the designated centre and is supported by two clinical nurse managers and a team of nurses, carers and support staff. The organisational structure was clearly set out, and all staff roles and responsibilities were defined.

There were 24 residents with varying levels of dependencies accommodated in the centre at the time of this inspection. Although, admission of residents into the centre continued, the registered provider had temporarily closed 10 beds in the centre to facilitate completion of the phased programme of refurbishment and fire safety works.

The provider had ensured that there were adequate nursing and care staff available to meet residents' needs. Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

The provider had arrangements for recording accidents and incidents involving residents in the centre and appropriately notifying the Health Information and Quality Authority as required by the regulations.

Records were maintained as required by the regulations and residents' documentation was held securely.

Residents were facilitated and encouraged to feedback on aspects of the service

they received, and this informed improvements in the service. An annual review of the quality and safety of the service delivered to residents in 2022.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding the residents' individual needs and residents were assisted with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend up-to-date mandatory training including fire safety, safeguarding residents from abuse and safe moving and handling procedures training.

Effective systems were in place for staff development and appropriate supervision according to their roles. An induction programme was completed by all new staff commencing work in the centre and assessment of their progress was completed at regular intervals.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and contained all information as specified in the regulations regarding each resident.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 23: Governance and management

Oversight by the provider was not adequate to ensure provision of the necessary resources to ensure that fire safety and refurbishment works would be completed by 07 July 2023 as stated by the provider in their compliance plan from the last inspection in October 2022 to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 as amended.

As a consequence, this delay negatively impacted on residents' safety and quality of life in their lived environment. For example,

- the period of time that residents were living with refurbishment work that impacted on their lived environment was extended
- as a consequence of the delay in completion of actions to address the remaining fire safety risks, satisfactory assurances regarding residents' fire safety were not available.
- actions were delayed to address the bedrooms with two and three beds in each that did not meet residents' needs, in addition to completing repairs and maintenance needed in a number of areas of the premises.

Judgment: Not compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Residents' health and nursing care needs were met to a high standard. Several examples of good practices and person-centred care were observed that enriched residents' quality of life in the centre including opportunities to participate in a variety of social activities that suited residents individual interest and capacities. While, staff were committed to ensuring residents' rights were respected, they were

challenged by the current layout and design of twin bedrooms and those bedrooms with three beds.

This inspection found that the provider had completed a number of actions to address fire safety risks in the centre including a number of high risks. The provider confirmed that actions to address identified higher fire safety risks throughout the centre premises were completed. Remaining lower fire safety risks as identified by the provider were being addressed as each area of the centre was being refurbished. However, as the refurbishment works schedule was delayed, the provider remained not compliant with Regulation 28, Fire Precautions on this inspection.

The newly refurbished rooms and corridor on one side of the centre premises were completed to a good standard and provided comfortable and safe living space for the residents accommodated in these areas. However, other parts of the residents' lived environment was in need of repainting. In addition, parts of the floor surfaces were worn and needed repair or replacement.

The layout of some single, twin and bedrooms with three beds did not ensure residents' needs for privacy were met. Furthermore residents accommodated in some of these rooms did not have easy access to their personal belongings because of the layout of the rooms. For example, some residents did not have access to appropriate shelf space to display their photographs and some residents in the twin and multi-occupancy rooms could not retain control over their clothing and personal possessions due to the location of their wardrobe and locker in these rooms.

Up-to-date infection prevention and control policies and procedures provided guidance to staff regarding the standards of practice required to ensure that residents were adequately protected from risk of infection. However poor standards of maintenance in some areas of the centre hindered effective cleaning procedures.

Staff responsible for housekeeping were knowledgeable regarding cleaning and decontamination in the centre and their practices and procedures reflected evidenced based practice.

Staff were diligent with completing hand hygiene and their use of personal protective equipment as appropriate. The provider was progressing a clear plan to install hand wash sinks that met specified recommendations to improve infection prevention and control standards as part of their refurbishment plan. The inspectors' findings are discussed under Regulation 27, Infection control.

Staff were familiar with the residents individual needs and residents were provided with good standards of nursing care and support. Residents' care plan documentation was comprehensive and was mostly completed to clearly guide staff with providing person-centred care in line with residents' preferences and wishes. The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals as necessary.

There was an overall positive approach to the care of a 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). However, some actions were necessary to ensure associated documentation was completed to ensure effective communication among staff and to inform treatment plans. A minimal restraint environment was promoted and use of staff alert equipment was reduced since the last inspection.

Measures were in place to ensure residents were safeguarded from abuse and that any concerns were managed and fully investigated.

Residents were supported to speak freely and their feedback on the service they received was encouraged. Issues brought to the attention of staff were addressed.

Residents had access to local and national newspapers and radios. However, the provision of one television in the twin bedrooms and bedrooms with three beds did not ensure residents' had individual choice of television viewing and listening.

Visits by residents' families and friends were encouraged and facilitated with practical precautions in place to manage any associated risks.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents could meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could not maintain control of their personal clothing and possessions in two bedrooms with three beds and in several twin bedrooms. This is a repeated finding from the last inspection and was evidenced by the following findings;

- Residents' clothes were stored in a wardrobe along a wall outside of their bed spaces in twin and bedrooms with three beds. Although, each resident's clothes were stored in a separate section of the wardrobe, the arrangement did not ensure that each resident could maintain control of their clothing or that the other residents in the room would not access their part of the wardrobe space.
- Residents in twin and bedrooms with three beds did not have a suitable surface or shelf so they could display their personal photographs in their bedrooms if they chose to do so. For example, residents in the beds closest

to windows were using the window ledges as a surface to place their photographs on and the other residents artwork and other items were pinned on a notice board displayed behind their bed. This meant that one to two residents in these bedrooms could not have their photographs located within their view.

- Residents bedside lockers were placed at the bottom of the beds in a number of single bedrooms, which meant that residents residing in these bedrooms could not access their personal belongings in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Not compliant

Regulation 17: Premises

The layout of a number of single, twin and two bedrooms with three beds in each did not meet the needs of residents in accordance with the centre's statement of purpose and some findings did not conform to Schedule 6 of the regulations. This was evidenced by the following findings;

- The layout of some single bedrooms meant that there was not sufficient space in these bedrooms for residents' bedside lockers to be placed by their bedside as required by the regulations.
- Two bedrooms with three beds in each were not laid out in a way that facilitated residents who needed to use assistive equipment to move around their bed safely and to rest in their comfortable chair by their bedside without disturbing the resident in the bed next to them.
- When the screen curtains were closed around the bed closest to the window in twin and bedrooms with three beds, natural light in these bedrooms was significantly reduced, in addition to a view out of the window for the other residents residing in these bedrooms.
- Due to the location of the bed closest to the window the other residents in the room could not access the window or open/close the window without entering the bedspace of the resident closest to the window.

The following findings did not conform to Schedule 6 of the regulations.

- A number of items including residents assistive equipment such as hoists were being stored in an alcoved area off the corridor opposite bedroom number 16. This alcoved area was a quiet area designed for residents to rest and relax in. The inspector was told that storage in this area was a temporary arrangement pending completion of phase two of the centre's internal refurbishment. However, the current arrangements posed a risk of injury to residents and resulted in this area being not available to residents.
- A nurse call-bell was not fitted in one single room in the newly refurbished area of the centre. This resident reported that staff did not always hear them using the manual bell.

- Although replacement was scheduled as part of refurbishment works, parts of the floor covering in the corridors was worn and unsightly.
- Paint was chipped, missing on areas of the wall surfaces in a bedroom with three beds.
- A hand wash sink in a toilet shared by two residents was not of a standard size and posed a risk of water spillage onto floor and slip/fall to residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with a varied menu and they confirmed that they could have alternatives to the menu offered if they wished. Residents with risk of unintentional loss/gain were monitored and reviewed by dietician and speech and language therapy specialists as appropriate. Residents' special dietary requirements were communicated to catering staff and dishes were prepared in accordance with residents' preferences, assessed needs and the recommendations of the dietician and speech and language therapists. A variety of snacks and other refreshments were offered throughout the day in addition to fresh drinking water.

Mealtimes were facilitated in the dining room and a specially designed table was provided to facilitate residents in assistive chairs to dine together at a table. The inspector observed that mealtimes were unhurried and were a social occasion for many of the residents. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available in the dining room at mealtimes and residents were provided with discreet assistance as needed.

Judgment: Compliant

Regulation 27: Infection control

Although, new clinical standard hand wash sinks were installed in corridors convenient to point of care since the last inspection, a hand wash sink was not available in the cleaner's room to support effective hand hygiene procedures as appropriate.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had commenced a comprehensive fire safety improvement plan as part of the ongoing refurbishment works in the building. Assurances were provided following the inspection that all significant fire safety risks had been addressed however a number of risks remained and would be addressed as part of the phases 2, 3 and 4 of the planned works. These works were significantly delayed which meant that the provider remained not compliant with Regulation 28 on this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents needs were regularly assessed and their care plan were developed and reviewed to reflect each resident's current care needs in line with their individual preferences and usual routines. However, actions were found to be necessary to ensure the following was completed;

- While incidents of residents' responsive behaviours were recorded and these incidents were not always analysed and therefore the measures that were effective in de-escalating individual residents' responsive behaviours were not consistently recorded. Consequently, the most effective person-centred de-escalation strategies were not documented in some residents' care plans. This posed a risk that this pertinent information would not be communicated to all staff.
- A recent change to one resident's wound dressing regime was not updated in their wound care plan and although the updated dressing regime was being implemented, there was a risk that this would not be communicated to all nursing staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents nursing and healthcare were met. Residents had timely access to a general practitioner (GP). Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. An on-call medical service was accessible to residents out-of-hours as needed. Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a positive approach evident regarding support of residents who presented with response behaviours. While, staff focused their care and support for residents on mitigation of risk of responsive behaviours occurring, they were aware of the most effective strategies to effectively de-escalate individual resident's behaviours.

There was a generally low level of restrictive full-length bedrails in use in the centre and practices in place reflected the National Restraint Policy guidelines. The centre were managing identified risks to a number of residents' safety with sensor alert mats, low profile beds and foam mattresses placed by residents' beds as an alternative to a full-length bedrail. Records showed that where restrictions were in use, an assessment was completed which included a multidisciplinary approach with the resident or their family, as appropriate, the resident's general practitioner (GP) and the physiotherapist. Procedures were in place to ensure residents safety was monitored when restrictive equipment was in use and to ensure that use was not prolonged.

Judgment: Compliant

Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

All staff were facilitated to complete safeguarding training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

Regulation 9: Residents' rights

While residents were facilitated and supported to make choices regarding their lives

in the centre, the provision of one television that was shared by both residents in twin bedrooms did not ensure they each resident had choice of television viewing and listening. This is a repeated finding from the last inspection.

Residents' privacy and dignity rights were negatively impacted by the layout of the two bedrooms with three beds in each. For example;

- The location of the beds and the bed screen curtains in these rooms did not ensure ease of access for staff to both sides of the beds to carry out care and complete transfer procedures without encroaching on the bedspace of other residents in the bedrooms. As a result residents accommodated in these rooms who needed two staff to provide their care were not able to carry out personal activities in private. This is a repeated finding from the last inspection.

Judgment: Not 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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Arus Carolan Nursing Unit OSV-0000656

Inspection ID: MON-0038503

Date of inspection: 27/04/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure Compliance with Regulation 23(a) Governance and Management 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: To ensure Compliance with Regulation 23(c) Governance and Management the Registered Provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</p> <p>Compliance will be met by the following:</p> <ol style="list-style-type: none"> 1. Extensive building works commenced within the centre on the 17/10/2022 to address fire safety concerns and issues which relate to the premises. These include an upgrade of resident's bedrooms - painting, replacement of flooring, installation of individual televisions and an upgrade of resident's wardrobes and the clinical hand washing basins within resident's bathrooms. <p>Additional works include flooring in all communal areas and in the access corridors within the designated centre. Painting has been scheduled throughout the designated centre. Replacements of the existing clinical hand washing basins and the introduction of additional clinical hand washing basins will take place. A replacement of all the hand rails is also taking place within the designated centre.</p> <p>Due to the extensive works being completed within the centre this has resulted in the non-adherence to the time frames outlined in the last HIQA inspection.</p> <p>Additional to this works within the designated centre were also delayed due to a Covid 19 outbreak being declared within the designated centre and delays in the sourcing of building equipment and materials. The PIC, Provider, IPC, Local maintenance, regional fire officer and the builder have six weekly meetings as to discuss the building works in line with scheduled time frames. A meeting took place on the 02/06/2023 and the following time frames for works have been agreed. This includes:</p>	

- Phase 2 will be completed on the 09/06/2023
 - Phase 3 will commence on the 12/06/2023¹ and will be completed on the 01/10/2023
 - Phase 4 will commence on the 11/10/2023 and be completed by the 27/10/2023
 - Phase 5a (dining room area) will commence on the 19/06/2023 and be completed by the 05/07/2023.
 - Phase 5b will commence on completion of phase 5a as to allow for the new flooring to be installed.
 - The project is to be finished in its entirety by the 27/10/2023
2. The Person in Charge has meet with the builder at the commencement of the works and an agreement has been put in place regarding the scheduled working times for builders. This ensures that residents sleep patterns are not disturbed.
3. Hording has been put in place as to reduce noise levels for residents.
4. On a daily basis the PIC informs the builder of any activities or areas of concern they may have in which they request noise levels to be reduced. This ensures that residents can engage in activities or events without any noise disruption
5. To date fire safety works have been completed as follows:
- Currently all red risks have been completed, the remaining amber risks on the fire safety risk assessment are in progress and will be completed as per timelines set out above
6. To mitigate the fire risk within the centre the following processes are in place:
- All staff within the centre have up to date fire safety training
 - An additional staff member has been placed on night duty to assist with evacuation in the event of a fire
 - Monthly fire drills take place within the designated centre and evacuation times are within the allocated time frames for evacuations
 - All staff are aware of the fire evacuation procedures within the designated centre
 - All staff members as part of the fire safety training are educated and shown how to use the firefighting equipment
 - All staff are aware of the fire evacuation routes within the centre and are aware of the assembly point
 - All residents have up to date PEEPS in place and these are reviewed as required and same is discussed daily at the safety pause
 - The HSEs fire risk register is adhered to which includes weekly checks of the fire safety alarm, fire door inspections and reviews, weekly emergency lightening reviews, weekly check of the fire frightening equipment within the centre.
 - The HSE employs a private specialist fire company to perform quarterly inspections of the fire safety system, the emergency lighting and the fire firefighting equipment. This is currently up to date within the designated centre
7. The provider will continue to provide the HIQA inspector with monthly updates on the works completed to date. A fire drill is also forwarded to the HIQA inspector on a monthly basis and this process will remain in place

8. In line with previous actions of the last compliance plan the two three bedded units has been reduced to two two bedded units. A restructuring of these bedrooms is taking place as part of the phase 3 works.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure compliance with Regulation 12(a)(c) Personal possessions: The Person In Charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions

Compliance will be met by the following :

1. In line with previous actions of the last compliance plan the two three bedded units has been reduced to two two bedded units. A restructuring of these bedrooms is taking place as part of the phase 3 works. This will allow residents to have more space as to store their personal belongings
2. As part of the resident's bedroom upgrade works new wardrobes have been ordered for residents. These wardrobes will be placed within the resident's bed space. This will allow residents to have full access to their own wardrobe space and thus allows them to have control over their own belongings
3. Shelves have been purchased and will be fitted at each resident's bedside. This will support residents to display their photographs and other mementos in their bedroom if they chose to do so. This will be completed as part of the bedroom upgrade works which commenced on the 12/06/2023. This will be completed by the 01/10/2023. In the interim the PIC has meet with residents individually and those residents who request additional storage have been provided with additional storage
4. The Person in charge has completed a review of the Residents bedside lockers in all single rooms and has purchased (awaiting delivery) a combined bedside lockers and bed table which will enable residents residing in single bedrooms to access their personal belongings in their lockers when they are in bed or resting at their bedside

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance with Regulation 17(1): Premises: The Registered Provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3

To ensure compliance with Regulation 17(2): Premises: 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

Compliance will be met by the following :

1. The Person in charge has completed a review of the Residents bedside lockers in all single rooms and has purchased (awaiting delivery) a combined bedside lockers and bed table which will enable residents residing in single bedrooms to access their personal belongings in their lockers when they are in bed or resting at their bedside
2. In line with previous actions of the last compliance plan the two three bedded units has been reduced to two two bedded units. A restructuring of these bedrooms is taking place as part of the phase 3 works. This will allow residents who need assistive equipment to move around their bed safely and to rest in their comfortable chair by their bedside without disturbing the resident next to them.
3. The Person in charge has reviewed the storage of resident assistive equipment in the alcoved area off the corridor opposite bedroom number 16. This alcoved area has been restored to a quiet area designed for residents to rest and relax in.
4. A review of residents call bells has taken place within the centre and all residents have access to a call bell system. A new "nurse call-bell system" has been purchased and will be completed as part of the bedroom upgrade works which commenced on the 12/06/2023. This will be completed by the 01/10/2023.
5. Extensive building works commenced within the centre on the 17/10/2022 to address fire safety concerns and issues which relate to the premises. These include an upgrade of resident's bedrooms - painting, replacement of flooring, installation of individual televisions and an upgrade of resident's wardrobes and the clinical hand washing basins within resident's bathrooms.
Additional works include flooring in all communal areas and in the access corridors within the designated centre. Painting has been scheduled throughout the designated centre. Replacements of the existing clinical hand washing basins and the introduction of additional clinical hand washing basins will take place. A replacement of all the hand rails is also taking place within the designated centre.

Due to the extensive works being completed within the centre this has resulted in the non-adherence to the time frames outlined in the last HIQA inspection. Additional to this works within the designated centre were also delayed due to covid outbreak being declared within the designated centre and delays in the sourcing of equipment and materials. The PIC, Provider, IPC, Local maintenance and the builder have six weekly meetings as to discuss the building works in line with scheduled time frames. A meeting

took place on the 02/06/2023 and the following time frames for works have been agreed. This includes:

- Phase 2 will be completed on the 09/06/2023
- Phase 3 will commence on the 12/06/2023¹ and will be completed on the 01/10/2023
- Phase 4 will commence on the 11/10/2023 and be completed by the 27/10/2023
- Phase 5a (dining room area) will commence on the 19/06/2023 and be completed by the 05/07/2023.
- Phase 5b will commence on completion of phase 5a as to allow for the new flooring to be installed.
- The project is to be finished in its entirety by the 27/10/2023

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

To ensure compliance with 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

1. A new clinical standard hand wash sink will be installed in the cleaner's room to support effective hand hygiene procedures as appropriate. This will take place as to ensure compliance with Infection Prevention and Control and will be completed as part of Phase 3 upgrade works which commenced on the 12/06/2023. This will be completed by the 01/10/2023
2. All staff have up to date AMRIC training
3. Hand hygiene gels are available throughout the centre at the point of care to support effective hand hygiene Daily infection control safety pauses are part of the centres governance and management which ensures that Infection Prevention and control is at the forefront of staff daily work

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 To ensure compliance with Regulation 28 (2) (i) The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.

To ensure compliance with 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

Compliance will be met by the following :

1. Extensive building works commenced within the centre on the 17/10/2022 to address fire safety concerns and issues which relate to the premises. These include an upgrade of resident's bedrooms - painting, replacement of flooring, installation of individual televisions and an upgrade of resident's wardrobes and the clinical hand washing basins within resident's bathrooms.

Additional works include flooring in all communal areas and in the access corridors within the designated centre. Painting has been scheduled throughout the designated centre. Replacements of the existing clinical hand washing basins and the introduction of additional clinical hand washing basins will take place. A replacement of all the hand rails is also taking place within the designated centre.

Due to the extensive works being completed within the centre this has resulted in the non-adherence to the time frames outlined in the last HIQA inspection. Additional to this works within the designated centre were also delayed due to covid outbreak being declared within the designated centre and delays in the sourcing of equipment and materials. The PIC, Provider, IPC, Local maintenance and the builder have six weekly meetings as to discuss the building works in line with scheduled time frames. A meeting took place on the 02/06/2023 and the following time frames for works have been agreed. This includes:

- Phase 2 will be completed on the 09/06/2023
- Phase 3 will commence on the 12/06/2023 and will be completed on the 01/10/2023
- Phase 4 will commence on the 11/10/2023 and be completed by the 27/10/2023
- Phase 5a (dining room area) will commence on the 19/06/2023 and be completed by the 05/07/2023.
- Phase 5b will commence on completion of phase 5a as to allow for the new flooring to be installed.
- The project is to be finished in its entirety by the 27/10/2023

2. To date fire safety works have been completed as follows:

- Currently all red risks have been completed, the remaining amber risks on the fire safety risk assessment are in progress and will be completed as per timelines set out above

3. To mitigate the fire risk within the centre the following processes are in place:

- All staff within the centre have up to date fire safety training
- An additional staff member has been placed on night duty to assist with evacuation in the event of a fire
- Monthly fire drills take place within the designated centre and evacuation times are within the allocated time frames for evacuations

- All staff are aware of the fire evacuation procedures within the designated centre
- All staff members as part of the fire safety training are educated and shown how to use the firefighting equipment
- All staff are aware of the fire evacuation routes within the centre and are aware of the assembly point
- All residents have up to date PEEPS in place and these are reviewed as required and same is discussed daily at the safety pause
- The HSEs fire risk register is adhered to which includes weekly checks of the fire safety alarm, fire door inspections and reviews, weekly emergency lightening reviews, weekly check of the firefighting equipment within the centre.
- The HSE employs a private specialist fire company to perform quarterly inspections of the fire safety system, the emergency lightening and the fire fighting equipment. This is currently up to date within the designated centre

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

To ensure compliance with Regulation 5(3) The Registered provider will ensure that a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.

Compliance will be met by :

1. The person in charge is currently undertaking a review of all incidents of residents' responsive behaviours. The person in charge will analyse all incidents and ensure measures that were effective in de-escalating individual residents' responsive behaviours are recorded in the residents care plan. This ensures that the most effective person-centred de-escalation strategies are documented in the residents' care plans. Findings of this review will be discussed with staff at the daily safety pause
2. The Person in charge is engaging with the practice development co ordinator and training has been scheduled for staff in relation to the completion of ABC charts and the development of person centred care plans which is reflective of residents needs
3. A weekly random sample of behavioural support plans will be audited by the CNM and care plans will be audited every 4 months
4. Responsive behaviours will be discussed at daily handover, three times daily safety pause and staff meetings.
5. A review of one resident's wound dressing regime has been completed by the Person in charge and a recent change to the wound dressing regime has been updated in their wound care plan and communicated to all nursing staff. Weekly review of all wound charts and care plans will be completed in adherence to the designated centres auditing schedule. Findings will be discussed at daily handover and Safety Pause and quality

improvement plans will be developed

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance with Regulation 9 (3)n(a) The 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

To ensure compliance with Regulation 9(3)(b): Residents Rights The Registered Provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private

Compliance will be met by :

1. As part of the residents bedroom upgrade works individual televisions have been purchased and are being installed in line with the building schedule. This will allow residents to be facilitated and supported to make choices regarding television viewing and listening.
2. A portable activitouch screen and headphones is available to residents. This allows residents to watch television programs of their own choice
3. In line with previous actions of the last compliance plan the two three bedded units has been reduced to two two bedded units. A restructuring of these bedrooms is taking place as part of the phase 3 works. This restructuring will allow for staff to carry put care and complete transfer procedures without encroaching on the bed space of other residents in the bedroom. This will allow residents to be able to carry out their personal activities in private

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	01/10/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	01/10/2023

	and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	27/10/2023
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	27/10/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	27/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	27/10/2023

	consistent and 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	27/10/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	27/10/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	07/07/2023

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	27/10/2023
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.	Not Compliant	Orange	27/10/2023