



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballyshannon Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Carrickboy, Ballyshannon, Donegal
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0007970
Fieldwork ID:	MON-0034756

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 4 November 2021	09:30hrs to 16:00hrs	Nikhil Sureshkumar	Lead
Thursday 4 November 2021	09:30hrs to 16:00hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

Overall, good care was provided to the residents in the centre, and residents who chatted with the inspectors said that they liked living in the new facility. Inspectors observed that the centre was clean, and the residents in both units were generally content in the nursing home.

The newly registered centre was located on the site of a previous hospital and designated centre. The current premises is comprised of a two-story building and two modular units. The residents' accommodation was arranged in the modular units on ground floor level throughout.

Before entering residents' accommodation, the inspectors were guided through the centre's infection prevention and control (IPC) procedures by a staff member. This included an infection screening process and an electronic temperature check. Following the IPC procedure, the inspectors were directed towards the staff changing facility, which was located on the first floor of the building. The staff changing facilities in the centre was well maintained and had sufficient personal protective equipment available for staff.

During the walk around the centre, the inspectors observed that the person in charge was well known to the residents, and she and the staff were knowledgeable regarding residents' needs. Residents were well-groomed and dressed in accordance with their wishes.

Residents spoke with the inspectors informed them that the care they received in the centre was exceptional, and the staff were kind and friendly towards them. One resident told inspectors, "the staff are always there to help me". Another resident told the inspectors that they had been born in the old hospital that had previously occupied the site. They said that they were now looking forward to staying in the centre until they reached the end of their life's journey. There was good banter and fun between the residents and staff in the communal areas.

Staff were respectful towards the residents and were prompt to attend to their care needs. The staff ensured that residents' privacy and dignity were maintained during care delivery. For example, staff confirmed that curtains were properly drawn while the residents received care in the multi-occupancy rooms. A rights-based approach to care delivery was observed in the centre throughout the inspection. However, inspectors noticed that on the North corridor, there was a clear glass panel in each of the bedroom doors. This compromised residents' privacy in their bedrooms.

While the majority of residents were provided with adequate space to store their personal belongings, inspectors observed that residents in bedrooms accommodating three residents did not have shelf space to display their photographs, and they used the window sill and walls behind their bed space. This meant that they were unable to see their photographs. The wardrobes had sufficient

space to keep their clothes. Inspectors also observed that one resident's wardrobe in each bedroom with three beds was located outside their bed space, and this made it difficult for them to access their wardrobe and maintain control of their personal clothing.

Residents had access to a television, and mobile televisions were available in the centre to facilitate residents in bedrooms with three beds individual access to a television set. One resident commented, "the place is good but can't put the television on the wall, but it's okay, they have a mobile one, they'll give me one if I need it".

Some residents commented positively about living in the multi-occupancy rooms and said they were nicely decorated and that they enjoyed the company of other residents. However, some other residents reported that these rooms felt congested.

The inspectors observed that the corridors of the units where residents were accommodated lacked handrails on both sides. This impacted the residents' ability to mobilise independently and safely in the centre.

The inspectors observed that a hoist and assistive chairs were stored along one side of the corridor from the reception area into the units, and a hoist was stored close to the fire exit doors on one of the units. This posed a risk of injury to residents passing along the corridor and hindered access to the emergency exit. These observations were brought to the attention of the person in charge, and the risks were appropriately dealt with at the time of the inspection.

Inspectors observed that residents were engaged in a variety of different activities with the support and encouragement of staff, and there was an overall upbeat atmosphere in the centre. There were adequate and varied communal areas for residents to use. However, the inspectors observed that two quiet sitting rooms intended to provide a quiet space for residents' relaxation had been repurposed as bedrooms. The inspectors were informed that one of the quiet rooms had been used in the days prior to the inspection as bedroom accommodation for a resident in the centre. This was not in line with the designated centre's conditions of registration, and as such, the provider was found to be in breach of Condition 1 of their registration.

Inspectors observed that there was car parking available in front of and at the back of the centre. While the centre had ample space for a car park, the inspectors noticed that there was no appropriate separation between one resident outside the seating area and the busy car park. This is discussed further under Regulation 23.

A small fenced off outdoor area with an artificial grass surface was provided at the back of the centre, and outdoor seating was also provided in an area to the side of the front car park. No residents were observed out in either area on the day of inspection. Doors accessing the outdoor areas had keycode locks in place. This meant that residents had to request the assistance of staff to open the doors for them and could not go outside without asking a member of staff to open the door.

Inspectors observed that residents' mealtimes were a social occasion and their

meals appeared wholesome and appetising. Residents had a choice of a hot meal, and there was adequate staff available to assist them. Residents' feedback on their meals was positive, and one resident commented that it was a 'main attraction' in the centre. Other residents spoke highly about the food and told inspectors how well their choices were respected.

Inspectors observed that a derelict workhouse building was located on the boundary of the designated centre (this workhouse building is not part of the designated centre). During the inspection, the inspectors observed that several roof slates had fallen to the ground in an outdoor area provided for residents and used by visitors to the centre. The inspectors raised this issue with the person in charge on the day of the inspection and received assurance that the risk of injury posed to residents and visitors would be addressed.

A designated waste storage compound was available. However, clinical waste bins containing potentially hazardous waste were not securely stored in this area. Inspectors also observed poor waste management practices in the centre, and for instance, on arrival into the centre, inspectors observed used incontinence wear placed in a bin liner on a wheelchair near the reception area. The person in charge had addressed the issue immediately and directed staff to dispose of this waste appropriately.

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

This risk-based inspection was to monitor regulatory compliance as this was a newly registered centre. This was the first inspection carried out on the centre following the registration of the centre in February 2021. For preparing for this inspection, the inspectors reviewed the information provided by the provider and the Person in Charge and other unsolicited information. Overall, while the inspectors observed that the residents received good care in the centre, significant additional oversight was required to improve the premises of the centre and its fire precautions.

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.

There was a clearly defined management structure in place with lines of authority and accountability in the centre. However, management systems required improvement to drive quality improvement and to ensure that risks were identified

and managed appropriately.

The staff team working in the centre was well established, experienced, and contributed to developing a positive culture for the residents. However, in this inspection, the inspectors found that the provider had breached condition -1 of the registration condition and reduced the communal space available for residents by adding additional beds into the quiet rooms, and this is discussed under Registration Regulation 7. In addition, the inspectors found the centre as non-complaint on Regulation 17, Regulation 29 and Regulation 23 in this inspection.

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

The registered provider had altered the footprint of the centre and had not made an application to the Chief Inspector for variation of Condition 1 of the registration of the designated centre.

Inspectors observed that a room on the North Wing and a room on the South Wing were set up as unregistered bedrooms and that the unregistered bedroom on North Wing had been recently occupied by a resident in the centre. Both these rooms were registered as quiet room facilities for residents.

The provider was required to confirm that both rooms were reverted back for their registered purpose by 05 November 2021.

Judgment: Not compliant

Regulation 14: Persons in charge

A new person in charge commenced in the role on 16 August 2021 and is a registered nurse. She has appropriate experience and a management qualification as required by the regulations. She worked full time in the centre and was supported in her management role by three clinical nurse managers. A CNM2 deputised in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was adequate numbers and skill mix of staff to meet the assessed needs of

residents and given the layout of the designated centre. Staffing resources were kept under review. Resident were provided with timely assistance and appropriately supervised by staff at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Arrangements were in place to ensure staff were appropriately supervised and supported. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and to ensure preparedness for an outbreak.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure 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

Improvements were required to ensure appropriate management systems were in place to ensure that the service was safe, appropriate, consistent and effectively monitored. The management systems in place did not ensure that identified fire safety risks were managed and effectively mitigated. For example, inspectors were told that a fire door assessment was completed However, this was not made available as requested and there was no information regarding progression of any necessary actions to ensure residents' safety.

Systems were not in place to monitor the safety of the environment. Improved oversight by the provider was necessary to ensure all environmental risks were identified and assessed with effective controls put in place to mitigate the levels of assessed risk to residents' safety

such as;

- risk of trip/fall to residents accessing different floor levels on a circulating corridor that were not sign posted and did not have handrails on both sides in place
- risk of injury to residents from equipment stored along circulating corridors.
- risk to residents in an unprotected outdoor seated area located in a busy car park.
- risk of falling roof slates from a poorly maintained building that formed the boundary of an outdoor area accessed by residents' relatives to enter the centre.

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 timeframes. However, two restrictive practices had not been notified with the quarterly notifications required under the Regulation:

- a small numbers of PRN (as required) psychotropic medicines administered to residents
- restrictions created by having locked doors to the outside garden and seating areas.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and also included an appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. The person in charge confirmed that there were no open complaints at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance and changes were communicated to staff.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents were found to be satisfactory and met the needs of the residents to a good standard. Inspectors observed a resident-centred culture, with residents reporting that they felt safe and well cared for by the staff in the centre.

Each resident's 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 residents' risk of falling, malnutrition, pressure-related skin damage and assessment of their safe mobility support needs among others. These assessments informed care plan information that described each resident's care needs and the care interventions staff must complete meeting their needs. The information in residents' care plans was, for the most part, person-centred and described the care interventions that must be provided to support residents to continue with their usual routines and individual care preferences and wishes.

There were no incidents of residents developing pressure-related skin wounds in the centre in 2021 to date. On the day of inspection, staff were managing a resident's wound in line with evidence-based wound care management procedures and with the guidance of a tissue viability specialist from the acute services and the resident's general practitioner.

Residents were closely monitored for risk of malnutrition or dehydration, and where unintentional weight loss or low fluid intake was identified, appropriate action was taken to prevent deterioration.

Residents in the centre who were predisposed to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had a behaviour support care plan specific to their preferences and routines. In addition, records were maintained in the centre that analysed each episode of responsive behaviour, which assisted with identifying new triggers and informing treatment plans.

All reasonable alternatives were offered and trailed with the residents prior to implementing restrictive equipment such as bed rails. While full-length restrictive bed rails were in use for six residents, arrangements were in place to ensure that

the bedrail use was safe.

Residents' rights were respected, and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. The staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished. Records of the activities residents participated in and their level of engagement was maintained by the activity coordinator.

Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

Regulation 11: Visits

Indoor visiting for residents by their families had resumed in line with public health guidance for residential centres. The centre had arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Review of the bedrooms with three beds is required to ensure residents are facilitated to maintain control of their personal clothing. For example, one resident's wardrobe was located outside their bed-space.

Judgment: Substantially compliant

Regulation 17: Premises

Handrails were not in place along several parts of the circulating corridors used by residents. This finding did not support residents' safe mobility and independence.

There was insufficient storage facilities for residents' assistive equipment. For example, stored assistive chairs and a hoist were observed to be obstructing access to the full length of one corridor and assistive chairs/wheelchairs were stored at various points along other corridors. This reduced the width of corridors accessible to residents, negated access to handrails, where available and posed a risk of injury

to vulnerable residents passing by this equipment.

Not all residents had access to a suitable outdoor areas that were safe and separated from public areas such as the car park.

Residents did not have adequate shelf space to display their photographs and other items in bedrooms with three beds. For example, some residents' photographs were placed on the wall behind their beds and were out of their view.

The boundary of a small outdoor area was not well maintained as there were fallen slates from a nearby structure that posed a risk to the safety of residents and others.

Judgment: Not compliant

Regulation 26: Risk management

A centre specific risk management policy and procedures were in place. This information included a risk register which included assessment and review processes. Control measures to mitigate the levels of risks identified were described. The measures and actions in place to control risks specified by regulation 26(1)(c) were described.

Judgment: Compliant

Regulation 27: Infection control

Clinical waste bins were not stored in a secure waste compound and two clinical waste bins were unlocked. Therefore, this potentially hazardous waste was accessible to unauthorised persons.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures to protect residents in the event of a fire in the centre required the following improvements;

The simulated emergency evacuation drill records did not provide assurances regarding effective evacuation of the largest compartment during night-time

conditions.

Access to an emergency fire exit was hindered by storage of a hoist along a circulating corridor. The hoist was immediately removed on the day of inspection.

Inspectors observed that there were gaps in the intumescent seals on some doors and a gap between the floor and the dining room door. Therefore there was a risk that fire, smoke and fumes would not be effectively contained. The inspectors were told by the person in charge that a fire door assessment was completed by an external contractor on 01 November 2021. A copy of the completed assessment was not available in the centre on the day of inspection. Inspectors requested that a copy of the fire door assessment to include timeframes for completion of areas identified as needing improvement be submitted to the Health Information and Quality Authority for review.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors were told that residents or their families on their behalf were consulted with regarding any changes to and review of their care plans. However, a record of this process was not maintained.

Judgment: Substantially compliant

Regulation 6: Health care

Residents nursing care and healthcare needs were met to a good standard. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from a local practice, allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary. Out of hours medical care was easily accessible. Their treatment recommendations were detailed in residents' care plans and completed by staff and there was good evidence of positive outcomes for residents' wellbeing. Staff were monitoring residents closely for symptoms of COVID-19 infection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Although, a minimal restraint environment was promoted, informed by the national policy guidelines and staff training, access to the outdoor garden areas was restricted for all residents without a clear risk assessment for each resident.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. at all times. Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure residents' privacy and dignity in their bedrooms. Inspectors observed that a clear glass window was fitted in each of the doors on the bedrooms in the North wing. This allowed for unobstructed view into residents' bedrooms and meant that their privacy could not be assured in their bedrooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballyshannon Community Nursing Unit OSV-0007970

Inspection ID: MON-0034756

Date of inspection: 04/11/2021

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>Both of the unregistered bedrooms are no longer in use as bedrooms and have reverted to their use as a quiet room in line with the conditions of the designated centre's registration.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Fire Door- A full review of the fire doors were completed and report was submitted to Fire safety officer. Fire Door risk assessment report gave a 68% compliance as of 17/01/22. All remaining doors will be replaced by a company called Masterfire by 04/02/22. - Risk assessment has been completed and control measures are in place for risks identified such as <ol style="list-style-type: none"> 1) Risk of trip/fall to residents accessing different floor levels.- Alert signs are posted and handrails will be installed by 6th February 2022. 2) Risk of injury to residents from equipment stored along corridor- A designated area for storage of all equipment has been identified to avoid storing along the corridor. 3) Risk to residents in an unprotected outdoor seated area located in a busy car park- 	

<p>Outdoor seating area is separated by highly visible bollards to alert to all users of the car park therefore, reduce the risk of injury to residents.</p> <p>4) Risk of falling tiles and debris from the roof has been escalated to HSE Insurance. An insurance adjuster have assessed the risk on 07/01/2022 and will report back to service provider regarding the action plan. Currently the risk area around the old workhouse has been fenced off and signage of "No Entry" is posted to alert residents and families.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> - The quarterly notifications on all restraints used in the unit including PRN psychotropic medicines administered and locked doors will be submitted prior to 31st Jan and then quarterly to the authority in line with regulatory requirements. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> - Review of the bedrooms were conducted by engaging with the residents and involving them in the decision making to ensure residents are facilitated to maintain control of their personal clothing and belongings. - After consulting with the residents, small shelves has been installed on the wall appropriately to display their photographs and ornaments in 3 bedded areas. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Handrails- Handrails will be installed by 6th February to support residents' safe mobility and independence. - Specific areas has been identified for storage of assistive equipment to reduce the risk of injury to residents caused by reduced width of the corridor. - Garden/ seating area at the front car park had been separated by highly visible Bollards 	

to reduce the risk and ensure residents can have a safe access to the outdoor areas.

- After consulting with the residents, small shelves has been installed on the wall appropriately to display their photographs and ornaments.
- Risk of falling roof has been escalated to HSE Insurance. An insurance adjuster have assessed the risk on 07/01/2022 and will report back to service provider regarding the action plan. Currently the risk area around the old workhouse has been fenced off and signage of No Entry is posted to alert residents and families.

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

- Clinical waste bins are stored in secure waste compound. It has been re-iterated to staff at daily handover to ensure waste bins are kept locked at all times. Staff have completed Infection Prevention and Control training on Hseland.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The simulated emergency evacuation drill has been completed on a timely manner and recorded in the fire register as advised in the HIQA fire safety handbook. A copy of fire drill report was submitted to HIQA on 08/11/2021. A general fire safety presentation outlining all statutory and legal obligations in terms of fire was attended by PIC, CNM`S and staff which also included a presentation on the HSE Fire Safety Register and how to correctly use and document findings in the book on 14/12/2021.
- All fire exits are now monitored daily by PIC and CNM`s to ensure access to an emergency fire exit is not hindered by storage of a hoist or by any other means along the circulating corridor.
- Fire Door risk assessment report gave a 68% compliance as of 17/01/22.All remaining doors will be replaced by a company called Masterfire by 04/02/22.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> - 3 monthly review document had been developed to record the process of consulting with residents or their family members on their behalf with regarding any changes to and review of their care plan. 	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> - Access door to both outdoor gardens is kept unlocked during the daytime to promote minimal restraint environment. 	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - Clear glass windows on the bedroom doors are now covered to ensure residents privacy and dignity is maintained. 	

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
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Red	05/11/2021
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	Substantially Compliant	Yellow	22/11/2021

	over his or her clothes.			
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	06/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	22/12/2021
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	04/11/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	04/11/2021
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	05/11/2021

	make adequate arrangements for detecting, containing and extinguishing fires.			
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.	Not Compliant	Orange	04/02/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/01/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 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.	Substantially Compliant	Yellow	30/11/2021
Regulation 7(3)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	06/01/2022

	restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	21/11/2021