



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

## Issued by the Chief Inspector

Name of designated centre:	Atlanta Nursing Home
Name of provider:	Atlanta Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	16 March 2023
Centre ID:	OSV-0000010
Fieldwork ID:	MON-0039247

## About the designated centre

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

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

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

Number of residents on the date of inspection:	43
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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 16 March 2023	09:35hrs to 17:15hrs	Mary Veale	Lead
Thursday 16 March 2023	09:35hrs to 17:15hrs	Noel Sheehan	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspectors, and discussions with residents and staff, Atlanta Nursing Home was mostly a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

On arrival to the centre the inspectors applied a face mask and signed the centres visitors log. After an opening meeting with the person in charge, the inspectors walked around the premises unaccompanied as the person in charge was busy managing staff shortages due to staff absenteeism early on the day of inspection.

The centre was registered to accommodate 43 residents. The centre was bright, clean, welcoming and the décor was maintained to a high standard. Alcohol gels were readily available throughout the centre to promote good hygiene. The premises comprised of a three story period building with a single story extension on the ground floor. Residents had access to a large mature garden at the back of the centre. The garden had suitable seating for residents, level footpaths and a Japanese tea house. The Japanese tea house was the centres smoking area. The inspectors observed the garden area being used by residents throughout the day of inspection. Residents were seen to receive visitors and use the smoking facilities in the garden area.

There was a choice of communal spaces on the ground floor. For example, a lounge area, a dining room, a living room, and conservatory room. Armchairs chairs and small foldable tables were available in all communal areas. The dining room and living room had the original feature fireplaces and high coved ceilings. A large television was available to residents in the lounge area and the conservatory had an able table where residents' were observed playing bingo and reading the newspaper on the day of inspection.

Bedroom accommodation was over three floors and comprised of 12 single rooms, 14 twin rooms and one triple room. A large number of bedrooms had access to a wash hand basin and toilet. Residents' bedrooms were clean, tidy and most had ample personal storage space. The residents personal space will be discussed further in this report. Bedrooms were personal to the resident's containing family photographs and personal belongings. Pressure relieving specialist mattresses, bed rail protectors and assistive aids were seen in residents' bedrooms.

The centre provided a laundry service for residents. Residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service. However, there were a small number of reports of items of clothing missing which were confirmed in the centres complaints log.

Visitors were observed attending the centre on the day of the inspection. Visits took

place in communal areas and residents bedrooms where appropriate. The inspectors were informed that there was no booking system for visits. The centre had protected times sign on the front door outlining that between 11:30 and 2:30, 3:30 and 4:30 and after 8pm in which residents could not receive visits. Residents whom the inspectors spoke with confirmed that their relatives and friends were restricted to visiting outside of these times. The visitors sign was removed from the front door following the inspection and the provider confirmed that visiting was not restricted.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards, to follow up on the compliance plans for the previous inspections carried out in May and November 2022, and to inform the renewal of the centres registration application. The provider had progressed the compliance plan following the inspection in May 2022, and improvements were found in Regulation 16: training and staff development, and Regulation 29: medicines and pharmaceutical services. The inspection in November 2022 was a fire safety focused inspection. On this inspection, the inspectors found that action was required by the registered provider to address Regulation 17: premises, Regulation 23: governance and management and Regulation 28: fire precautions. Areas of improvement were required in Regulation 5: individual assessment and care planning, Regulation 9: residents rights, Regulation 24: contract of care, and Regulation 27: infection prevention and control.

In response to the registered provider's application to renew the registration of the designated centre, the office of the chief inspector issued a notice of proposed decision to attach two additional conditions to the registration of the centre. Condition 04 required the registered provider shall take all necessary action to comply with Regulation 28 Fire Precautions to the satisfaction of the office of the Chief Inspector no later than 30 June 2023. Condition 05 required the registered provider to ensure that bedrooms 16, 23 and 24 accommodated residents in compliance with Regulation 17 Premises. The registered provider had submitted written representation which the inspectors assessed. The findings of this inspection were that progress was being made by the registered provider to bring the centre into compliance with Regulation 28 by 30 June 2023. The registered provider had reduced the occupancy of bedroom 24 to single occupancy and increased the floor area of bedroom 23 to ensure that 7.4m<sup>2</sup> of floor space was available to residents to include their bed, chair and personal storage space as required by regulations. However; bedroom 16 continued not to meet the regulatory measurement requirements.

Atlanta Nursing Home limited is the registered provider for Atlanta Nursing Home. The company had two directors, one of whom was the registered provider representative and deputy person in charge. The person in charge worked full time and had recently completed a management course. The person in charge was supported by a team of nurses and health care assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The provider had increased staffing levels from three to four staff on night duty following the inspection in November 2022.

Management of staff training in the centre had improved since previous inspections in 2022 and training was up to date. Staff had completed training in safe guarding, fire safety, infection prevention control and manual handling. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. The inspectors noted that safe guarding training was planned to take place on the 30th March 2023 and fire training was planned to take place on the 4th April 2023. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures.

Management systems in place to monitor the centre's quality and safety required review. The centres governance meeting minutes were not robust to drive quality improvement. Notes of governance meetings and agendas were brief, some were handwritten and did not show evidence of actions required from audits being discussed. Governance meetings listed items discussed such as fire safety, COVID-19 and works to premises. There was evidence of a cleaners meeting having taken place in 2023 and no other staff meetings in 2023. There was evidence of a comprehensive schedule for audits in the centre for 2023. There was evidence that audits of restrictive practice, and checklists for infection prevention and control and records were completed in 2023. There was evidence of analysis of resident falls and wounds having been reviewed in 2022 with learning outcomes identified. The annual review of the quality and safety of care to residents in 2022 had not been undertaken.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspectors followed up on incidents that were notified and found these were not managed in accordance with the centre's policies. The monitoring and oversight of safety procedures following residents falls required improvement, this is detailed further under regulation 23 of this report.

## Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 43 residents living in the centre on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Training records reviewed by the inspectors indicated that a number of staff required training in safe guarding and there was evidence that this was booked for the 30th March 2023 following this inspection. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider did not ensure the centre had sufficient resources to ensure effective delivery of care as the governance structure as outlined in the statement of purpose was not implemented in practice and as required under Regulation 23(a).

For example;

- The centre did not have an effective procedure in place to ensure safe staffing levels could be maintained in the event of unplanned staff

absenteeism.

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by:

- Systems of communication were not sufficiently robust as minutes of governance meetings in 2023 with the provider were records of agenda items only. There was no record of discussions of agenda items, audits reviews or action plans to ensure cascading of management decisions and learning to drive quality improvement .
- The system for assessment of residents post a fall required review as a number of fall incidents involving residents were not managed in accordance with the centre's policies.
- Further oversight was required of issues pertinent to fire safety as outlined further under regulation 28.
- There was no annual review available for 2022.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract of care that set out the terms, services and fees. However, the contracts did not detail the terms relating to the bedroom to be provided to the resident and the number of occupants of that bedroom.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

### Quality and safety

Residents and visitors expressed satisfaction with the care provided and the quality of life in the centre. Improvements had been noted in the areas of the premises, infection prevention and control, fire precautions and, medicines and pharmaceutical

services since the inspection in May and November 2022. On this inspection actions were required to improve individual assessment and care planning, residents rights, personal possessions, premises, infection prevention and control and fire safety.

Visits were seen to take place in communal rooms and resident bedrooms. There were ongoing safety procedures in place for example; application of face masks and hand washing procedures. The visitors sign containing information on restricted visiting was removed from the front door following the inspection and the provider confirmed that visiting was not restricted.

Nursing documentation was maintained on an electronic system. An individual assessment was completed prior to admission, to ensure the centre could meet the residents needs. Residents needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to the residents pre- admission assessments and care plans which is discussed further under Regulation 5: individual assessment and care planning.

Improvements had been made to the premises since the previous inspection. Storage spaces had been de-cluttered. The provider had reduced the occupancy of bedroom 24 to single occupancy which brought this bedroom into compliance with Statutory Instrument: 293 of 2016. The floor space of bedroom 23 had been increased to 15.1 sqm and was now compliant in terms of the floor space requirement for twin occupancy. Some bedrooms had been redecorated, had new curtains and had flooring replaced. Carpet to the stairs and hallways on the first and second floor had been replaced. There was an on-going plan of preventative maintenance included painting, upgrading to facilities and decorating bedrooms. Communal spaces and bedrooms were bright and comfortable. However; improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the day of inspection. The centre was cleaned to a very high standard and alcohol gel was available in all corridor areas. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. Improvements had been made to the process of the flow of laundry in the laundry room since the previous inspection. The centre had a system which allowed for used laundry to flow from dirty to clean laundry which prevented a risk of cross contamination. There was an up to date infection prevention and control policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines.

Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

An unannounced inspection focussed on fire safety (Regulation 28) carried out on 22 November 2023 found that significant action was required in relation to the oversight and management of fire safety arrangements in the centre. In addition, the provider did not have a definite timeline for the completion of planned fire safety works. Staffing numbers and staff training were not adequate to ensure the safety of residents in the event of a fire. Inspectors found on this inspection that the registered provider had taken significant measures to improve fire safety, for example, increased night time staffing, improved staff training, improvements to storage in the centre, improvements to the structure of the building, provision of 11 new fire doors and improvements to the fire alarm system. The provider had commissioned a survey of all 30 minute doors (mainly bedroom doors) in the centre. The provider had employed the services of a fire safety consultant to complete a fire safety risk assessment of the centre. Also, the provider had given definitive dates in relation to the completion of a programme of works to upgrade the emergency lighting system, completion of works to compartmentation and fire stopping of the building. However, works completed to date to upgrade the building and the fire alarm system had not been signed off as satisfactorily completed by a competent person. The provider committed to having all works reviewed once completed and submission on completion of all works by the end of June 2023. Simulated evacuation drills of all areas including the largest compartments were conducted at regular intervals and simulated various emergency scenarios.

### Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

### Regulation 12: Personal possessions

Actions were required to reconfigure the layout of some of the multi-occupancy twin rooms as some residents were unable to maintain control over their clothes. For example:

- Wardrobe space in room 8 and room 11 required review as a resident had to enter another residents space to access their wardrobe.

- Storage wardrobe in Room 9, was not provided with suitable separation of residents clothing which impacted on residents privacy.

Judgment: Substantially compliant

### Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- There was some areas of wear and tear on the carpet in the ground floor extension.
- A window in the laundry room had been replaced using plywood which had multiple holes to ventilate the room.
- Gaps in walls and ceiling areas near room 10. Gaps to wall and ceiling adjacent to room 11. Wall behind compartment door near staff room. Gaps to wall and ceiling beside room 13
- Room 16 did not meet S.I 293 measurement requirements. Room 16 measured 14.6 sqm. One bed was against a radiator which had a protected cover.
- A sink cabinet made from medium density fibreboard (MDF) was damaged in ensuite of room 24.
- Rooms 9, 15, 22 required reconfiguring as some residents in these rooms had to enter another residents personal space to sit on an armchair.

Judgment: Not compliant

### Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy and register which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

### Regulation 27: Infection control

Inspectors observed practices that were not in line with the National standards and guidance for the prevention and control of associated infections. Oversight in this

area required improvement as evidenced by the following:

- Incontinence wear was stored in boxes on the floor of the assisted bathroom adjacent to room 8.
- PPE and incontinence wear were stored in the toilet adjacent to the staff entrance.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspectors noted that considerable work had been completed or was in advanced progress since the last inspection in November 2022, however a number of issues remained outstanding at the time of this inspection.

The registered provider was not taking adequate precautions against the risk of fire. For example;

- Similar to the findings of the previous inspection carried out in November 2022 quarterly maintenance certification records were not available on the day of the inspection for the emergency lighting system. Inspectors were told that the emergency lighting system had not been commissioned yet. Certification for the fire detection and alarm dated February 2023 was issued with variations.
- Arrangements for the containment of fire required review, for example, compartment doors adjacent to rooms 9, 17 and the staff room were not closing properly to form a seal. Attic hatch doors had gaps. In the event of a fire in the centre smoke and fumes would easily spread and hinder the safe evacuation of residents and staff.
- Assurance were not available as to the performance of some fire doors in the centre, for example doors to bedrooms 14 and 24 had ply wood covering which had been damaged near the base of the door.
- Door stoppers were seen in use on the day of inspection to the door of bedroom 1, shower room door adjacent to conservatory room and treatment room.
- Further assurances was required to confirm there was a fire containment compartment barrier between room 13 and the stairwell.
- The house keepers shed did not have fire detection device.
- The designated smoking area did not have a call bell.
- The two external exit doors at both sides of the building leading to the front court yard were locked with keys and had bolts in place.
- PAT testing had commenced but was not completed at the time of inspection.
- The laundry room window had a number of perforations.

The means of escape were not adequate, for example:

- Escape signage was not adequate; inspectors observed escape routes where adequate exit signage was not provided
- Emergency lighting was not working in a number of areas throughout the building, for example, adjacent to room 23, exit to the food store on the ground floor.

The registered provider failed to make adequate arrangements for detecting, containing and extinguishing fires, for example:

- Inspectors noted there was an absence of appropriate doors located in two upstairs lobbies to form compartments suitable for the safe evacuation of residents. This compromised containment measures in the centre in the event of a fire emergency. Works to complete these areas was noted to be well advanced but not completed at the time of inspection.
- The inspectors noted the absence of fire detection in a number of areas for example, rooms 3 and 4, lift shaft, room 26 shower room.
- The inspectors noted an Automatic Opening Vent (AOV) used to evacuate any smoke that enters a protected stairwell was absent.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Areas for action were required for residents individual assessment and care plan. For example:

- A pre-admission assessment reviewed by the inspectors was not evidence based.
- Some care plans reviewed by the inspectors were not sufficiently detailed. For example; a number of residents who had fallen did not have their mobility changes updated in their care plan in line with their current care. A resident

who had absconded did not have a care plan for risks associated with walking with purpose. ?

- Care plan reviews were comprehensively completed on a four monthly basis; however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Action was required to ensure that all residents may exercise choice in so far as such exercise does not interfere with the rights of other residents; For example:

- Meals times for residents were served early on the day of inspection. Residents main diner meal was served in the lounge area at 11:45 and completed by 12:15. Residents tea time meal was served at 16:00. The inspectors were informed that residents had a fourth meal in the form of a supper at 8pm.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 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 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Atlanta Nursing Home OSV-0000010

Inspection ID: MON-0039247

Date of inspection: 16/03/2023

## 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>Agenda and minutes for SMT meetings are being restructured and made more robust with detailed reporting on each agenda item to ensure that we capture and act on all the information available to us so that we can improve monitoring and oversight.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract for care will be added to.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Wardrobe in room 9 now has a separation panel.</p> <p>Wardrobe space in Rooms 8 and 11 will be reviewed.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Window in laundry will be replaced. Gaps in walls etc are part of our work program and of necessity can only be attended to when all cabling / trunking work is complete. In Room 16 the wall of the ensuite has been moved back to give in excess of the .2 M2 required.</p> <p>Sink cabinet will be repaired.</p> <p>Reconfiguration of rooms 9, 15 and 22 reviewed armchairs now beside beds and armchair at windows removed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We were informed at the post inspection zoom meeting that IPC was "spotless". Temporary storage of IPC materials and incontinence wear will be reviewed.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have kept HIQA up to date on this work. We have invested heavily to ensure that the incorrect information and certification supplied to us by a competent person is rectified</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

A comprehensive review is taking place into how we can improve care planning. We are currently working our way through each resident's care plan in consultation with their family where such consent has been provided.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Protected mealtimes have been reduced in length. Visits are always facilitated during these times, and we will communicate this again to residents and their families. Breakfast 08.30 – 09.15 / Lunch 12.00 – 13.30 / Teatime 16.30 – 17.30 / Supper 20.00 – 21.00. Residents can continue to have their meals at whatever time they wish. We have informed families that they are welcome to assist Residents with their meals if they so wish.

## 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(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 and other personal possessions.	Substantially Compliant	Yellow	31/05/2023
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	31/05/2023
Regulation 23(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	02/05/2023

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	31/05/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	02/05/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their	Not Compliant	Orange	02/05/2023

	families.			
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	02/05/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	02/05/2023
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	02/05/2023
Regulation 28(1)(a)	The registered provider shall take	Substantially Compliant	Yellow	30/06/2023

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	02/05/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	02/05/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	02/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2023
Regulation 5(2)	The person in charge shall arrange a	Substantially Compliant	Yellow	02/05/2023

	comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	02/05/2023
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	02/05/2023
Regulation 9(3)(a)	A registered provider shall, in	Substantially Compliant	Yellow	02/05/2023

	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.			
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