



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

Issued by the Chief Inspector

Name of designated centre:	Carysfort Nursing Home
Name of provider:	Ardancare Limited
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Announced
Date of inspection:	11 December 2024
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0041144

About the designated centre

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

Carysfort Nursing Home is located in Glenageary Co. Dublin. The designated centre is registered to provide accommodation for a maximum of 49 residents. The centre provides accommodation for both female and male residents aged 18 years and over. The centre provides 24 hour nursing care to short term convalescence/ transitional care, respite care, long term care and day care. Bedroom accommodation comprises 15 single, 10 twin, two three-bedded and two four-bedded bedrooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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How we inspect

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
Wednesday 11 December 2024	08:30hrs to 18:10hrs	Niamh Moore	Lead
Wednesday 11 December 2024	08:30hrs to 18:10hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

The overall feedback from residents was that Carysfort Nursing Home was a nice place to live. It was apparent from observations on the day and from discussions with residents, visitors and staff that residents were well known to staff who knew their likes and dislikes well. Feedback received by inspectors from residents and relatives was very positive, with comments such as "the centre is immaculately clean at all times" and "the food is excellent". Praise for the centre included the homely atmosphere provided by management with numerous comments on the day from visitors stating they couldn't wish for a better home for their loved ones.

The centre was divided over three floors containing 15 single bedrooms, 10 twin bedrooms, two three-bedded bedrooms and two four-bedded bedrooms for the 49 residents. Five single rooms, one from the ground floor and four from the first floor contained en-suite toilets and one of the twin rooms on the first floor contained an en-suite of a toilet and shower. All other residents shared toilet, shower and bath facilities. The ground floor was split across two levels and contained the bedrooms for 21 residents, it also held the main communal and dining facilities for the centre. This floor had five toilets and two showers, however three toilets and one shower were very small which meant that they could only be used by mobile residents. The first floor was split across two levels and contained the bedrooms for 23 residents. This floor had four toilets and three bathrooms/shower, however only two of these showers were wheelchair accessible. The second floor contained the bedrooms for five residents. This floor had one toilet and shower. Inspectors were not assured that there was adequate access to assisted toilet and shower/bathing facilities to meet residents' personal hygiene needs while respecting their right to privacy and dignity. For example, inspectors noted that for some residents who wished to have a shower in a wheelchair accessible bathroom, that they were required to move from one side of the centre to the other and take a flight of stairs or chair lift in order to reach a suitable showering facility.

Inspectors observed that generally there was a lack of adequate storage space which resulted in inappropriate storage of items and equipment throughout the centre. For example, inspectors observed equipment such as hoists stored in residents' bedrooms, and commodes and linen trolleys stored in communal bathrooms, which impacted infection prevention and control. Inspectors found that inappropriate storage also impacted on the available space for residents who may require mobility aids and hoists for personal care, as well as safe evacuation of residents as such storage was seen obstructing means of escape in some areas.

Inspectors viewed each bedroom and observed that they were personalised with memorabilia and pictures from home. The designated centre had provided quilts which provided a homely touch. However, the management of personal possessions required full review as inspectors observed numerous residents' wardrobes which included items labelled for other named residents, including deceased residents, or unlabelled items. Some of the relatives who spoke with the inspectors confirmed

that, on occasions, personal items would go missing, however they were keen to emphasize that this was not a problem as they were satisfied with the care their loved ones received in the centre. Not all residents had sufficient personal storage available to them, with some in the multi-occupancy rooms only seen to have a very small half of a wardrobe dedicated to them.

There was a variety of day and communal spaces available, including a large sitting room on the ground floor which many people commented was similar to a room at home, and there was plush carpet, couches and numerous ornaments on display. It was evident that the building was well-maintained and very clean, however the physical layout of some of the multi-occupancy bedrooms impacted the privacy and dignity for some residents. In addition, a number of bedspaces in the multi-occupancy rooms were too small and did not meet the regulatory requirements as further discussed in the report.

During the premises tour, inspectors noted concerns with fire safety. For example, some bedrooms contained fire escape routes which were obstructed by furniture. Charging stations for assistive equipment such as hoists was seen in some bedrooms and another multi-occupancy bedroom contained the access to a plant room. This door did not appear to be a fire door, and contained electrical equipment and storage of items such as clinical equipment, including a chair scales. Further gaps in fire safety oversight and management are discussed within the report.

Throughout the day, the inspectors saw that residents were seen to look relaxed and content in their home, and in the presence of the staff who provided care to the residents in a dignified and supportive manner. Residents were nicely dressed and well-groomed.

The inspectors saw that since the last inspection there were many improvements made, including the installation of clinical wash hand sinks on a number of corridors and an external canopy in the garden, which the residents were very complimentary of. In addition, there was many posters sign-posting on safeguarding awareness for residents, visitors and staff.

Inspectors reviewed the questionnaires completed by residents or their family members as part of this announced inspection. A total of 10 questionnaires were completed. Overall the feedback was very positive with comments such as "my personal hygiene is excellent because of the carers and the help they give me every day", "staff are always friendly and welcoming" and "the food is great". However, there were some areas that residents stated that they would like improvements on such as access to a barber or hairdresser, and to go out to the community to shops or to attend religious services. One resident reported they would like to have more activities on offer such as snooker or darts.

Inspectors met with many visitors who were seen coming and going throughout the day. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends. Many reported that the interactions with all staff and management were positive and communication was good, stating that they were responsive to any questions or concerns they may have.

Inspectors observed that residents were provided with a choice of good quality meals for each meal, including hot options at breakfast, lunch-time and tea-time. Residents were very complimentary about the food and many visitors spoken with commented that management cooking in the kitchen added to the homeliness of the centre. One resident spoke about how much they enjoyed the desserts that were on offer, with particular appreciation for the tiramisu. Staff were observed to gently assist residents during the lunch-time meal, encouraging them to enjoy their meals.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an announced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). Inspectors found that overall there were many improvements seen and action had been taken to address some of the findings of the previous inspection from May 2024. However, a number of actions remained outstanding, such as ensuring sufficient personal space was available in each bedroom for the number of residents it accommodated, the provision of individual storage space for each resident to manage their own personal possessions and upholding residents' rights to privacy and control, and these will be further discussed within this report.

Ardancare Limited is the registered provider for Carysfort Nursing Home. There are four company directors, with two of these directors actively involved in the management of the designated centre and were present during this inspection. The person in charge works full-time in the centre. The person in charge was supported in their role by an assistant director of nursing, a clinical nurse manager, staff nurses, health care assistants, activity staff, administrators, a physiotherapist, maintenance, kitchen, domestic and laundry staff. Inspectors were told there were no staff vacancies on the day of the inspection, and the registered provider was proactively recruiting for an additional staff nurse.

There was evidence of some management systems in place such as regular oversight through monthly board meetings, committees on clinical governance, tracking clinical key performance data such as falls, incidents, medication errors and infections. There was also a suite of auditing occurring where, if there was any improvements or actions raised, there was a plan in place to action. However, significant failings in the systems and oversight of risks relating to fire safety were identified. In addition, there were repeat non-compliances and a number of actions remained outstanding from the previous inspection in May 2024. This particularly related to Regulation 17: Premises and the impact of the multi-occupancy rooms on

residents' rights to privacy and to retain control over their personal possessions. This is further discussed under Regulation 23: Governance and Management.

The required records for this inspection were made available to the inspectors, such as the statement of purpose and policies and procedures. There was a complaints policy in the centre which outlined the complaints process and timelines, in line with legislative requirements. The complaints officer and the review officer had completed relevant training to support them in their roles.

Regulation 23: Governance and management

While some good management systems were in place, including a number of comprehensive oversight systems, not all systems in place were effective at ensuring the quality and safety of the service provided to all residents. For example:

- Fire safety management within the centre required review. For example:
 - Fire detection was not in place in all rooms within the Bungalow. In particular, there was no detection in an office which contained residents' records.
 - There were obstructed escape routes in some multi-occupancy bedrooms, some of these were seen to have furniture such as chairs and beds near the means of escape route. Inspectors were particularly concerned about one bed in one of the four-bedded rooms, whose location was impeding the external escape route. This required immediate review.
 - Assistive equipment such as hoists was seen being charged in two bedrooms. One bedroom had a battery charging point on the wall, in another bedroom the hoist was plugged directly in to a wall socket.
 - Another multi-occupancy room included access to the plant and communications room. There was a lack of assurance in respect of effective containment to this high-risk room in the event of fire, and the door did not appear to be a fire-rated door.
 - There was a lack of assurance that the doors to this sluice room had an appropriate fire rating to effectively contain fire, and the locking mechanism installed to these doors since the last inspection did not ensure effective release and access in the event of fire.

Management confirmed that they would ensure a competent person will complete a revised fire safety risk assessment of the designated centre and submit that with a timebound action plan to the inspectorate when completed.

- There were repeated findings of non-compliance as the registered provider did not ensure that all actions, as per previous commitments given to the Chief inspector in the previous compliance plan, had been completed specifically in respect of premises, management of personal possessions and residents' rights.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre which contained all the information as required in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was made available to the inspectors for review and inspectors found that there was a low level of complaints received with one complaint so far this year. This complaint was managed effectively with a prompt investigation and conclusion which included recommended improvements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. These policies had been reviewed at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that the registered provider strived to provide a high quality service and that the residents received person-centred care from a team of staff who knew their individual needs and preferences. Notwithstanding the good clinical oversight some further improvements were required in respect of managing residents' individual care plans and assessments to further enhance the quality of care provided to the residents. However, the infrastructural limitations of the premises significantly impacted on residents' rights to privacy, choice and dignity and to enable them have control of their personal possessions. Furthermore, as

discussed under Regulation 23, the operational management of fire precautions required full review to ensure the safety of each resident was promoted in the event of fire.

Inspectors reviewed resident documentation such as nursing records, assessments and care plans. Residents' needs were assessed prior to their admission to the centre to ensure the registered provider could meet their needs. In addition, there was a comprehensive assessment completed within 48 hours of their admission. The assessment process incorporated validated tools to assess each resident's personal preferences and clinical risk areas, for example their risk of malnutrition and falls. Inspectors saw evidence where these assessments mostly informed the development of person-centred care plans. However, in some care plans obsolete detail relating to historical information could cause confusion and others lacked detail to ensure they were sufficiently clear to guide care.

There were activities provided in the centre to meet residents' recreational needs. Staff were observed engaging with residents throughout the day in a kind and courteous manner. Residents told inspectors that they enjoyed the activities available in the centre. In general residents' rights were respected, however, action was required to ensure that residents' privacy rights were supported and upheld in all aspects of their care and daily life.

The registered provider was not a pension agent for any resident. Linen and clothing were laundered regularly on site, however inspectors were not assured that clothes were always returned to the right resident. This was confirmed by some relatives, but also observed by the inspectors in the sample of wardrobes checked, a number of which were seen to contain other residents' clothes, including residents who had passed away, or unlabelled items. Such practices did not uphold each resident's dignity and are further detailed under Regulation 12: Personal possessions.

Residents' preferences and choices for their end-of-life care were generally documented in care plans. The registered provider had support from the local Palliative Care team. In addition, the designated centre was part of the CARU project, which supports Care and Compassion at End of Life in Nursing Homes.

The centre was well-maintained and decorated. Improvements were seen to have been completed to the premises following the last inspection, to include the provision of a lock on the sluice room. However, inspectors found that the lock in place was not suitable to effectively support infection control precautions as well as posing a fire safety risk and management committed to reviewing this immediately. Further details of action required to ensure the premises conformed to all of the matters set out in Schedule 6 is discussed under Regulation 17: Premises.

Inspectors observed the dining experience and found it was an enjoyable and social experience for residents, where inspectors received unanimous positive feedback of the dining experience in the centre. Home-cooked meals were prepared on-site and the food provided was seen to be properly and safely served.

Improvement was seen in the oversight of infection control (IPC) since the last inspection to meet the requirements of Regulation 27: Infection control and the

National Standards for infection prevention and control in community services (2018). Clinical hand wash sinks had been installed and were accessible to staff. The person in charge was also in the process of completing the IPC link practitioner course.

Regulation 10: Communication difficulties

There was a policy available to guide staff on resident communication effective from March 2023. Communication requirements were seen to be recorded in person-centred care plans, to ensure that staff were informed of any specialist needs to enable residents to communicate freely.

Judgment: Compliant

Regulation 11: Visits

There were adequate arrangements in place for residents to receive visitors. Visitors who spoke with the inspectors confirmed there were no restrictions in place and were complimentary of the care provided to their loved ones.

Judgment: Compliant

Regulation 12: Personal possessions

As a result of the layout of some of the multi-occupancy rooms and the system of using shared wardrobes and chest of drawers for the storing of personal belongings, some residents were unable to retain control over their belongings. For example:

- Unlabelled belongings including underwear and hip protectors were seen stored in a drawer of a four-bedded room. This did not provide assurances that these items were single-use only or following laundry, were returned to the right resident.
- Following the May 2024 inspection, the registered provider had committed to ensuring that where there were shared wardrobes and/or a shared chest of drawers, each resident was to be provided with their own personal individual space within the wardrobe and/or chest of drawers, which was to be separated with a division and accessible through an individual door for the resident. This was due to be completed by June 2024. Inspectors found that this had not occurred in all cases, and in a sample of belongings reviewed, inspectors saw four examples within wardrobes and chest of drawers where another resident's belongings were stored in the assigned area of a resident.

- Due to the layout and configuration of a number of multi-occupancy bedrooms, the residents did not have access at all times to their personal belongings stored in their bedside locker and wardrobe, as they were located in another resident's private space.

Judgment: Not compliant

Regulation 13: End of life

End-of-life care plans were developed and personalised, following an assessment of the resident's physical, emotional, social, psychological and spiritual care needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were appropriate to the number and needs of the residents and in accordance with the regulations, including the requirements of S.I. 293 which came into effect on 01 January 2022. This particularly related to personal space in multi-occupancy bedrooms, and access to assisted toilets and bathrooms. The environmental limitations adversely impacted residents' privacy and quality of life as further detailed under Regulation 9: Residents' rights.

The premises, were not appropriate to ensure they met the needs of each resident in line with Schedule 6 requirements. These findings were also identified on the previous inspection in May 2024. Inspectors observed the following:

- Many multi-occupancy rooms, although meeting the regulatory size requirements in terms of overall space, did not afford each resident a minimum of 7.4 square metres of floor space, which area shall include the space occupied by a bed, a chair and personal storage space. For example, the layout of the four bedded room on the first floor did not ensure that residents accommodated in the first bed of this bedroom could sit beside their bed in a comfortable chair or have access to their personal storage. The measured space behind this resident's curtain was 3.3 square metres and only contained room for the resident's bed. The layout of the other four bedded room on the ground floor, could not ensure that four residents could be accommodated in that room, as one of the beds was blocking a means of escape. Inspectors observed that there was a sign that this particular area should be kept clear at all times. The layout of a number of twin bedrooms also required review in terms of ensuring each resident had sufficient personal space in line with the minimum regulatory requirements, as

considerations had not been given to the impact of evacuation escape routes. These were repeated findings.

- The registered provider did not ensure that from 1 January 2022 there was a sufficient number of toilets and showers/baths having regard to the dependency of the residents and designed to provide access for residents with mobility requirements. 47 percent of residents on the day of the inspection were assessed as high or maximum dependency. This was of particular concern on the lower part of ground floor which contained only one assisted bathroom of a sufficient size for residents to undertake bathing independently or with assistance. This was the only assisted shower facility for the 11 bedrooms within this area. It was also the area of the building where the majority of residents spent their day and in the vicinity of the dining and main communal facilities for the centre.
- The storage space in the centre remained limited as inspectors observed linen trolleys stored in communal bathrooms, which would pose a cross-contamination risk. In addition, the designated storage for hoists located in an outside shed was not appropriate as it meant staff had to regularly travel through the laundry facility to access this equipment, as confirmed by management on the day of the inspection. As a result, hoists were seen stored and charged in residents' bedrooms which was not appropriate.
- A padlock had been installed to the sluice/ dirty utility room area on the ground floor which was not appropriate as it may impact access to the room in an emergency.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to fresh drinking water. The menu was displayed in the dining rooms and inspectors observed that choice was offered at all mealtimes. Inspectors observed that on the day of the inspection, there was an adequate number of staff seen to provide supervision and assistance during the lunch-time service.

Judgment: Compliant

Regulation 27: Infection control

Inspectors identified good practice in the prevention and control of infection. There was a cleaning policy which was detailed and there was sufficient resources assigned to housekeeping. Infection prevention and control training was up to-date. Any limitations to infection control precautions such as inappropriate storage

practices or inaccessibility of sluicing facilities are discussed under Regulation 17: Premises.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While the majority of care plan and care provided was in line with residents' assessed needs, the records reviewed for some residents did not reflect their current health care needs. For example:

- An elimination care plan referenced that a resident had a urinary catheter, despite this no longer being in place as of the month prior to the inspection.
- While a wound care plan stated that a resident should be repositioned every two hours to prevent the risk of pressure injuries, there were gaps in the records viewed for the three days prior to the inspection.
- One resident with significant weight loss, did not have the correct timeframe for weight monitoring recorded in their care plan in accordance with the individual risk assessment. In addition, this resident's care plan did not refer to the nutritional supplements the resident was prescribed.
- A resident admitted in July had no detail regarding their resuscitation status documented, to inform a clinical decision in the event of sudden cardiac arrest.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Due to the configuration of the designated centre, residents' rights to choice, privacy and dignity were not always upheld. For example:

- In the multi-occupancy rooms, many residents' right to privacy was compromised by the location of hand wash sinks and wardrobes which were positioned in the private space of one resident. This meant that other residents or staff members had to enter this resident's personal space in order to get belongings from wardrobes. It also meant that residents had to enter another resident's private space to wash their hands or brush their teeth. This is a repeat finding from the inspection of May 2024.
- In some multi-occupancy bedrooms inspectors were not assured that privacy for residents who required the assistance of staff and special mobility equipment such as hoists could be maintained during transfer manoeuvres due to the close proximity of other residents' beds. In addition, this impact was also noted in some rooms where there was insufficient space to place a

chair beside residents' beds. For example, in one of the twin rooms the inspectors observed that when a visitor was sitting in a chair beside their relative's bed, they were significantly encroaching in the private space of the other resident.

- For a small number of bedrooms located on the ground floor and overseeing an internal space, the privacy arrangements required review as all passers by could see inside these residents' rooms through the window.

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0041144

Date of inspection: 11/12/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>With specific focus on the fire precaution issues raised by the Inspectors during the Inspection, the Registered Provider arranged for a professionally qualified fire safety consultant (MSA) to inspect the Centre on 7 February 2025, to include the four bedrooms on the ground floor identified by the Inspector, the plant room and the sluice room. It is agreed by the Registered Provider that MSA will produce within 15 working days a written report of its inspection which our Centre will share with the Chief Inspector together with a time bound plan for the implementation of all MSA recommendations by no later than 31 July 2025.</p> <p>Following the Inspection, the Registered Provider:</p> <ul style="list-style-type: none">(i) arranged for a fire detector to be installed promptly in the office of Building No. 2 of the Centre;(ii) put in place enhanced management and supervisory actions to ensure that, going forward, all fire exits are maintained clear from obstructions;(iii) arranged for a hoist battery charging point to be removed from the bedroom, as identified by the Inspectors during the Inspection;(iv) arranged for the engagement of a qualified electrician to attend the Centre with the purpose of installing a new hoist charging point in the hoist storage room;(v) put in place enhanced training of the Centre's staff so that they are aware that hoists should not be charged in the bedrooms of any resident and that once the new charging point is installed in the hoist storage room, charging is to take place there. Enhanced training will take place on this matter immediately after the installation of the new charging point;(vi) arranged for the ordering and installation of new locking mechanisms to the sluice room, with the installation to be completed by 28 February 2025; and(vii) arranged for enhanced measures to be taken, including with the Centre's Person-in-Charge, so that previous commitments given in relation to the management of residents'	

personal possessions and residents' rights are implemented by staff, including in the day-to-day operation of the Centre (see immediately below under Regulation 12).

Regulation 12: Personal possessions

Not Compliant

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

The Registered Provider has taken put in place further measures to ensure compliance, including by the Centre's Person-in-Charge with Regulation 12 (personal possessions).

The Registered Provider confirms that, following the May 2024 Inspection, it ensured that all shared wardrobes and/or chests of drawers in the material bedrooms were divided.

The Registered Provider, following the Inspection, took immediate steps to rearrange the shared wardrobes specified by the Inspectors and put enhanced procedures in place to ensure that within all shared wardrobes all personal clothing items are appropriately labelled and bear the correct resident names.

The Registered Provider, following this latest inspection, is assured that all shared wardrobes and/or chests of drawers are physically divided, as agreed. However, the Registered Provider has now put in place enhanced measures, to include with the Centre's Person-in-Charge to ensure full/effective compliance with Regulation 12:

(i) each section of the relevant furniture item/storage space is accessible through an individual door labelled with the respective resident's name;

(i) all staff, including laundry staff within the Centre, have been given enhanced training to ensure that they follow the protocols for ensuring that resident's individual clothes items and/or possessions are stored correctly within their proper storage space for each resident; and

(ii) the Registered Provider has put in place an enhanced supervisory regime whereby the Person-in-Charge will regularly check the labelling of residents' belongings, their storage and to engage effectively with the Centre's laundry staff where required to ensure effective compliance with Regulation 12. Staff members are now assigned to inspect the wardrobes twice a week to confirm that items within them are correctly labelled with the appropriate residents' names. Where discrepancies occur, they will be addressed immediately by report to the Person-in-Charge who will action remedial steps immediately.

Further, the Registered Provider has put enhanced management systems in place within the Centre to assure the Chief Inspector that where disposable underwear and hip protectors are placed in any shared wardrobe or chest of drawers for use by any resident within any shared bedroom, such items are for single use only by a resident within that shared bedroom.

The Registered Provider is assured that within the nursing home it does not use disposable underwear nor does it use disposable hip protectors. We assure, once again, that our Centre only uses reusable underwear and hip protectors. Following the Inspection, enhanced measures were put in place to ensure that they are correctly labelled and stored.

The Registered Provider has taken steps to ensure where there is any risk of a bedside locker being perceived to be encroaching onto the 7.4 metres floor space of another resident within a shared bedroom, that locker has been moved to another area of floor space to ensure compliance with the regulatory provision (Schedule 6).

Further, the Registered Provider has dedicated financial resources towards the engagement of an external appropriately qualified consultant with a mandate to review all shared bedrooms, their use and the allocation of space within those rooms to ensure compliance with the Care & Welfare Regulation (including Schedule 6). The Registered Provider assures that the external consultant's report will include advice/recommendations on the positioning of beds, privacy curtains, bedside lockers and wardrobes, including shared wardrobes within each shared bedroom. A written report on this expert consultant's report will be prepared and copy provided to the Chief Inspector, at all times respectful of her registration decisions of July 2023. We are committed to implementing all advice/recommendations given by external consultant by 31 July 2025.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider has dedicated financial resources towards the engagement of an external appropriately qualified consultant with a mandate to review all shared bedrooms to ensure compliance with the Care & Welfare Regulation (including Schedule 6) as well as the conditions of registration imposed by the Chief Inspector on 1 July 2023. The Registered Provider assures that this external review will include a review (with advice/recommendations) on the positioning of beds, privacy curtains, bedside lockers and wardrobes, including shared wardrobes within each shared bedroom and also storage arrangements. A written report on this expert review will be prepared and copy provided to the Chief Inspector, at all times respectful of the registration decisions of the Chief Inspector on 1 July 2023. We are committed to implementing the external consultants' actions/recommendation, as set out in its written report, by no later than 31 July 2025.

After the Inspection, the Registered Provider ensured that all linen trolleys previously stored in the communal bathrooms were removed. The pathway to the designated hoist storage room has been changed, and it is now accessible through the sitting room.

The Registered Provider assures that Chief Inspector that it will review the layout of this wheelchair-accessible bathroom to the front of the Centre, respectful of the registration conditions imposed by the Chief Inspector on 1 July 2023, who kindly ensured the registration of two wheelchair-accessible bathrooms on the ground floor, both of which can be accessed independently or with assistance by residents (one to the front, and one at the Annex). The Registered Provider has, additionally, arranged for the Centre's external fire safety consultant (MSA) to inspect the Centre on 7 February 2025. To assist the preparation of MSA's expert written report, the Registered Provider brought to its attention all matters raised by the Inspectors during the Inspection. It is agreed by the Registered Provider that MSA will provide its expert written report to the Centre within fifteen working days and that a copy of the MSA report together with the timebound action plan to implement MSA's advices/recommendations will be provided to the Chief Inspector. The Registered Provider is committed to implementing MSA's advices/and recommendations fully by a date no later than 31 July 2025.

The Registered Provider has also attended to the ordering of new locking mechanisms for the Centre's sluice room within a view to their installation by 28 February 2025.

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> <p>The Registered Provider, following the Inspection reviewed all care plans. The Registered Provider assures that within the Centre all care plans are revised every four months or sooner if there is a change in the resident's condition.</p> <p>The elimination care plan in question was detailed, covering the past history to the current status of the resident. Towards the end, it outlined the current status and the care to be provided.</p> <p>Following the inspection, the Registered Provider has ensured that all nurses have been instructed to exclude past history from care plans and only state the current status and care to be provided. This work has been completed.</p> <p>All HCAs are advised to update the touchcare system immediately after providing care, instead of at specific intervals. They were also informed about the gaps identified on the touchcare during the inspection. Nurses are now cross-checking the touchcare entries while updating the resident's daily notes and address any gaps with the HCAs. The nutrition care plan has been updated. The resuscitation status of the resident mentioned in the inspection report is under review. The general practitioner is in ongoing discussions with the family to gather their input, given the resident's low Mini-Mental State Examination (MMSE) score.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider has dedicated financial resources towards the engagement of an external appropriately qualified external consultant with a mandate to review all shared bedrooms to ensure compliance with the Care & Welfare Regulation (including Schedule 6) as well as the conditions of registration imposed by the Chief Inspector on 1 July 2023. The Registered Provider assures that this external consultant's review will include a review (within advices) on the positioning of beds, privacy curtains, bedside lockers, handwash sinks and wardrobes, including shared wardrobes within each shared bedrooms. A written report on this expert review will be prepared and copy provided to the Chief Inspector, at all times respectful of the registration decisions of the Chief Inspector registering the shared bedrooms with effect from 1 July 2023. We are committed to actioning the external expert's recommendations by 31 July 2025 which will address the issues identified by the inspectors under Regulation 9.</p> <p>In addition, as an interim solution pending the advices/recommendation of the external consultant, net curtains will be installed in the two specified ground floor bedrooms by 31 March 2025.</p>	

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	31/07/2025
Regulation 12(b)	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 his or her linen and clothes are laundered regularly	Substantially Compliant	Yellow	31/07/2025

	and returned to that resident.			
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	31/07/2025
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	31/07/2025
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	31/07/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in	Substantially Compliant	Yellow	24/01/2025

	accordance with paragraph (2).			
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	24/01/2025
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.	Not Compliant	Orange	31/07/2025
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	31/07/2025