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:	Beach Hill Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0040160

About the designated centre

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

The designated centre is a 48 bedded purpose built nursing home.
Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; Camlen, Foyle and Swilly.
Assisted toilets and bathrooms are available and spacious communal areas, including foyer/ reception and dining facilities. Residents have access to outdoor facilities.
The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 16 August 2023	10:15hrs to 18:15hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

The inspector met with several residents living in the centre and spoke with five residents in more detail to gain insight into their living experience. Overall, the feedback from the residents and visitors was positive about the care and service they received at the centre.

The residents' comments were that this was a good centre, with some residents telling the inspector that they were well supported in the centre and that their needs were met in a timely manner. Other residents commented that the food provided to them was of good quality and told the inspector that the call bells were answered without any delay and that they felt safe in the centre.

The centre is located near Lisfannon and Buncrana Beach and is close to local amenities. The centre had sufficient parking space for visitors.
Upon arrival, the inspector met with the person in charge of the centre and a regional manager. Following a brief introductory meeting, the inspector went for a walk around the centre with the person in charge.

The centre had a calm and relaxing ambience, and the inspector observed that the care was delivered in a relaxed atmosphere. The inspector saw many residents spending time in the lounge and in their bedrooms. Other residents were observed walking along the corridors and accessing the outside sitting areas of the centre. Staff were kind and caring in their interactions with residents. The inspector observed that the staff gained consent before assisting residents with their care needs.

An activity organiser was allocated to support the residents in meaningful activities, and an activity schedule was available for residents, which included hairdressing, nail care, walking, arts and crafts, painting, and television time.

The majority of residents spent their time in the centre's main lounge and in the two-day rooms located in the Swilly and Foyle Corridors. While the lounge and the dayroom in the Foyle corridor were sufficiently staffed throughout the day, the dayroom in the Swilly corridor was left without staff for a significant amount of time. As a result, some residents who needed assistance and supervision did not receive support in a timely manner.

The centre's corridors were wide, bright, and free of clutter. Handrails were available on either side of the corridors to support the residents. The storage of equipment had generally improved in this centre; however, the inspector observed that a standing hoist was being stored in a shared bathroom of a twin-bedded room, which hindered access around the room and posed a trip hazard for residents using this area.

The centre appeared generally clean; however, a number of areas required repair

and refurbishment. For example, the flooring in many areas, including the residents' bedrooms, was found to be visibly damaged, which would make the cleaning ineffective in these areas. There were visible cracks on the internal walls of many residents' bedrooms, and in some bathrooms, tiles were also found to be cracked and missing.

The inspector reviewed some bedrooms and found that the majority of the bedrooms were nicely decorated and personalised with residents' personal belongings. Residents had sufficient space to store their personal belongings, and bedside cabinets with lockable storage were available for residents. However, bedroom cleaning needed to improve as the interiors of some of the bedside cabinets were not clean in some bedrooms.

The inspector observed that privacy curtains were available in most twin-bedded rooms. Staff sought permission from residents before entering their rooms and respected the privacy of residents. However, privacy curtains were not present in one twin-bedded room, and the curtain rail was damaged in this room.

The provider's visiting arrangements ensured that residents could receive visitors without restrictions. Visitors and residents who spoke with the inspector were satisfied with the arrangements in place.

The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. The meals appeared varied and wholesome. The inspector saw that there were drinks and snacks provided to residents regularly throughout the day, and there was sufficient staff available at mealtimes to assist residents with their meals.

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

Overall, the provider had appropriate oversight arrangements in place in the centre to ensure good quality care for the residents. However, improvements were required in the provider's oversight arrangements to safeguard residents' finances and in ensuring fire safety precautions and procedures were robust. In addition, the oversight of staff training and staff supervision in the centre required strengthening.

The inspector reviewed the staffing arrangements at the centre. The provider had rostered two nurses at all times in the centre and had sufficient staff for catering and housekeeping duties. The provider had also employed two activity staff; however, one activity staff was allocated to care for 48 residents for most days in a

week, except for one day a week where there were two activity staff. On the day of the inspection, there was only one staff member allocated for activities, and this staff member was new to the role and required additional support. Although this member of staff worked well with the residents, at several times during the day while the activity organiser was working with some residents to engage in activities, there were significant periods of time in the day in which other residents had nothing to do except watch television. As a result, the inspector was not assured that the number and skill mix of activity staff were sufficient in the centre.

Furthermore, there was insufficient staff to supervise residents who stayed in the Swilly dayroom during the afternoon hours. This lack of staffing resources for a significant period in the Swilly dayroom posed a significant safety risk for the residents with higher cognitive needs and fall risks. This was a repeated finding of the inspection carried out in June 2022.

A schedule of training was available in the centre, and the staff were facilitated to attend mandatory training programmes such as fire safety training, safeguarding training, and manual handling training programmes appropriate to their roles. However, additional improvements were required to ensure that activity staff were provided with appropriate training to provide meaningful activities for residents in the centre. Furthermore, staff supervision in the centre required additional improvements to ensure correct infection prevention and control practices were consistently followed.

The centre had a clearly defined management structure in place with clear lines of authority and accountability. The person in charge worked full-time in the centre and had the required qualifications and experience for the post. The person in charge was the designated safeguarding officer in the centre and had received appropriate training for this role. Staff were knowledgeable about the reporting arrangement in the centre. The person in charge was supported by the regional manager and a team of staff in the centre.

The provider has developed several quality improvement programmes, such as audit frameworks for care planning, environmental audits, and fire safety checks. Regular management and staff meetings were held in the centre, and the provider had strong communication systems in place, such as safety pauses and handovers.

The centre had good reporting arrangements in place, and accidents and incidents occurring in the centre were recorded electronically, and incidents were analysed as part of the centre's quality improvement programme. For example, fall analysis was carried out at regular intervals, and improvements and actions were developed and implemented following falls. As a result, fall incidents had decreased in the previous 12 months.

The provider maintained a risk register in the centre. The risk register was updated regularly and reflected current risks. An annual review of the quality and safety of care delivered to residents in 2022 was carried out, and it was available for the inspector to review on the day of inspection.

The provider had arrangements in place to manage residents' finances, including

petty cash and residents' pension monies in the centre; however, the inspector found that these arrangements required significant improvement.

The inspector also found that the oversight arrangements in the centre to ensure that the centre is kept in a good state of repair required improvement as a number of communal corridors and bathrooms showed signs of damage, especially tiles and floor areas. In addition, a privacy curtain railing in one twin bedroom was partially damaged, and as such, this room had no privacy curtains in place at the time of inspection, and residents accommodated in this room were not able to carry out personal activities in private. This was brought to the provider's attention at the time and was addressed.

The oversight arrangements for fire safety in the centre were not effective and did not ensure that adequate fire precautions were in place. For example, the weekly and monthly fire safety checks the provider had carried out had not identified the issue with fire doors, which the inspector identified on the day of inspection. The provider was responsive and immediately addressed the issues with the intumescent strips on the fire doors.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre required improvement. For example:

- There was insufficient care staff rostered during afternoon hours in Swilly dayroom to support residents' care needs.
- In addition, the staff rostered to provide opportunities to engage in social care activities was insufficient. As a result, several residents did not receive opportunities to engage in activities that were meaningful to them.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While the provider had ensured that the staff were provided with mandatory training to fulfil their roles, the inspector found that some staff required additional training to provide meaningful activities for residents. For example, staff who were responsible for providing activities for residents did not demonstrate sufficient knowledge to ensure that the residents were provided with appropriate levels of stimulation and socialisation in line with their preferences and capacity.

The supervision of staff in the centre was not effective and did not ensure that the centre's infection prevention and control policies and procedures were implemented at all times. For example, access to the laundry area was not restricted to laundry staff, and the inspector saw other staff entering the area during their break times with food items, which would increase the risk of cross-contamination in this high-risk area.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in line with the requirements of Schedule 2 of the regulations

Judgment: Compliant

Regulation 23: Governance and management

The provider's management systems that are currently in place to ensure that the service provided is safe, appropriate, consistent, and effectively monitored required additional improvement actions.

- The provider's recruitment and staff induction systems were not robust and did not give assurance that the staff were sufficiently onboarded and supported to ensure that they could fulfil their roles in the centre. For example, a role-specific induction programme was not in place for the staff to ensure that they were sufficiently supported in their role. As a result, two newly recruited staff who provided direct care for residents did not demonstrate knowledge about residents' likes and dislikes, including how to access residents' care plans.
- The provider's oversight arrangements for managing residents' finances in the centre did not ensure that appropriate policies, procedures, and practices were put in place to ensure that the deceased residents' pension monies were returned to their estates in a timely manner.
- The oversight arrangements for reviewing fire precautions in the centre were not robust.

- The oversight arrangements in place to maintain the centre's premises required improvements to ensure that repair and renovation works were carried out to address the issues with internal premises in a timely manner.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care from staff who were responsive to their needs. However, significant focus is now required to ensure that the centre's physical environment is maintained to a high standard to ensure it supports the safe and effective delivery of services to the residents. Additional improvements were also required to ensure the residents' finances were sufficiently safeguarded in the centre.

The inspector reviewed the provider's arrangement to manage the residents' pension funds. The provider was a pension agent for several residents and maintained an interest-bearing residents' pension account, which was a separate account. The inspector reviewed the statements of the residents' pension accounts and found that the pension payments received in the residents' pension account were not in line with the national guidelines, and this is further discussed under Regulation 8: Protection.

The provider had engaged with an engineer to review the building's structural integrity following the previous inspection held in September 2022. The engineer's report recommends that the building structure be reviewed every five years or sooner if required. Following this, the provider assured the Chief Inspector in May 2023 that building works were required on the outer structure of the building and that there was no obvious damage to the internal structures. Contrary to the assurance given by the provider regarding the internal structural integrity of the building, the inspector found several cracks in the interior walls of several bedrooms in the centre. Furthermore, the internal premises of the centre were poorly maintained, and the inspector noted that the walls and door frames of several bedrooms were visibly damaged. In addition, there was an unpleasant odour in some of the en-suite bathrooms. Although these bathrooms appeared visibly clean,

unpleasant odours permeated them. This issue was brought to the attention of the person in charge.

The inspector reviewed a sample of residents' care files and observed that assessments were carried out using validated tools. Residents' care plans were person-centred and reviewed regularly. The records included daily care monitoring of each resident's well-being and health in key areas, such as food and fluid intake for those who were at risk of malnutrition and dehydration. Residents had clear nutritional plans in place that were regularly reviewed. Residents with pressure ulcers were provided with pressure-relieving cushions and mattresses, and records indicated that those residents who were at risk of developing pressure ulcers had a plan in place to prevent pressure ulcers from developing.

Records showed that residents were seen by their General Practitioner (GP) on a regular basis, and appropriate referrals were sent to the GP as and when required. In addition, appropriate referrals were made for those residents who required service from specialist healthcare professionals such as physiotherapists and tissue viability nurses, which ensured that residents received timely assessment and assistance to meet their needs.

The provider had kept a restraint register to record any restraints that were used in the centre. A review of the restraints records showed that where restraints were used, these were implemented following risk assessments and after alternatives were trialled to ensure any restraints were used in the least restrictive manner in line with national guidance.

Residents living in the centre had access to advocacy services. Information was available on the residents' notice boards throughout the centre and in the resident's guide.

Records indicated that residents had been supported to go for social outings and a variety of social care programmes. However, the social care programme on offer on the day of inspection did not assure the inspector that all residents had equal access to meaningful activities in line with residents' preferences and capacities.

Residents' meetings were held in the centre, and the meeting minutes indicated that residents were consulted with and supported to participate in the organisation of the centre. A resident told the inspector that they were an ambassador for all residents, and they could raise concerns or bring complaints to the attention of staff and managers in the centre, and they are supported to do this.

The day-to-day fire safety practices and the regular fire safety checks that were completed in the centre required improvement, as the inspector found a number of fire safety risks on the day that had not been identified and managed effectively. These findings are set out under Regulation 28.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, colour coding of clothes and mops to reduce the chance of cross-infection, infection control guidance, and audits of equipment and environmental

cleanliness. Residents' bedrooms and communal areas generally appeared visibly clean on the day of the inspection. However, significant focus is now required to ensure that staff practices are consistent with the National Standards for Infection Prevention and Control in Community Services (2018), and this is further discussed under Regulation 27.

Regulation 13: End of life

The inspector noted that the clinical practices of staff in the centre were providing appropriate care and comfort for those residents who were approaching their end of life. The staff were knowledgeable about various care interventions that were required to support residents when they approach their end of life.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre did not currently conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013), which included the following:

- There was insufficient storage space to store clinical equipment in the centre. As a result, equipment such as hoists is being stored inappropriately in a shared bathroom.
- The interior of several bedroom walls had hairline cracks, and some walls of the bedroom were visibly damaged.
- The floor lining in the centre was worn in bedrooms, and some wall tiles were cracked in some bathrooms.
- There were gaps between the floor lining and skirting boards in bedrooms and corridors. As a result, dust and dirt accumulated in this area.
- The sluice room was narrow and did not provide adequate space for staff. Furthermore, the sluice did not have an appropriate racking system to store clean equipment.
- Some of the centre's bathrooms had an unpleasant odour.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures were consistent with the

national standards for infection prevention and control in community services (2018).

- The urine bag of one resident who had a long-term urinary catheter was not appropriately stored and was found on the floor, which posed a cross-infection risk.
- The personal cloth of one resident was placed on a bathroom radiator in a shared bathroom, which posed a cross-infection risk.
- Two residents' wardrobes and bedside cabinets were not sufficiently clean.
- The laundry process in the centre did not support infection prevention and control, and the laundry process included manual sluicing of soiled linens before placing them in washing machines. This posed a risk of contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not made adequate arrangements to contain smoke and fire in the centre. For example:

- Several bedroom fire doors in the centre were not closing properly.
- High-risk areas, such as a laundry room, had not been sufficiently fire-rated. For example, service penetrations on the ceilings due to pipes were not appropriately fire-sealed, and gaps were visible around the pipes.
- Intumescent strips on several fire doors were missing. As a result, they were ineffective in containing fire and smoke.

Furthermore, the provider's arrangements for reviewing fire precautions in the centre were insufficient. For example:

- A final fire exit door was blocked due to a car being parked outside the fire exit door.
- The final fire exit door was damaged, making it difficult to access this door in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and noted that they were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans. Residents and their family members were involved in

the care planning of residents where appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspector had up-to-date knowledge appropriate to their roles to positively react 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).

Judgment: Compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents' finances in the centre. For example:

- One resident's pension money was directed to the company's own business account and not into residents' pension account, and this arrangement was not in line with the guidelines issued by the Department of Social Protection.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had not provided sufficient opportunities for residents to engage in

meaningful activities. For example:

- Five residents were found to have spent their time in day rooms and in their rooms, with extended stretches of little to do in this centre.
- The activity programmes, such as doll therapy, offered to some residents were not in line with their preferences.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0040160

Date of inspection: 16/08/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: From 17 August 2023, the Person in Charge introduced a new allocation sheet which ensures enhanced supervision in the Swilly dayroom. A revised programme is in place from 31 October 2023 that provides all residents with opportunities to engage in a range of meaningful activities that reflect their preferences. Oversight of the implementation of the programme is the responsibility of the Person in Charge and will be monitored at monthly Clinical Governance meetings by the Regional Director.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: By 31 October 2023, all staff with responsibility for providing activities will have received additional training to improve their knowledge so they can offer residents appropriate levels of stimulation and socialisation in line with their assessed needs and preferences. Immediately following the inspection and through daily handover meetings and safety pauses, the Person in Charge reinforced in all staff the need to implement the centre's infection prevention and control policies and procedures in relation to accessing the laundry area. This is monitored daily by the Person in Charge, ADON or nurse in charge.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
In conjunction with the regional HR Manager, the Person in Charge is revising the centre's induction programme to ensure all newly recruited staff are sufficently knowledgeable on all aspects of residents' care within their remit and that this can be tested and validated by their line manager. The revised programme will be fully implemeted from 30 November 2023.
A review of the management of resident's finances is being completed by the Person in Charge and overseen by the Regional Director. This work will conclude by 31 December 2023 when any monies outstanding will have been returned to deceased resident's estates.
Revised daily, weekly and monthly audits which includes visual inspection of the fire alarm, fire equipment and completion of daily maintenance tasks has been introduced. This will be carried out by the maintenance operative and documented in the Fire Register. The Person in-charge will ensure completion of same. This is in effect from 31 October 2023.

A new end of day sheet has been introduced for onsite maintenance staff to clearly identify tasks completed and escalated. This sheet is sent to the Maintenance Manager and Person in Charge for oversight. This end of day sheet is implemented since 31 October 2023.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A full review of storage space was completed by the Person in Charge following the inspection and from 31 October 2023, a large store room has been reconfigured to accommodate large equipment such as hoists and standing aids.
A monthly room audit is carried out by the maintenance operative with a core focus on environment. The oversight of actions to address the environmental findings from this audit will be the responsibility of the Person in Charge and will be monitored in the monthly Clinical Governance Meeting by the Regional Director.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Through daily handovers, the Person in Charge has updated all staff in relation to the appropiate management of catheters so as to reduce the risk of cross infection.
Following the inspection, a resident meeting took place to highlight the risks of cross infection. Bedrooms are checked daily by housekeeping stafff to ensure adherence to good infection, prevention and control practices.
A deep clean was conducted immediately following the inspection which included residents wardrobes and bedside lockers. The training and supervision of housekeeping staff has been enhanced to include further training on cleaning methodology. This is overseen by the Person in Charge and was implemented from 31 October 2023.
Update training has been provided to laundry staff on the correct infection prevention and control policies and procedures to follow so as to minimise the risk of contamination when sluicing soiled linens. From 31 October 2023, a revised laudry flow has also been introduced that allows for the clear seperation of clean and dirty linen. This is monitored by the Person in Charge.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Revised daily, weekly and monthly checks which include the visual inspection of fire doors and fire exits has been introduced. These are carried out by the maintenance operative and documented in the fire folder. The Person in-charge will ensure completion of same. This is in effect from 31 October 2023.

From 30 August 2023, the external area immediately adjacent to emergency fire doors has been lined to identify no-parking zones.
The work being undertaken in the laundry at the time of inspection has been completed by the Maintenance Manager and service penetrations that facilitated the work to be carried out have been appropriately sealed.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Immediately following the inspection, the Person in Charge in conjunction with the finance team reviewed pension accounts and implemented the necessary changes to address the issues identified during inspection. The management of resident's finances is

currently under review and a revised policy and procedure will be in place by 31 December 2023 that fully reflects the guidance issued by the Department of Social Protection.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: From 31 October 2023, a revised programme is in place that provides opportunities for all residents to engage in a range of meaningful activities that reflect their wishes. Oversight of the implementation of the programme is the responsibility of the Person in Charge and will be monitored at monthly Clinical Governance meetings by the Regional Director.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/11/2023

	provide premises which conform to the matters set out in Schedule 6.			
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.	Substantially Compliant	Yellow	31/12/2023
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.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents	Substantially Compliant	Yellow	31/12/2023

	from abuse.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2023