



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Moyridge
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Ridgepool Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 November 2023
Centre ID:	OSV-0000364
Fieldwork ID:	MON-0041846

About the designated centre

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

Sonas Nursing Home Moyridge is situated on the River Moy next to the salmon ridge in the town of Ballina. It was opened in 1998. It is situated a short walk from the town and its local shops and amenities. The centre can accommodate 55 residents. Accommodation is organized over two floors. The first floor accommodation is accessed by a passenger lift. Communal areas comprise of two lounges, a dining room a visitors/meeting room and a smoking room. There is an enclosed garden area to the rear of the building and a pleasant front courtyard which overlooks the river Moy and provides parking for visitors. The centre provides long term and respite care for adults with a range of dependencies including physical dependencies, end of life care and cognitive impairment including dementia type conditions. Sonas Nursing Home Moyridge is committed to providing residents with person centred care in a home from home environment. The centre's documentation states that residents will be treated as individuals and will be given every opportunity to be fully involved with their care and encouraged to lead as active a lifestyle as they choose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Tuesday 14 November 2023	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed over one day. The inspector spoke with a number of residents some of whom had lived in the centre for many years and others who had recently come to live in Sonas Nursing Home Moyridge. The inspector observed that there was a welcoming and happy atmosphere in the centre with staff and residents interacting easily with each other throughout the day. All staff interactions with residents observed by the inspector throughout the day were respectful, encouraging and kind.

Many of the residents told the inspector that they lived in the locality before coming to live in the centre and they were pleased that they could continue to live in an area and community that they were familiar with. It was evident that residents and staff knew each other well and that residents were relaxed in the company of staff.

Sonas Nursing Home Moyridge is a two storey premises located on an elevated site overlooking the River Moy in the centre of Ballina town. Residents' communal rooms were located to the front of the centre which provided residents with opportunity to enjoy panoramic views of the river. The centre was warm and was visibly clean. The provider had registered a new extension to the original building in 2022 and residents were enjoying the choice of additional communal areas and space. All areas of the centre were nicely decorated, fully furnished and in a good state of repair. The provider had replaced carpet floor covering on a corridor with suitable flooring and had installed hand hygiene sinks along the corridors since the last inspection. Colourful artwork was displayed along the corridors, creating points of interest for residents.

Residents' bedroom accommodation was arranged over both floors. The ground floor provided accommodation for 38 residents in 13 twin bedrooms, five of which have full en suite facilities some of which were shared between two adjacent bedrooms. The other eight twin bedrooms have en suite toilet and wash basin facilities only. The inspector observed that the layout of some of these rooms did not ensure that each resident could carry out personal activities in private. Furthermore, the shared wardrobe storage in some bedrooms was not appropriate. These findings are discussed under the relevant regulations. Twelve single bedrooms were also available on the ground floor, five of which have access to full en suite facilities. Again some of these en suites were shared between two bedrooms. Three twin bedrooms on the ground floor have an en suite toilet and wash basin.

The first floor provided accommodation for 17 residents in 15 single and one twin bedroom. The twin bedroom has an en suite toilet and wash basin and the 16 single bedrooms had full en suite facilities. There were sufficient communal shower and toilet facilities on both floors within reasonably close proximity to those bedrooms that did not have an en suite toilet and shower facility.

Residents had access to spacious communal sitting and dining rooms on the ground floor in addition to a sitting/dining room on the first floor. The provision of a communal sitting room on both floors gave residents choice regarding where they wished to rest and relax during the day. A spacious passenger lift was available to ensure residents could access both floors with ease.

Two enclosed external courtyards were available to residents. The doors to these areas were unlocked and residents could access them as they wished. Colourful mobiles, planting arrangements and outdoor seating in these outdoor areas provided residents with a safe and pleasant space to enjoy the outdoors.

The inspector observed many of the residents participating in a Mass in the morning in the main sitting room on the ground floor and later participating in the social activities taking place during the day. Residents told the inspector that they enjoyed the social activities and that they could choose whether or not to participate or just to watch and listen to 'what was going on'. A small number of residents said that they preferred to spend their time quietly either watching television, reading or listening to the radio in their bedroom.

The outdoors was being developed for residents' enjoyment and one door from the centre led to a secret garden with outdoor seating on a paved area in the garden. This area provided residents with a tranquil and relaxing space. The residents also had access to a courtyard area that was decorated with interesting memorabilia, flowers and shrubs.

Residents told the inspector that they were 'very well' looked after in the centre, that staff were "among the kindest people in Ireland", they 'wanted for nothing' and were content and comfortable with living in the centre. This feedback supported the inspector's observations of staff and resident interactions on the day.

Residents told the inspector that the food was 'beautiful' and was 'plentiful' and that they could have an alternative meal to the menu offered if they wished and were offered a variety of snacks and drinks outside of their regular mealtimes.

The inspector observed that some residents' family and friends visited them on the day of the inspection and they were welcomed into the centre. Residents told the inspector that they felt safe and secure in the centre and that they would talk to the person in charge or assistant director of nursing if they any concerns about any aspect of the service provided to them. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on notifications received and the provider's progress with completion of the actions detailed in their compliance plans from the last two inspections in July 2022 and August 2023 and found that the provider had completed the majority of the actions in their compliance plan from these inspections and had a plan in place to upgrade the sluice in 2024.

Storey Broe Nursing Service Limited is the registered provider of Sonas Nursing Home Moyridge. The person in charge of the centre has worked in this role since February 2017 and their experience and qualifications meets regulatory requirements. The person in charge is supported by a quality and governance coordinator and a quality manager who also provides clinical oversight and support to a number of other designated centres operated by the provider.

On a day-to-day basis, the person in charge was supported with managing the centre by an assistant director of nursing and a clinical nurse manager. This clinical management structure ensured clinical leadership, support for staff and that a senior member of staff was available over seven days in the centre to support and supervise staff and to respond to any queries from residents or their families.

The centre was well managed and there were a variety of systems in place to monitor the quality and safety of the service and residents' quality of life. Key areas of the service were regularly reviewed and where necessary improvements were identified, action plans were developed to address improvements needed. Overall the auditing processes were found to be effective, however some improvements were required in the oversight of the premises and the oversight of fire drills in the centre.

The provider had ensured there were adequate numbers and skill mix of staff available to meet the residents assessed needs. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles. Staff were facilitated to attend mandatory and professional development training and were well supervised in their roles to ensure residents' needs were met to a good standard.

Records with the exception of annual emergency lighting certification were maintained in the centre as required.

Procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy which had been updated in line with recent legislative changes.

There was evidence that residents' feedback was valued and residents were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and had informed the

annual review of the quality and safety of the service delivered to residents for 2021.

Arrangements for recording accidents and incidents involving residents in the centre were in place and these were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for collection of any residents' social welfare pensions.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and residents were assisted with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre attended professional development training to update their skills and knowledge to competently meet residents' needs. Staff nurses had completed medication competency assessments.

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

Judgment: Compliant

Regulation 21: Records

With the exception of annual certification for the emergency lighting system, the records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further improvements were necessary in the provider's management and oversight of fire evacuation drills to ensure the fire evacuation drills were consistently carried out in line with the centre's own policies and procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in line with recent legislative changes. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose. Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated and the outcome was communicated to complainants without delay.

Residents knew who they could talk to if they had a complaint and also that they could access advocacy services to support them if needed and an advocates were supporting two residents in the centre at the time of this inspection. An appeals process was in place if a complainant was not satisfied with the outcome of investigation of their complaint.

There was evidence from review of the complaints received that the person in charge maintained good levels of communication with complainants and ensured agreed actions were taken to resolve any dissatisfaction with the service.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appointed in July 2017 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents enjoyed a good quality of life in the centre and were provided with good standards of nursing and health care in line with their assessed needs. Residents' rights were respected by staff and residents were supported to remain independent and lead their lives as they wished to in the centre. However, the layout of a number of twin bedrooms impacted on residents' choices and did not ensure their privacy during transfer and personal care procedures.

Care and supports were person-centred and informed by residents' needs, usual routines and individual preferences and wishes.

The provider had progressed actions to address fire safety concerns found on the inspection in July 2022. However some further improvements were required in relation to fire drills in order to bring the centre into full compliance with Regulation 28.

The provider had made a number of improvements to infection prevention and control measures in the centre and this ensured residents' risk of infection was reduced. These improvements included auditing of waste and laundry management, review of procedures for disposal of the contents of bedpans and urinals, use of hand gel refill cartridges and replacement of carpet floor covering on one corridor. This inspection found that further actions were necessary to bring the centre into compliance with Regulation 27: Infection control. These actions included replacement of carpet floor covering in one bedroom. The provider was consulting with the resident residing in this bedroom to complete an upgrade of the floor covering. The layout of the sluice room in the original part of the building did not provide adequate assurances that risk of cross contamination was adequately controlled as the sluice hopper was located beside the hand washing sink. This was a finding from the last inspection and the provider told the inspector that plans were in place to upgrade this facility in 2024. The inspector observed that additional hand hygiene sinks were installed but the hand hygiene sinks in the treatment room and sluice room did not comply with the recommended specifications for clinical hand wash basins.

There were sufficient supplies of Personal Protective Equipment (PPE) and staff had completed training and carried out appropriate hand hygiene procedures.

Residents were provided with good standards of nursing care and their needs were comprehensively assessed on admission and regularly thereafter. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. A weekly in-house physiotherapy service optimised residents' continued good health, independence and well being. Residents' care plans were person-centred and reflected their individual preferences and routines regarding their care and support needs. Residents' care plans were regularly updated in consultation with them or their families, on their behalf.

Most residents' bedrooms met their individual needs and were personalised with their photographs and other items. Although, residents who spoke with the inspector were satisfied with their bedrooms, the inspector observed that the layout of a number of twin bedrooms on the ground floor did not ensure that residents' rights to privacy and choice could be met. Furthermore, the location of residents' wardrobes in these bedrooms meant that they could not control access to their clothing and other belongings stored in them.

The communal areas for residents' use were bright and comfortable and were well used by the residents on the day of the inspection. Residents' living environment was in a good state of repair and a maintenance programme was in place to ensure any repairs were completed without delay.

Residents had opportunities to engage in a varied and meaningful social activities programme in line with their individual interests and capabilities. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and issues raised as needing improvement were addressed. Residents had access to local and national newspapers and radios.

Residents had access to televisions, however the provision of one television in the twin bedrooms did not enable residents residing in those bedrooms to make individual choices regarding their television viewing and listening.

Measures were in place to protect residents from risk of abuse and all staff had been facilitated to attend safeguarding training.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected

from risk of infection. Residents access to their visitors was not restricted and they could meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could not maintain control of their personal clothing and possessions in a number of twin bedrooms in the older part of the premises as their clothes were stored in one large wardrobe placed along a wall outside of their bed spaces. Although, both residents' clothes were stored in a separate section of the wardrobe, this arrangement did not ensure that each resident's personal clothes and possessions were secure as the second resident could also access their section of the wardrobe in order to reach their own personal items.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of many of the twin bedrooms in the older part of the designated centre did not adequately meet the needs of residents in accordance with the centre's statement of purpose and residents' needs. This was evidenced by;

- Although the twin bedrooms in the centre varied in size from 16.5 to 23.2 square meters, the layout a number of these bedrooms did not facilitate each resident to rest in a chair by their bedside or to access their bed without disturbing the resident in the other bed.

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- The floor surface in the sluice was damaged and therefore could not be effectively cleaned to mitigate risk of cross infection to residents.
- A grab rail was on only one side of a number of toilets used by residents. This posed a risk to residents safety and did not support their independence. This is a repeated finding from the inspection completed in July 2022.
- Due to the location of one residents' bed in one of the twin bedrooms, access to the window, which was located in an alcove area was obstructed for the other resident who did not have adequate access to natural light.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Carpet floor covering in a single bedroom was worn and stained in a number of areas. This finding did not support completion of effective cleaning and is a repeated finding from the last inspection in July 2022.
- The hand washing sink available in the treatment room did not meet recommended clinical hand hygiene specifications. This finding did not support effective hand hygiene by staff involved in providing clinical treatments to residents.
- The location of the sluice hopper adjacent to the sink used for hand washing in the sluice room posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions, to assure themselves regarding residents' safe evacuation in the event of a fire in the centre. This was evidenced by;

- the records made available to the inspector referencing simulated evacuation drills carried out did not reference calling the emergency services or the roles of all of the staff on duty at the evacuation drill procedure was simulated. This posed a risk that all staff would not be aware of the actions they must take to ensure residents timely and safe evacuation in the event of a fire in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs which included assessment of risk of falling, malnutrition, pressure related skin damage and residents' support needs to ensure their safe mobility among others. These assessments clearly informed residents' care plans which detailed each resident's care needs and the care interventions staff

must complete to meet their needs. This information was person-centred and reflected each resident's individual care preferences and usual routines.

There was one resident with a pressure related skin wound on the day of this inspection and their wound care plan and monitoring of their wound healing reflected evidence based wound care procedures.

Residents care plans were regularly updated in consultation with residents and their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met and they had timely access to their General Practitioner (GP). An on-call GP service was accessible to residents out-of-hours as needed. Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. A physiotherapist attended the centre each week and their consultations included assessment of residents' mobility needs and supporting their rehabilitation post falls and hospital admissions. Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies and in individual resident's safeguarding plans. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. There was evidence that learning from investigations was implemented to protect residents from abuse.

All staff were facilitated to complete training on safeguarding residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not adequately addressed the impact of the layout of a number of the twin bedrooms on residents' rights and quality of life. This was evidenced by the following findings;

- Residents' rights to privacy and dignity rights were impacted by the location of the beds and the bed screen curtains in a number of the twin bedrooms as there was insufficient circulation space to allow for ease of access by staff to carry out care and transfer procedures without compromising residents' privacy and disturbing the resident in the other bed in these rooms.
- A resident in one of these twin bedrooms did not have choice to access the window or natural light when the bed screen curtain was closed around the other resident's bed.
- The provision of one television in a number of the twin bedrooms did not support both residents' choice of programme viewing or listening.

Judgment: Substantially compliant

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 10: Communication difficulties	Compliant

Compliance Plan for Sonas Nursing Home Moyridge OSV-0000364

Inspection ID: MON-0041846

Date of inspection: 14/11/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All records as per the regulations and schedules are up-to-date and available for inspection.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire drills are now consistently carried out in line with the centre's own policies and procedures. Staff training and fire drills carried out by a competent fire warden will reference simulated evacuations, calling the emergency services, the roles of all of the staff on duty at the evacuation drill thus assuring residents' safe evacuation in the event of a fire in the centre. The PIC has oversight of all fire training and fire drills.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: An assessment of the twin rooms has been completed and amendments and enhancements are now in progress. Changes to the residents' bedrooms are being done</p>	

with their consultation and involvement.
Residents wardrobes will be replaced with lockable wardrobes in number of twin bedrooms within residents bed spaces, so that residents can maintain control of their personal clothing and possessions. This arrangement will ensure that each resident's personal clothes and possessions are secure and a second resident can not access their section of the wardrobe in order to reach their own personal items. Completion date 30/03/2024

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Sluice room refurbishments were factored into the 2024 capex budget and this includes the relocation of the handwashing sink, new floor covering and hygienic wall cladding.

Additional grabrails in the ensuites have been fitted where required.

An assessment of the twin rooms has been completed and amendments and enhancements are now in progress. Changes to the residents' bedrooms are being done with their consultation and involvement. The planned changes will meet the needs of residents in accordance with the centre's statement of purpose.

Residents lockable wardrobes will be repositioned in number of twin bedrooms within residents bed spaces, to ensure that residents can maintain control of their personal clothing and possessions. The reconfiguration of a number of twin bedrooms will facilitate each resident to rest in a chair by their bedside and to access their bed without disturbing the resident in the other bed. Completion date 30/03/2024

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
95% of the carpet floor covering in the centre have been replaced since 2022. The carpet floor covering in the remaining rooms is factored into the 2024 capex budget and is scheduled to be replaced by 30/03/2024.

The carpet in the single bedroom will be replaced by 08/03/2024.

The handwashing sink in the treatment room has been replaced with a sink which meets the recommended clinical hand hygiene specifications.

Sluice room refurbishments are factored into the 2024 capex budget and this includes the relocation of the handwashing sink, new floor covering and hygienic wall cladding.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: During recent fire drills, all staff have been re-educated and reminded about the importance of calling the emergency services. Each persons role is now clearly simulated and understood by all staff. The specific procedures simulated are now clearly documented.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: An assessment of the twin rooms has been completed and amendments and enhancements are now in progress. Changes to the residents' bedrooms are being done with their consultation and involvement. This project includes a review of the wardrobe space and accessibility of same for each resident, the provision of a bedside chair for each resident, access to an individual TV and positioning of privacy curtains. The proposed changes will ensure that, in so far as is reasonably practical, residents can carry out personal activities in private and ensure that residents' rights to privacy and choice are be met. Completion 30/03/2024

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.	Substantially Compliant	Yellow	30/03/2024
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.	Substantially Compliant	Yellow	30/03/2024

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.	Substantially Compliant	Yellow	30/03/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	22/01/2024
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	22/01/2024
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	30/03/2024

Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	22/01/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	22/01/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/03/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/03/2024