



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

Issued by the Chief Inspector

Name of designated centre:	Áras Deirbhle Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Aras Deirbhle, Belmullet Community Hospital, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0000644
Fieldwork ID:	MON-0041912

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. The designated centre provides 24-hour nursing care to 18 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 1975. Accommodation consists of seven twin bedrooms and sixteen single bedrooms. Communal facilities include Dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and two bathrooms. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 November 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed that residents appeared content living in the Aras Deirbhle Community Nursing Unit. Many of the residents who spoke with the inspector said they were generally happy with their life in the centre and were very well cared for by staff.

On arrival to the centre, the inspector was welcomed by a staff nurse and was joined shortly after by the person in charge. The person in charge is also the director of nursing for Belmullet Community Hospital. Following an introductory meeting with the person in charge, the inspector walked around the centre and this gave the inspector an opportunity to meet with residents and staff as the residents prepared for the day. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff or walking independently to the sitting room area.

During the day of the inspection, the inspector spent time in communal areas and spoke with a number of the residents. Overall, residents' feedback was positive regarding their experience living in the centre. Residents told the inspector that the food was of a good standard and they had a choice of hot meals on the menu each day. Residents told the inspector that there were activities available if they wanted to participate during the day. Some residents told the inspector "the staff are very nice" and some residents remarked "the staff are very busy".

In addition to conversing with residents, the inspector spent some time observing residents' daily routines to gain insight into how their needs were met by staff and how residents spent their day in the centre. The inspectors found staff in this centre were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents.

Aras Deirbhle Community Nursing Unit is located on the same campus as Belmullet Community Hospital which can be accessed through a link corridor from the designated centre. Access was adequately controlled between the centre premises and the Community Hospital to ensure residents' safety. Residents' accommodation in the centre is arranged on ground floor level throughout. Residents are accommodated in both single and twin bedrooms.

The centre was clean and tidy throughout. Four residents had been relocated from one area of the centre, due to refurbishment work being completed. This work was due for completion by the end of November 2023. Inspectors observed that some residents' bedrooms were nicely decorated and personalised with their photographs and soft furnishings. However, as identified on the previous inspection in January 2023, the corridors and communal rooms had limited decor to make the environment homely for residents. For example, with the exception of a collage of residents' photographs in the reception area, displaying pictures of recent activities, there were few pictures hanging along the corridors or in the dining room. A

refrigerator and a large freezer unit were stored along one wall of the residents' dining room, adjoining the kitchen. These were used as storage areas for supplies for the kitchen. These units reduced the space available in the dining room for residents. This was a repeated finding from the previous inspection.

The inspector observed that most residents preferred to spend their time in the sitting room during the day. A staff member was assigned to this room and the inspector observed this staff member facilitating activities with the residents throughout the day. The inspector observed that residents who chose to spend time in their bedrooms were provided with one to one activities by staff who are currently training in the "imagination gym", a sensory activity designed to stimulate the imagination of residents with dementia. The inspector observed that the programme of resident activities was displayed outside the main day room of the centre and this included music, games and exercises. The residents were observed watching religious services on a large screen in the sitting room on the morning of the inspection. An external provider visited in the afternoon to provide music and singing and the residents who attended this appeared to enjoy it.

The next two sections of the report presents the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that, for the most part, the designated centre was providing good standards of care and support for the residents, however; the provider had failed to ensure that there were sufficient staff available to cover unplanned absences and this had an impact on residents' care provision.

While the registered provider had made some improvements since the last inspection, there were areas remaining .which required further focus to ensure compliance with the regulations. Some of these findings were repeated from the last inspection in January 2023. These are discussed under the relevant regulations, in particular Regulation 9: Residents' Rights, Regulation 8: Protection, Regulation 12, Personal Possessions, Regulation 6, Healthcare and Regulation 27, Infection Prevention and Control.

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Aras Deirbhle Community Nursing Unit is the Health Service Executive (HSE). The designated centre is registered to accommodate up to 30 residents in 16 single and seven twin bedrooms. There was a clearly defined

management structure in place that were responsible for the delivery and monitoring of effective health and social care support to the residents.

This inspection found that action was required by the provider to ensure that management and oversight of this service was effective. While there were systems in place to monitor the quality and safety of the service, risks to the quality of residents' care and the safety of the service due to inadequate staffing were not effectively mitigated as discussed under Regulations 15, Staffing and 23, Governance and Management. In addition the provider had failed to provide the resources required to complete the compliance plan actions from the previous inspection in relation to the lived environment for residents and the staffing resource available for residents.

The management team consisted of a person in charge and two clinical nurse managers, however one of the latter posts remained vacant since June 2023. Furthermore the person in charge also worked as the director of nursing for the adjacent community hospital which reduced the time that she was available in the designated centre to manage the service and the staff team. Furthermore, the clinical nurse manager in the centre was rostered as a staff nurse working on the floor for the majority of their rostered duties. This further reduced the management hours available to supervise and support staff and ensure care and services were provided to the correct standard.

A team of nursing staff provided clinical care and support along with health care assistants, household, catering and maintenance staff making up the full complement of the staff team.

The inspector found that, high levels of staff sickness resulted in inadequate staff resources being provided and this did not ensure residents' needs were consistently met. Agency staff were used to cover staff absences, however this model of staffing did not provide continuity of care and was having a direct impact on the quality and safety of care provided to residents.. While the majority of in house staff had completed their mandatory training, the person in charge was unable to provide assurances regarding the training of agency staff who were working in the designated centre.

A review of the accident and incident register found that one incident of alleged financial abuse of a resident had not been notified to the Chief Inspector as required under Regulation 31, and had not been appropriately investigated in line with the centre's own safeguarding policy.

The inspector reviewed a sample of residents' contracts and found that they were in compliance with the requirements of Regulation 24.

A directory of residents was available for review and met the requirements of Regulation 19.

A review of the complaints log found that the centre had a low level of complaints. Complaints were managed appropriately and to the satisfaction of the complainant. However, the complaints policy and procedure required review to ensure that all

residents had access to advocacy services, and were aware of the support available, should they require this assistance when making a complaint.

Regulation 15: Staffing

The provider had not ensured that there were adequate numbers of staff with appropriate skills to ensure that residents' needs were appropriately met. This was evidenced as follows:

- The number of staff available in the centre was not sufficient to cover planned absences such as annual leave. Furthermore, the contingency plan to use agency staff to cover unplanned absences did not ensure continuity of care for residents.
- On reviewing the incident and accident register, where the inspector found that there were a number of near misses, including eleven instances where it had been reported that staffing levels had fallen below safe and appropriate levels since March 2023. The record showed that this had resulted in delays in residents being administered medication and delays in personal care being provided to residents.
- On one accident/incident report, it was reported that the low staffing levels also meant that one to one supervision could not be provided for one resident in line with their care plan.
- A number of nursing posts remained vacant including three staff nurse posts and one clinical nurse manager post. The provider was recruiting for these posts but they had not been filled. This was a repeated finding from the last inspection in January 2023.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that while all permanent staff were up to date with their training, the person in charge had not ensured that agency staff working in the centre had received appropriate training such as fire safety and safeguarding training in line with their roles in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had established and maintained a Directory of Residents which included the information specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 were not effective and significant focus was now required by the provider and the management team to ensure that the quality and safety of care and services delivered to residents met their needs and that the centre was in compliance with the regulations.

- The inspector found that the provider did not have effective management and oversight processes in place for key areas of the service including, staffing, infection prevention and control, residents' rights and healthcare. This is reflected in the number of non compliant findings found on this inspection.
- Some monthly audits had not been completed in line with centre's audit schedule. The lack of audits in some areas did not provide assurance that management oversight was robust and effective.
- The management team as set out in the statement of purpose was not in place. The person in charge did not work full time in the designated centre. The management team was further reduced as a clinical nurse manager post had remained vacant since June 2023
- The provider had failed to ensure that the staffing resources were in line with the centre's statement of purpose against which the centre was registered.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts and found that they met the requirements of Regulation 24.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge failed to notify the Chief Inspector of an allegation of financial abuse which is required to be notified under Regulation 31 within three days of such occurrence.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaints policy and procedure required review to ensure that residents have access to advocacy services for the purposes of making a complaint and to ensure that the policy had been updated in line with changes in legislation.

Judgment: Substantially compliant

Quality and safety

Overall, residents felt that they received a good standard of care in this centre. There was evidence of communication and consultation with residents and the majority of residents spoken with in this centre felt that they received a good standard of service. However, action was required in some areas to ensure that the needs of residents were consistently met and that the service provided was safe and residents' needs were met.

For the most part, residents' health care needs were being met. Residents had timely access to their general practitioners (GPs), and a range of specialist medical and health services. Records showed that residents were referred in a timely manner and where a specialist practitioner had prescribed a course of treatment this was implemented. However, the lack of timely access to occupational therapy expertise and dietetics was negatively impacting on a number of residents' health and well being. This was a repeated finding from the previous inspection.

Overall, the centre was visibly clean, well-lit and warm on the day of the inspection.

This inspection found that action was required by the provider to ensure that staff had access to appropriate hand washing facilities within the centre, which were separate to resident's handwash facilities and which were close to the point of care. While a hand hygiene sink was available for staff use outside the staff office/ treatment room, this sink did not meet recommended standards.

The inspector observed that some areas in parts of the centre were in need of repainting and repair. Paint was scuffed, chipped and missing on areas of the wall surfaces along corridors and in some residents' bedrooms. This included bedroom

and communal room doors and door frames.

The inspector reviewed a number of residents' assessments and care plans and found residents had an assessment of their needs completed on admission. Care plans had been reviewed in a timely manner and effectively guided staff on the delivery of care.

While responsive behaviours were being adequately managed on the day of the inspection, inspectors were not assured that a resident who required one to one supervision would receive care in line with their care plan when staffing levels were reduced due to unplanned staff absences. A review of the incident and near misses register found that one resident who requires one to one supervision, did not receive this level of care when the staffing levels were low.

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. However, an allegation of possible financial abuse had not been appropriately investigated in line with the centre's own safeguarding policy to ensure that the resident was adequately protected.

The inspector found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were observed to be happening in both communal rooms and residents' bedrooms. There was also sufficient private visiting rooms for residents to use if they wished.

A residents' guide was available for review, and this was found to contain all the necessary information for residents living in the centre, as required under Regulation 20: Information for residents.

While televisions were available in the communal sitting rooms, some residents in twin bedrooms did not have individual choice of television viewing and listening as only one television was provided in these bedrooms. In addition, in a number of single and twin bedrooms, residents could not easily access their wardrobes because the lack of space in the bedroom meant that the residents' beds were obstructing the wardrobe doors.

Furthermore, the doors to the internal courtyard were locked, which meant that residents did not have ease of access to the outside area of the centre.

Regulation 11: Visits

Visits were observed to be taking place in line with national public health guidance.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were unable to access their clothing in their wardrobes in some bedrooms as the position of the beds was obstructing the wardrobe doors and preventing them opening. This finding did not ensure that each resident could access their belongings easily and as they wished and is repeated from the last two inspections in November 2021 and January 2023.

Judgment: Not compliant

Regulation 17: Premises

- Paintwork on the wall surfaces in a number of residents' bedrooms, communal rooms, along some corridors and on wooden door frames and bedroom doors was scuffed, chipped and missing and required repair and repainting to ensure these surfaces were maintained to an adequate standard and could be effectively cleaned. This was a repeated finding from previous inspection.
- There was inappropriate storage of equipment including residents' assistive equipment in the residents' sitting/dining room area.

Judgment: Not compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide, which met the requirements of Regulation 20.

Judgment: Compliant

Regulation 27: Infection control

While the general environment was clean, it was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

There was a limited number of clinical hand wash sinks for staff use within the centre. Clinical hand hygiene sinks were also not available convenient to the point of

care. This increased the risk of transmission based infections.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that they met the requirements of Regulation 5.

Judgment: Compliant

Regulation 6: Health care

Residents did not have adequate access to occupational therapy services in line with their needs. The inspector found that residents who had been referred for occupational therapy assessment in October 2022 had been assessed the week prior to the inspection.

One resident who had been assessed was now required to stay in bed due to inadequate seating and to relieve levels of pain and discomfort they were experiencing, while they waited for a new seat to be delivered.

Furthermore, it was not clear whether the occupational therapy service that had been sourced would be made available and easily accessible for residents on a permanent basis. Residents did not have access to dietetics in line with their needs. A number of residents were awaiting assessments by a dietician due to a deterioration in their condition. The person in charge informed the inspector that they had plans to contact a private dietician but this had not been put into place at the time of the inspection and residents did not have access to dietetic services.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that overall responsive behaviours were appropriately managed and that residents with a known risk of poor safety awareness now had a care plan in place to ensure they were supported in the least restrictive manner. For example, through the use of one to one staffing. However, a review of incident reports and meeting minutes found evidence that when staffing levels were not maintained this

had impacted on one to one supervision being consistently provided for one resident. This is addressed under Regulation 15.

Judgment: Compliant

Regulation 8: Protection

The provider had not taken all reasonable measures to protect residents from abuse. This was evidenced by:

- An allegation of possible financial abuse that had been reported had not been investigated and managed in line with the centre's own safeguarding procedures to ensure the resident was adequately protected.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were not supported to exercise choice in their daily routines. This was evidenced by:

- The doors from the centre to the outdoor area for residents' use were secured and this meant that residents could not choose to access this outdoor space as they wished without a member of staff being available to open the doors for them. This was of particular concern because residents had specifically requested that the doors be kept open so that they could access the outside area as they wished. Residents' preferences had not been respected and followed.
- Residents in bedrooms with two beds shared one television. Provision of one television in these bedrooms did not ensure that each resident had choice of television viewing and listening. This is a repeat finding from the last inspection.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Áras Deirbhle Community Nursing Unit OSV-0000644

Inspection ID: MON-0041912

Date of inspection: 09/11/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></p> <p>There are adequate staff available for the centre. The number of staff available to fill the roster to is based on 0.85 WTE per bed.</p> <p>The roster at present has 2 nurses and 3 carers during day as well as 2 cleaners. At night there is 2 nurses and 2 carers for 20 residents. In addition, there is 1 additional carer on during the day with 1 resident who requires close supervision for safety</p> <p>Interviews have taken place for CNM1 post.</p> <p>Currently in the HSE, there is embargo on recruitment and posts are paused. Derogation sought to continue planned recruitment.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training was provided to staff on 27th November at which regular agency staff attended with further fire training booked for February.</p> <p>The provider is assured that all agency staff have safeguarding training as per service level agreements with agencies.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></p> <p>The provider is satisfied that their is effective management and oversight processes in place to ensure appropriate smooth running of the facilities. The centre's management structure is clearly defined and the lines of authority, accountability and responsibility for all areas of care provision is defined.</p> <p>There is 1 wte Director of Nursing allocated to the site and there is currently 1 wte CNM2 for Aras Deirbhle. CNM 2 has management time rostered to support the DON/PIC.</p> <p>CNM1 interview took place on 5th December, suitable candidate identified and awaiting clearance and derogation to appoint.</p> <p>The provider is assured that that staffing provided is adequate to ensure residents care needs are met. This includes agency if necesseary.</p> <p>Staff on longterm sick leave are refered to occupational health in line with HSE Policy and supported to return to work.</p> <p>Audits to be carried out as per audit schedule. We have had external audits including IPC Carried out and planned.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Incidents to be notified to HIQA as required within specified time frames.

The allegation of financial abuse was not notified as none occurred. An investigation was conducted by the CNM2 and Garda. The finding was no money had been stolen or was missing.

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints Policy has been reviewed and updated to reflect recommendations	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Additional wardrobe space has been requested and resident bedrooms are being reconfigured to ensure ease of access to the resident's wardrobes in rooms where it is identified as an issue.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The unit is currently being refurbished and this is being carried out on phased basis to minimize disruption to residents, phase 1 completed 30th November. Currently on phase 2 of process due to finish 16th February. Phase 3 due to start 4th March. The refurbishment includes painting and flooring as well as building and reconfiguring	

wardrobe space. There is also additional hand hygiene sinks to be installed. Discussed in regulation 27. Residents have been consulted and feedback sought on refurbishment on 6th April 23, 5th July 23, 21st September 23 and 14th December 23 and will continue to be consulted.

Assistive equipment is kept near residents to ensure easy access and reduce time delay in the event of resident need.

Regulation 27: Infection control

Substantially Compliant

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

Areas identified and request submitted to maintenance for additional clinical hygiene sinks on the corridors. The clinical sinks are to be made individually for the area and maintenance have proposed work to be complete by 30th April 24.

Mop sink is already in place in cleaner's room for filling water for cleaning purposes and disposal of waste water following cleaning.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Residents who had seating assessment have now had new seating delivered and in place. Currently HC21 who provided the seating assessments, have given assurance that they will continue to provide service as required.

The provider is assured that residents can access primary care services as required, but not always in the centre or nearby.

Residents are referred to dieticians as required and the unit has evidence of such referrals. The unit continues to source dietetic services as required, however the remote

location of Aras Deirbhle is proving difficult to source private dietetics. A number have been approached and are looking at availability to provide service.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The allegation of financial abuse was not notified at the time as no financial abuse had occurred. An investigation was conducted by the CNM2 and Garda. The finding was that no money had been stolen or was missing. A retrospective NFO6 was submitted on 10th November as requested by Hiqa inspector on 9th November, 2023 notification no 0507477

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Sensory garden has two access points, one of which had been locked on occasion as residents prefer to access garden by door opposite main entrance as this is flat whereas other entrance has a wheelchair ramp. Currently both doors to sensory garden are kept unlocked.

As per regulation 9 (3)(Cii) residents have to access to radio, television, newspapers and other media. As well as televisions in bedrooms, there are televisions available in the sitting room, dining room and visitors room.

Tablets and headphones will be made available to residents in twin rooms to ensure personal viewing rights. Discussion to be held with residents allocated in twin rooms on their individual preferences and choices available to them. Provision can be made of additional TV's if requested.

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	Yellow	31/03/2024
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Yellow	31/03/2024

	and other personal possessions.			
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.	Not Compliant	Orange	31/01/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/02/2024
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.	Not Compliant	Yellow	30/04/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of	Not Compliant	Orange	31/03/2024

	purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	21/12/2023
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	31/03/2024
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	30/04/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Substantially Compliant	Yellow	21/12/2023

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	31/01/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	29/02/2024

	from time to time, for a resident.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	21/12/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	21/12/2023
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	21/12/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	21/12/2023