



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

Issued by the Chief Inspector

Name of designated centre:	Annabeg Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Meadow Court, Ballybrack, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 August 2024
Centre ID:	OSV-0000005
Fieldwork ID:	MON-0041867

About the designated centre

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

Annabeg Nursing Home is situated in a quiet cul de sac in Ballybrack. It is registered for 41 beds and offers both single and twin room accommodation. Annabeg accommodates both male and female residents over the age of 18. The centre offers long and short-term care, and provides care for low dependency, medium dependency, and high/maximum dependency residents. Costern Unlimited Company is the registered provider, and the person in charge is supported by the management team, an assistant director of nursing, nursing staff and healthcare assistants. Residents have access to a number of communal rooms (three in total) and a family/visitors room. There are two passenger lifts & an enclosed courtyard is a 'timeout' haven for residents to enjoy. Annabeg is currently serviced by the Cherrywood Luas, Killiney Dart Station and local buses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 20 August 2024	08:30hrs to 16:45hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were happy and liked living in Annabeg Nursing Home. Residents spoken with were highly complimentary of the centre and the care they received. Regarding the centre, one resident informed the inspector that "this is a lovely place", while another remarked, "it is as good as any hotel". In terms of care and attention, a resident informed the inspector "I am treated like a queen". When it came to the staff that cared for them, residents told the inspector the staff were "wonderful", "so nice" and "kind". Visitors who spoke with the inspector provided equally positive feedback, referring to the high level of care received by their loved ones and the comprehensive communication with them as a representative of the resident. Overall, resident and visitor feedback captured the person-centred approach to care and attention provided in this small and homely centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector chatted with many residents and spoke in more detail to eight residents and six visitors to gain an insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The premises consist of a two-storey period house with an adjoining three-storey extension added in 2015. The centre is laid out over three floors with stairs and two passenger lifts, facilitating residents, visitors, and staff movement between the floors.

Internally, the centre's design and layout supported residents in moving throughout the centre, with sufficient handrails, furniture and comfortable seating in the various communal areas. These communal areas included a lounge off the main reception area, displaying resident artwork and pottery. There was a TV room, a dining room and a snug, each leading to the conservatory area, which overlooked the garden. On the first floor was a private visitor room with tea and coffee-making facilities and views overlooking the garden.

The centre was seen to be pleasantly and thoughtfully decorated throughout. The communal areas featured attractive furnishings and domestic features, such as fireplaces, delph dressers and antique radios, providing residents with a homely environment. The centre also displayed reminiscence memorabilia within multiple display cabinets, featuring critical historical, sporting and musical events, ranging from the Easter Rising to county and province sporting victories.

There was an onsite laundry service where residents' personal clothing was laundered. This area was noted to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

Bedroom accommodation consists of 29 single bedrooms and six twin bedrooms. The majority of bedrooms, with the exception of one single and three twin bedrooms, contained en-suite facilities that included a shower, toilet, and wash hand basin. The residents without en-suite facilities had access to shared toilets and shower facilities. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs.

The centre's internal garden was clean, tidy, and pleasantly landscaped. It had comfortable seating, garden decorations, bushes, potted plants and flowers. The door leading to the garden was observed to be open, and residents and visitors were seen enjoying the garden throughout the inspection day.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. The centre had an activities coordinator working seven days per week. A varied programme of activities was displayed on the notice board in the reception area and in the lifts. The centre had a hairdresser who visited on Wednesdays and used a designated salon room onsite. On inspection day, individual and group-based activities were observed taking place in the centre. Residents received hair and nail care in the morning while enjoying singing and music in the conservatory and surrounding areas. Refreshments, including tea, coffee and biscuits, were served mid-way through the morning at 11:00am. After lunch, there was a pottery class in the lounge and balloon games in the conservatory. Several residents relaxed in their bedrooms, watching television, listening to the radio, and reading papers and books according to their preferences. Residents who spoke to the inspector expressed satisfaction with the available entertainment, activities and outings.

Residents had access to local and national newspapers, radios, television, and internet services. There were arrangements in place for residents to access independent advocacy services. While Roman Catholic Mass was broadcast from the local parish church on Friday, the provider also had arrangements to support residents of other denominations practising their faith and maintaining contact with their religious leaders.

Residents could receive visitors in the centre within communal areas, in the designated visitor room, or the privacy of their bedrooms. Multiple families and friends were observed visiting inside or spending time with their loved ones in the centre's garden during the inspection day.

There were two lunchtime sittings at 12:00pm and 1.00pm. Lunchtime was observed to be a sociable and relaxed experience, with residents eating in the dining room, TV room, snug and conservatory areas. Staff provided discreet and respectful assistance where required. Meals were freshly prepared onsite in the centre's

kitchen and plated in the dining room by the chef from a bain-marie. The menu options were displayed in the dining room and the passenger lifts. The food served appeared nutritious and appetising. A choice of meals was offered, and ample drinks were available for residents at mealtimes and throughout the day. Later in the evening, the inspector observed that pancakes, homemade scones and refreshments were being served. Residents spoke positively to the inspector about the food quality, quantity and variety.

The centre had a maintenance staff working four days per week who were seen to be attending to areas of wear and tear requiring attention on the inspection day. While the centre was pleasantly decorated, generally clean and in good repair, the management of storage and decontamination of resident equipment required review to comply with the regulations and this will be discussed under Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan following the previous inspection on 28 June 2023. As a consequence of regulatory non-compliance with Regulation 17: Premises, two additional restrictive conditions were attached to the designated centre's registration. Condition 4 required the provider to refurbish the premises to provide residents with adequate communal space. These works were due for completion before 31 August 2024; however, works had not commenced by the inspection day, and the provider subsequently sought to vary this condition to allow the works completion date to be extended to 20 December 2024. Condition 5 required the provider to reconfigure twin bedroom number 33 to afford each resident 7.4m² of floor space, including their bed, chair and personal storage space. These works were complete and were reviewed by the inspector to inform the provider's application to remove condition 5. A completed application to remove this condition with all the

required documents had been received by the Office of the Chief Inspector of Social Services and was under review.

The registered provider had progressed with the compliance plan from the June 2023 inspection, and improvements were identified concerning Regulation 16: Training and staff development, and Regulation 9: Residents' rights. Following this inspection, further actions were required concerning a number of regulations as set out in this report.

Costern Unlimited Company is the registered provider. The person in charge reported to the Chief Executive Officer (CEO), representing the provider for regulatory matters. The CEO is supported in their role by a senior management team comprising a clinical operations manager, a facilities manager, a catering manager, a director of human resources and a financial controller. Within the centre, a clearly defined management structure operated the service day-to-day. The person in charge is responsible for the clinical and operational management of the centre. They are supported by an assistant director of nursing, a team of nurses, healthcare assistants, catering, housekeeping, maintenance, activity coordinators and administration staff.

There was documentary evidence of communication between the person in charge and the senior management team, specifically the clinical operations manager. Minutes of operations meetings available to the inspector confirmed the discussion of key aspects of quality service provision, including staffing, training, clinical care, restrictive practice, activities, health and safety, fire safety, risk management, auditing, infection prevention and control, incidents, compliments, complaints and maintenance matters. Within the centre, there was evidence of communication between the person in charge and the various support departments where similar matters were reviewed and actions identified.

The provider had management systems to monitor the quality and safety of service provision. A comprehensive audit schedule covered the environment, medication management, call bell response times, documentation, pressure ulcers, restraint usage, activities, and health and safety. The provider also had systems to oversee accidents and incidents within the centre. It was evident that incidents, such as falls, were being analysed monthly to identify trends, reduce risk and promote the safety of residents. There was similar robust oversight of resident weights to ensure any weight loss was being promptly identified and required clinical supports implemented. Notwithstanding these good practices, further action was required to ensure these oversight systems were more robust at identifying deficits and risks in the service and driving quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to remove condition 5 of the centre's registration was received by the Chief Inspector of Social Services. The application was complete, contained all of the required information, and was under review at the time of the inspection.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. A registered nurse was working in the centre at night.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement in areas such as managing behaviour that is challenging, premises, infection control, and fire precautions, as found on inspection day.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

Quality and safety

While the inspector observed kind and compassionate staff treating the residents with dignity and respect, some actions were required concerning individual assessment and care planning, managing behaviour that is challenging, premises, infection control, and fire precautions.

The person in charge had arrangements for assessing residents before admission into the centre. Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Notwithstanding these areas of good practice in care planning, action was required to ensure resident and family involvement in care plan reviews, which will be outlined under Regulation 5: Individual assessment and care plan.

The inspector found that the centre proactively promoted a restraint-free environment and person-centred care. The inspector found that residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had a responsive behaviour care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, were also being used to understand the behaviour and respond in a manner that was not restrictive. There was a low use of restraints in the centre on inspection day. While the usage of restraint was risk assessed, an area requiring improvement related to monitoring residents' safety during an episode of restraint. Additionally several staff members had not completed training on managing challenging behaviour to date. These matters will be discussed under Regulation 7: Managing behaviour that is challenging.

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had a well-maintained internal garden. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, action was required to ensure full compliance with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise. Surveillance of healthcare-associated infections, multi-drug resistant organism colonisation and the volume of antibiotic use was being undertaken and recorded. The centre had conveniently located hand hygiene sinks, and staff members were observed to have good hand hygiene practices. While the centre's interior was generally clean on the inspection day, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018), as discussed under Regulation 27.

Concerning fire precautions, preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken mandatory fire safety training. Fire drills were conducted on a

monthly basis. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. There was a system for weekly checking of the fire alarm, means of escape, fire safety equipment, and fire doors. All doors to bedrooms and compartment doors had automated closing devices. Fire doors were observed to be in good working order. Notwithstanding these good practices, further actions were required to ensure that residents and staff were adequately protected in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

Residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

Improvements were required to ensure compliance with Schedule 6 of the regulations, for example:

- The centre did not have sufficient suitable storage. This was evidenced by the inappropriate storage of equipment such as a camp bed being stored in a window frame, chair scales, a standing aid, and a bed table being stored in the beauty salon and the usage of stairwells for the storage of supplies and clinical equipment which will be discussed further under Regulation 28: Fire precautions.
- Bedroom 1 was located adjacent to the front door to the centre and overlooked by the parking area. This bedroom had a vinyl roller blind for privacy purposes. This meant that to have privacy while relaxing in their

bedroom, residents had to have the roller blind closed, meaning they could not enjoy natural daylight or view outside of the window. This system required review to ensure the residents could enjoy natural light and outside views while protecting their privacy and dignity.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018), for example:

- The decontamination of resident care equipment required review, for example a sample of crash mats were observed to be torn and visibly dirty. Furthermore, the tears on the crash mats would prevent effective cleaning.
- Storage practices posing a risk of cross-contamination required review; for example, resident clinical equipment presumed to be clean, such as an oxygen concentrator, was stored alongside visibly unclean equipment, such as the vacuum cleaner.
- As the centre was not implementing an identifiable mechanism to distinguish between clean and unclean equipment, it was not possible to determine whether the equipment was clean or dirty before use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While systems were in place to protect residents against the risk of fire, the oversight of fire safety within the centre required review as the provider had not identified and managed some of the risks found on inspection, for example:

- Arrangements for maintaining means of escape were not adequate. For example, large volumes of clinical equipment, bedroom furniture, storage boxes, paints, solvents and other supplies were stored in multiple stairwells and a window box on designated escape routes. This practice could impact these areas being used as means of escape in an emergency. Escape routes must be kept free of obstruction and inappropriate storage.
- While fire drills occurred monthly, the provider could not be assured that residents in the centre could be evacuated in a timely manner, as some evacuation approaches, such as vertical evacuation, had not been practised.

- The ground-floor medication room had storage around electrical panels, and storage was also seen in the first-floor comms room. A risk assessment is required by a competent person to determine the appropriate controls for staff to implement to keep this area safe.
- The provider's arrangements for ensuring all staff were aware of evacuation procedures and the building layout required review as not all staff knew the centre's fire compartment boundaries.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, and reviewed at required intervals, action was required to ensure consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, chiropody and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was a positive culture in the centre with an emphasis on promoting a restraint-free environment, an area requiring attention related to monitoring residents' safety during an episode of restraint. Upon reviewing the safety check records, the inspector noted that these were not consistently carried out on a two-hourly basis as required by the provider's policy.

Nine staff members had not completed training on managing challenging behaviour.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had weekly Roman Catholic religious services broadcast from the local parish church. A Minister of the Eucharist also visited weekly. Residents could communicate freely and had access to telephones and internet services throughout the centre. Residents also had access to independent advocacy services.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Annabeg Nursing Home OSV-0000005

Inspection ID: MON-0041867

Date of inspection: 20/08/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A Training calendar is maintained throughout the year, with dates scheduled for all trainings throughout the year. On the day of inspection 9 staff members were identified as requiring responsive behaviors Training, This training was scheduled as identified on the 08/10/24 + 15/10/24, and all staff identified have completed. Further training is scheduled until year end for any new staff that may commence between now and then. • Safety checks are maintained as per policy within the home and logged on Epic. Gaps noted on the day of inspection were due to the occasional use of bank staff who would not have full access to Epic to log same. All bank staff now have full access to ensure a record is kept of safety checks undertaken. • External Storage units have been budgeted for to coincide with the completion of building works being undertaken in the home. These are due for Completion at year end. • The one Crash Mat identified to be torn on the day of inspection was replaced on the day of inspection. • Equipment currently being stored within the home, can now be identified as to when it was cleaned. A Clean indicator (Dispenser and Roll) System has been introduced to identify when equipment was last cleaned. This system is now found within the equipment storage rooms within the home. • Horizontal Compartment Fire Evacuation Drills are carried out monthly in the home. A vertical Evacuation drill is scheduled with an External Provider on the 11/11/24. Following this, Vertical Evacuation along with Compartmental Evacuations will be undertaken monthly going forward. • All Stairwells have been cleared of all equipment under same. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • External Storage units have been budgeted for to coincide with the completion of building works being undertaken in the home. These are due for Completion at year end. • The camp bed is now being stored in the Main Linen / Mattress storeroom within the home, and the medication storeroom has been moved to treatment room as planned to free up space to store equipment such as the chair scales, standing aid etc. • Bedroom 1 has been fitted with a net curtain on the 1st of October along with the vinyl roller blind to ensure where privacy and dignity were already being maintained, potential sunlight was now not affected. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The one Crash Mat identified to be torn on the day of inspection was replaced on the day of inspection. • Equipment currently being stored within the home, can now be identified as to when it was cleaned. A Clean indicator (Dispenser and Roll) System has been introduced on the 27/09/24 to identify when equipment was last cleaned. This system is now found within the equipment storage rooms within the home. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Horizontal Compartment Fire Evacuation Drills are carried out monthly in the home. A vertical Evacuation drill is scheduled with an External Provider on the 11/11/24. Following this, Vertical Evacuation along with Compartmental Evacuations will be undertaken monthly going forward. • All Stairwells have been cleared of all equipment under same. • The Ground Floor Medication room has been relocated as planned to the treatment room. This has freed up space to store equipment that is non flammable and low risk as also in the first floor coms room. • All staff are trained annually in Fire evacuation procedures and undertake Monthly evacuation drills. Compartment sizes and boundaries will be reiterated in the training and drills going forward so all staff are very familiar with same. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Comprehensive person centered care plans are developed, validated on risk assessment tools and reviewed at regular intervals and all families are updated and communicated regularly with, with regards any changes in care, care plans, medications and/or treatments etc of their loved ones in Annabeg. This can at times be documented in the progress notes rather than in family communication. All consultations with families and / or residents will be documented in family communications going forward. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Safety checks are maintained as per policy within the home and logged on Epic. Gaps noted on the day of inspection were due to the occasional use of bank staff who would not have full access to Epic to log same. All bank staff now have full access to ensure a record is kept of safety checks undertaken. • A Training calendar is maintained throughout the year, with dates scheduled for all trainings throughout the year. On the day of inspection 9 staff members were identified as requiring responsive behaviors Training, This training was scheduled as identified on the 08/10/24 + 15/10/24, and all staff identified have completed. Further training is scheduled until year end for any new staff that may commence between now and then. 	

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 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	31/12/2024
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	11/11/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	27/09/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	11/11/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire	Substantially Compliant	Yellow	11/11/2024

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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	11/11/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	15/10/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Substantially Compliant	Yellow	15/10/2024

	a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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