



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

## Issued by the Chief Inspector

Name of designated centre:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0036424

## About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 54 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 28 single and 13 twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
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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
Wednesday 9 March 2022	09:30hrs to 17:30hrs	Sheila McKeivitt	Lead
Wednesday 9 March 2022	09:30hrs to 17:30hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

The centre was emerging from a COVID-19 outbreak at the time of inspection. 14 residents were COVID-19 positive and these residents were in isolation, however 13 were due out of isolation on the day of inspection. The remaining residents were able to move about all areas of the nursing home freely however a high number had chosen to remain in their bedroom.

Residents spoken with on the day of the inspection reported that they were happy living in the centre and that they felt well-cared for. One resident explained how he had celebrated a big birthday the previous month and he said staff had arranged a small party for him which he really enjoyed.

There was an activity schedule displayed in the centre. Inspectors were informed that the person responsible for delivering activities to residents was on leave on the day of inspection. Inspectors observed many residents remained in their bedrooms with no group or one to one activities taking place. One resident said they enjoyed mass on the television each morning and was grateful to still have this service available. Residents did have access to radio, television, daily and local weekly papers.

Some residents spoken with said they were bored as they had no visitors and no activities. However, inspectors did observe visitors coming into the centre and the person in charge confirmed that visitors were being allowed into the centre.

Residents were consulted with and had opportunities to make choices in their daily lives and participated in the organisation of the centre. They attended meetings with management and inspectors saw that minutes of these meetings and attendees were documented. The outcomes were clearly identified and action plans in place. Advocacy services were available to all residents that requested them.

Residents said staff were lovely, always kind and caring. Staff were observed chatting to residents while attending to their care needs. The inspectors observed that staff knew the residents well and were familiar with their needs and preferences for care. They were familiar with the residents' preferred daily routines and care needs. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs. Inspectors observed that a high number of the 43 residents remained in their bedroom due to the current COVID-19 outbreak however two residents did not have a call bell in reach when alone in their bedroom.

Overall, residents were complimentary of the choice, quantity and quality of meals available in the centre. All meals were freshly prepared and cooked in the centre's own kitchen. However, a small number of residents said the food was often cold when they had it served to them in their bedroom. There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff

were observed to assist residents discreetly and respectfully.

Bedrooms were personalised with residents' favourite possessions. There was adequate storage space in bedrooms for belongings, including lockable storage for residents' valuables. However, a number of the twin bedrooms were not large enough to accommodate two residents, this was evident in the two twin rooms occupied on inspection, as residents in these bedrooms had a restricted amount of private space available to them. Inspectors observed that staff were using the residents oratory as a changing room during this current outbreak of Covid-19.

The governance of the centre will be discussed under the following two sections, capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013.

Overall inspectors found that the governance and management arrangements in place were not robust and did not ensure that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge with the support of a senior management team. However, the support arrangements in place were not effective and it was evident from the findings of this inspection that the person in charge required additional on-site support in establishing and maintaining systems to ensure effective management of the centre.

Mullinahinch House Private Nursing Home Ltd is the registered provider of Mullinahinch House Private Nursing Home. The senior management structure consisted of one of the directors of the company, the person in charge and two persons participating in management (PPIMs). A number of other management supports were available within the centre and also as part of the wider group structure Evergreen Care, including human resources and finance management supports. At operational level, within the centre the Clinical Nurse Manager post was vacant so the person in charge did not have this support available to her. A staff nurse was currently deputising in the absence of the person in charge. There was some administrative supports available to the person in charge in the centre.

There were not enough resources available in the centre. There were a number of staff vacancies which were having a negative impact on residents. Residents were not receiving care in a timely manner. Some residents who were due out of isolation on the day of the inspection were remaining in isolation for one day post their required isolation timeframe as there were not an adequate number of

housekeeping staff on duty to deep clean 13 bedrooms.

The training records provided showed that staff had had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety however all staff had not completed this training. For example, training records showed that some staff had not completed mandatory updated training in fire safety training.

The centre had an accessible complaints policy and procedure in place and complaints were recorded. There was evidence that these were investigated and responded to and the satisfaction of the complainant, with the response, was reviewed.

Key performance indicators in relation to accidents or incidents, use of restrictive practices, skin integrity, nutritional status, and rates of infection were gathered by the person in charge and forwarded to the senior management team. In addition, audits on different areas of practice were being conducted by the person in charge. However, improvements were required to the analysis, evaluation and implementation of improvement plans, to ensure that the data from these audits were used to improve the safety and standard of care residents received.

An annual review was completed for 2021. The content of the report did not provide a review of the quality and safety of care delivered to residents. The report mentioned consultation with residents and their families. However, it did not contain an actual analysis of the feedback received.

A review of a sample staff records showed that recruitment procedures were in line with employment and equality legislation including appropriate An Garda Síochána (police) vetting disclosures prior to commencing employment. All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre was made. The application was received in a timely manner. However, discrepancies were identified in the application to renew, the statement of purpose and the floor plans. The discrepancy on the application to renew has been clarified. However, the statement of purpose and the floor plans do not correlate with each other.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the 43 residents present in the centre on the day of inspection. Agency staff were employed to cover some staff deficits however some staff were not replaced. Inspectors found that the nursing home was short staffed.

For example:

- One Health Care Assistant shift was unfilled. On seven different occasions call bells were ringing for a prolonged period of time going to emergency ring tone prior to being answered.
- One housekeeping shift was unfilled. There was only one cleaner on duty.
- The activities persons shift was unfilled.

The inspectors were informed of the following staff vacancies: 1 Clinical Nurse Manager (CNM), 2 staff nurses (SN), three health care assistants (HCA), 1 activities person and 1 maintenance person.

Judgment: Not compliant

### Regulation 16: Training and staff development

Some staff working in the centre had some gaps in their up to date training according to the training matrix provided to inspectors. For example, some staff had not had refresher fire training since 2020 and others had not had updated training infection prevention and control training or hand hygiene since 2020.

Judgment: Substantially compliant

### Regulation 21: Records

A sample of staff files reviewed now included all the documents outlined in schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management of the centre was not robust enough. For example:

The centre did not have sufficient resources to ensure the effective delivery of care.

The management systems in place did not ensure that the service provided was safe, appropriate consistent. Some of the audit tools used to monitor practices were too basic to identify any issues, and as a result failed to pick up on areas for improvement that were required.

The system in place for managing repairs was not effective.

There was no system in place to monitor the servicing of equipment in line with manufacturers recommendations.

The annual review completed did not include a review of the quality and safety of care delivered to residents to ensure it was provided in accordance with the relevant standards.

The annual review mentioned obtaining residents' feedback but did not actually mention what the feedback was on different aspects of care.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose did not meet schedule 1 requirements:

- The number of bedrooms outlined in the 2nd Statement of Purpose submitted, dated 30 January 2022, amendment 27, reflected 56 beds. The floor plans and application form refer to 54 beds.
- The organisation structure on page four does not identify a clear governance structure and the provider is not included.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the reception area. The policy was up to date and identified the designated person to deal with complaints. It also outlined the complaints process. There were no open complaints on file.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Schedule five policies were available for review. Overall those reviewed reflected the practice in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents received a good standard of service. Inspectors found that residents' health, social care and spiritual needs were catered for.

Care plans were developed to reflect the assessed needs of the residents. All care plans reviewed were personalised and contained detailed information specific to the individual needs of the residents. Residents had an activities care plan in place and the rota showed that each day a member of staff was allocated to activities, although on the day of the inspection this person was absent. Inspectors noted that most of the residents remained in their bedrooms with no meaningful activities or stimulation. Residents with responsive behaviour were being effectively supported by staff.

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicion of abuse. Those spoken with were knowledgeable on the different types of abuse and what to do if they witnessed any form of abuse, however there were gaps in staff training.

Infection control practices were good. Staff were adhering to best practice in relation to uniform clear below elbow and the wearing of FFP2 facial masks. The centre appeared clean. There was sufficient hand sanitisers available on all corridors and staff were observed sanitising their hands prior to and after delivering care to residents. However, staff did not have access to an adequate amount of clinical wash hand basins. Further improvements were required in relation to some Infection

control practices outlined under regulation 27.

Improvements had been made to the premises since the last inspection. The laundry had been refurbished with new floor tiles and wall surfaces had been installed making all surfaces washable. There was a clear process in place in the laundry where the flow from dirty to clean was evident. There had been improvements made to some bedrooms and ensuites which had been freshly painted and had new furniture installed . However, further improvements were required in other areas throughout the centre for example, paint was peeling from some bedroom walls and worn surfaces were noted on furniture in some bedrooms.

A number of the twin bedrooms did not provide each of the residents with an adequate amount of private space. This had a negative impact on both residents occupying twin bedrooms as evidenced on the day of inspection in room 1 and room 22.

There was evidence of fire drills taking place in the centre and staff appeared knowledgeable on what to do if there was a fire. Records of fire drills which had taken place over the last two months were available for review, these included drills with night duty staff numbers practicing the evacuation of residents. One resident using the designated outdoor smoking area had a fire apron available to them. Personal emergency evacuation plans were available to guide staff on the residents needs in the event of an emergency. However, warning signs for the storage of oxygen cylinders required review.

### Regulation 11: Visits

Visiting was temporarily restricted at the time of the inspection due to an outbreak. There was space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

### Regulation 17: Premises

Action was required to address the following areas:

- A number of twin rooms were not of a suitable size or layout to accommodate two residents. These twin bedrooms did not have enough space for a bed, a locker, a chair, a bedside table and appropriate storage for personal belongings within each residents allocated bed space. For example, twin room one was occupied by two residents. Inspectors observed one resident sitting in a chair by their bed, this chair was right beside the chair occupied by the resident in the other bed with no space for a bedside locker by either

of the two beds. There was a minimal amount of personal space afforded to both residents in room one. Twin bedrooms 2, 19, 16, 36, 22 and 39 were similar in layout and size to room one. Room One and 22 were the only rooms occupied by two residents, twin bedrooms 2,19,16, 36 and 39 had only one resident living in the room on the day of inspection.

- The ceiling in the upper part of the communal sitting room was leaking. The water was dripping into a bucket placed on the floor.
- Some rooms were identified as in need of refurbishment. For example, the wall was damaged in room 39.
- Some furniture was visibly worn.
- Closed Circuit Television (CCTV) was in use in the centre but there was not clear notice or signage to indicate this to the residents. This was identified on the previous inspection however, signage had not been put in place to highlight the use of CCTV.

Judgment: Not compliant

### Regulation 27: Infection control

Action was required to address the following areas:

- Improper storage of clean equipment in the sluice room posed an infection control risk.
- Rusty commodes were stored in shared bathrooms, these could not be cleaned thoroughly.
- Plastic storage units used for residents toiletries were stored on the floor of each ensuite.
- Residents toiletries were not segregated or labeled appropriately in shared ensuites, leading to the potential risk of cross infection.
- The hairdressers room was not clean and a large full rubbish bag was on the floor of the room.
- The staff changing rooms were not large enough to accommodate staff.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

- There was no cautionary signage in place to alert staff to the risk associated with oxygen cylinders and concentrators. One of each was found in a store room on the first floor.
- Deceased residents property was being stored under the stairwell.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Assessment and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

### Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, residents had access to a GP service. There was evidence of appropriate referrals to health and social care professional such as an Occupational Therapist and Dietician.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff. Staff spoken with outlined person centred interventions including talking about a family member by name and playing classical music. These interventions were reflected in the personalised responsive behaviour care plans reviewed.

Judgment: Compliant

### Regulation 8: Protection

The safeguarding policy had not been reviewed or updated to guide practice. Due to the Pandemic staff had not received their refresher training in safeguarding vulnerable adults.

Evidence that residents pensions were being paid into a residents account was submitted post this inspection as requested. As a result inspectors were assured that monies collected on behalf of residents were being lodged into a residents' account,

in line with the Social Protection Department guidance.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' rights were not being upheld:

- Residents did not have the opportunity to participate in activities in accordance with their interests and capabilities.
- Residents in some twin bedrooms could not maintain their privacy and dignity at all times.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not 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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

Inspection ID: MON-0036424

Date of inspection: 09/03/2022

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The Statement of Purpose and floor plans are aligned.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An active recruitment drive is ongoing. The positions for 1 activity coordinator and 1 maintenance person where were in process at the time of the inspection, are now filled.</p> <p>There are 2 nurses due to commence on the 30.6.2022. The 2 part time CNM positions previously used in the home, were replaced by 1 Deputy PIC position. We may introduce another part time CNM in the future, but at present there is no vacant CNM position.</p> <p>1 HCA position was also commenced on the 19th April. There remains a vacant HCA position which we are continuing to advertise and recruit for. In the meantime, we cover all shifts either with our own staff or by accessing agency staff where available.</p> <p>The staffing levels were further reviewed in line with our regular review policy, and accordingly an increase of 6 hours HCA per day and 12 hours HCA at night were added.</p> <p>Currently our staffing compliment is in line with the Modified Barthel Index scoring.</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>As explained during the inspection, regular / annual staff training was unavoidably interrupted during COVID-19 outbreaks. There is a plan in place to catch up on this training.</p> <p>On the day of the inspection, due to a technical issue, we were unable to access completion dates of training already completed on Olive training. This has now been addressed and all dates are easily accessible which is updated on the training matrix by the admin staff.</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>An active recruitment drive is ongoing. The positions for 1 activity coordinator and 1 maintenance person where were in process at the time of the inspection, are now filled.</p> <p>There are 2 nurses due to commence on the 30.6.2022. The 2 part time CNM positions previously used in the home, were replaced by 1 Deputy PIC position. We may introduce another part time CNM in the future, but at present there is no vacant CNM position.</p> <p>1 HCA position was also commenced on the 19th April. There remains 2 vacant HCA positions which we are continuing to advertise and recruit for. In the meantime, we cover all shifts either with our own staff or by accessing agency staff where available.</p> <p>The staffing levels were further reviewed in line with our regular review policy, and accordingly an increase of 6 hours HCA per day and 12 hours HCA at night were added.</p> <p>Currently our staffing compliment is in line with the Modified Barthel Index scoring.</p> <p>The use of the audits has been reviewed and further audit training is being set up for the management staff. This will ensure the completion of the audit cycle going forward.</p> <p>The home is undergoing extension upgrading and refurbishment works. The sitting room leak is part of that program and is now sealed on 28.4.2022</p>	

Maintenance records are up to date and an audit of them going forward will ensure they remain so.

All over due servicing of equipment are now completed. The admin staff is trained and a service matrix is in place to track the scheduled equipment service.

The annual quality report is reviewed, and changes made since the HIQA inspection. It now reflects the quality and safety of the care delivery. The feedback received from the resident satisfaction is also included.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
The Statement of Purpose has been amended and is compliant with Regulation 3.  
Completed SOP and floor plan attached

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
There used to be a total of 13 twin rooms.  
The room space and dimensions were re assessed and the decision is taken to convert Rm 16 and 36 to single ensuite instead of twin.  
Hence there is only a total of 11 twin rooms now.  
Out of that, 6 of our twin rooms- Rm 1, Rm 2, Rm 21, Rm 22, Rm 23, Rm 20 require specific consideration when allocating to residents. We have amended the Statement of Purpose accordingly. We have also designed furniture to suit the layout of the rooms. Photographs of the rooms attached. At present, Rm 2, Rm 20, Rm 23 is occupied by only one resident due to the occupancy levels and hence have taken out the second set of furniture.  
4 rooms- Rm 18, Rm 19, Rm 39, Rm 40 the furniture and privacy screens are now aligned providing enclosed private space

The sitting room leak was identified as part of our improvement program is repaired on 28.4.2022

Many ensuite bedrooms, the activity room, main sitting room and main dining room are

all refurbished. Some other rooms are yet to be complete but are in the refurbishment calendar.

CCTV signs are placed near the locations of all CCTV cameras.

Regulation 27: Infection control

Substantially Compliant

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

There are handwashing facilities for staff throughout the home with clinical basins located in the sluice room and treatment room. In addition, there are multiple hand sanitizing stations throughout the building which staff use in line with IPC training. This is in line with the regulatory requirements at present.

A review of the IPC standards, including correct hand washing procedures, has taken place following the inspection and this will ensure full compliance going forward with the use of weekly IPC audits.

Proposed refurbishments and replacement plan of multiple furniture which are unable to clean in place.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Paperwork, signage, and the stairwell are part of our ongoing audits to ensure full compliance. Area identified for storage of the properties of deceased residents. The oxygen storage safety signages placed in the treatment room where the cylinders are placed on 10.3.2022. The portable oxygen cylinder which was found in the medical store was removed following the inspection 10.3.2022

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

A Safeguarding policy has been updated and we are ensuring compliance with same via

audit.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
All residents are able to decide at what level they wish to participate in activities – and their decisions are recorded in their care plans and / or daily notes. There is a schedule of activity for each week which is formulated over a period of time based on interests and suggestions from the residents. An activity co-ordinator supports and assists the residents to facilitate the activities which they particularly enjoy

Twin bedrooms have been reviewed to ensure that the residents accommodated therein have privacy according to their rights and preferences. Their comments are noted in their care plans. Where there is a preference for a different room, we will commit to provide same as soon as one becomes available. Following the re assessment, 2 of the twin rooms are converted into single rooms. The balance of twin rooms require specific consideration when taking admissions which is stated in the SOP.

## 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	27/04/2022
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	30/06/2022
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	30/06/2022

	ensure that staff have access to appropriate training.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2022
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 purpose.	Not Compliant	Orange	11/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	21/03/2022

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	21/04/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	21/04/2022
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	29/04/2022

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	11/04/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/04/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	23/03/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	11/04/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	11/04/2022

