



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

## Issued by the Chief Inspector

Name of designated centre:	St. Eunan's Nursing Home
Name of provider:	St. Eunan's Nursing and Convalescent Home Limited
Address of centre:	Rough Park, Ramelton Road, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 March 2023
Centre ID:	OSV-0000392
Fieldwork ID:	MON-0039523

## About the designated centre

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

The centre is a modern purpose built one storey residential care facility that can accommodate 42 residents who need long-term, respite, convalescent and end-of-life care. Accommodation for residents is provided in 22 single rooms and 10 twin rooms. All rooms have ensuite facilities of shower, wash hand basin and toilet. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

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

Number of residents on the date of inspection:	32
--	----

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 7 March 2023	09:55hrs to 18:00hrs	Nikhil Sureshkumar	Lead
Tuesday 7 March 2023	09:55hrs to 18:00hrs	Gordon Ellis	Support

## What residents told us and what inspectors observed

Overall, the feedback from the residents was that they enjoyed a good quality of life in the centre. The inspectors observed that the residents enjoyed the company of staff and that staff interactions with residents were respectful. However, significant focus and efforts are now required to ensure that the centre's premises support the safe and effective delivery of service and promote the rights and dignity of residents.

The residents' comments were that "the food is great in this place", "they (staff) ask for menu choices daily", "I enjoy the activities in here, and they (staff) are supportive", "my room is warm and comfortable", "staff are great here; they help me when I call for help", "I can see my GP whenever (general practitioner), and I am happy here".

St. Eunan's Nursing Home is located in a quiet residential area in Letterkenny town and is close to local amenities. The centre is registered for 42 beds, and on the day of inspection, there were 32 residents accommodated in the centre. The centre has two spacious living rooms located on either side of the entrance.

On arrival, the inspectors went through the signing-in process required before entering the centre and met the person in charge. Following an introductory meeting with the management team, the inspector went for a walk around the centre.

The centre's premises appeared to be visibly clean on the day of inspection. Hand sanitisers were located at appropriate intervals, which enabled the staff to perform hand hygiene. However, the inspectors noted that alcohol sanitisers were of the refillable type, and the staff informed the inspectors that they were decanting the alcohol sanitisers, which increased the cross-contamination risk.

The centre's day room was bright and had sufficient seating arrangements available for residents to sit and relax in these rooms. However, one section of the day rooms was used to store equipment such as transport wheelchairs, hoists, and specialised wheelchairs, which reduced the space available for the residents to safely move around these communal areas. In addition, the inspectors observed that the assistive equipment, such as hoists, hoist slings, and specialised wheelchairs, stored in these communal areas were visibly unclean.

There was sufficient staff available in the communal rooms on the day of the inspection. There were dedicated activities staff rostered in these communal rooms to support residents in engaging in meaningful activities. Inspectors observed that staff engaged well with residents, and discussed residents' preferred activities plan for the day during the early morning hours. The inspectors observed that the residents engaged in various activities during the day, including painting and puzzle games. Residents who spoke with the inspectors said they were happy with the

activities provided in the centre.

Inspectors observed the care practices in the centre and found that call bells were answered in a timely manner, and the residents who spoke with the inspectors said that the staff attended to their care needs in a timely manner. Staff were observed to have sought residents' permission before entering their rooms and practised safe manual handling techniques while using assistive equipment such as a hoist.

There was a calm and welcoming atmosphere in the centre. There was a low level 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), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

The residents were accommodated in a mix of single and twin-bedded rooms. The single rooms were beautifully decorated, and the residents had access to televisions in their rooms. There was enough space in these rooms to store residents' clothes and other personal belongings, such as photographs and other memoirs. In contrast a number of the centre's twin-bedded rooms were poorly laid out and did not ensure the rights and privacy of residents could be upheld in these bedrooms.

Visits were happening in the centre, and residents who spoke with the inspectors were happy with the arrangements.

Newspapers and televisions were available in the centre's communal rooms. During the inspection, the inspectors observed several residents watching the music programmes that were being played on the televisions. While the residents in single bedrooms were observed to have televisions installed in their rooms, televisions had not been installed in several twin-bedded rooms for residents. There was no clear reason why these twin rooms did not have televisions when others did.

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

## Capacity and capability

Overall, the provider, together with the clinical management team, had developed several management systems to ensure that the service provided was safe and consistent. However, the provider is now required to direct significant focus and resources towards improving the centre's fire precautions and premises in order to provide a good quality safe service in the centre and to come into compliance with regulations.

This unannounced risk-based inspection was carried out to monitor regulatory

compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider's representative and the person in charge, along with members of the management team, met the inspectors on their arrival and assisted in accessing various areas of the centre during the walk around.

The provider of St. Eunan's Nursing Home is St. Eunan's Nursing and Convalescent Home Limited. The management team comprises a person in charge, an assistant director of nursing, and a representative of the provider. The management team and staff met at regular intervals, and their meeting minutes indicated that a range of quality improvement programmes was discussed during these meetings.

Arrangements were in place to ensure that accidents and incidents occurring in the centre were reported and reviewed by the management team in the centre. Incidents were being notified to the Chief Inspector in line with the regulatory requirements. An annual review of the quality and safety of care delivered to residents was carried out in 2022, and this document was available to residents in the centre.

Management systems, such as a suite of clinical audits, are in place to ensure that the care provided is effectively monitored. As a result, the inspectors noted significant improvements in the care provided to the residents. The inspectors reviewed a sample of care files and noted significant improvements in residents' care plans and the provision of evidence-based nursing and health care in the centre. However, the provider had failed to provide sufficient resources that were required to bring about the required improvements in the centre's twin bedrooms and to ensure compliance with fire safety in order to protect residents in the event of a fire emergency.

The provider was also required to carry out a full assessment of the centre's fire compartmentation by a qualified and competent fire consultant, in order to determine the extent and condition of the compartment boundaries. Following the inspection the provider committed to having this assessment completed by the end of May 2023.

The inspectors observed that there had been a significant improvement in the staffing levels since the last inspection. The number of staff available to assist the residents with their care needs was satisfactory, and improvements were noted in the number of staff allocated for housekeeping and for providing meaningful activities in the centre. There was a new person in charge who commenced their role in 2022. The person in charge is experienced and has the necessary qualifications required under the regulation. The recruitment process had improved in the centre, and the records reviewed by the inspectors indicated that Garda vetting was in place for all staff before they commenced their employment in the centre.

The inspectors reviewed the training matrix (overview of staff members' completed training and remaining training requirements) available in the centre, and this indicated that the provider had made the necessary arrangements to ensure that the

staff were provided with appropriate training to carry out their respective roles in the centre. In addition, staff were adequately supervised in the centre by the management staff through induction training and regular appraisals.

### Regulation 15: Staffing

The provider had kept the number and skill mix of staff in the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses and care staff on duty at all times in the centre. The inspectors reviewed a sample of staff files and noted that Garda vetting records were made available before staff commenced employment in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place to ensure that staff have access to training appropriate to their role. There provider maintained a schedule of training to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements. Current registration with the regulatory professional body was in place for nurses.

Judgment: Compliant

### Regulation 22: Insurance

A new contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.



Judgment: Compliant

### Regulation 23: Governance and management

The provider had failed to provide adequate resources to ensure that the fire safety works in the centre are completed in a timely manner.

The management systems that were in place failed to identify and effectively manage the known fire safety risks in the centre until all fire safety works had been completed.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents in the centre as required within the specified time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an accessible complaints procedure which detailed the nominated complaint officer and review officer to deal with the complaint. A copy of the complaint procedure was displayed in a prominent location in the designated centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, had been reviewed by the provider and updated within the previous three years, as required by the regulation.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the residents in the centre received good quality nursing care. The inspectors observed improvements in relation to residents' care planning, management of responsive behaviours, and the provider's arrangements to safeguard residents. However, additional improvement actions were required to ensure that the resident's rights and privacy were maintained and that there were effective systems in place to protect residents in the event of a fire emergency.

The centre has a smoking room adjacent to a communal room, and some residents use this facility. The inspectors noted that the arrangements to ensure the fire safety of those residents who used this smoking room require additional improvement actions. In addition, some staff who spoke with the inspectors could not identify the actual compartment boundaries in the building, which may prevent them from taking appropriate actions in a fire emergency. This was brought to the provider's attention, and they informed the inspectors that the fire compartmentation boundaries in the attic space of the centre did not align directly above the cross-corridor fire doors. The provider was required to take additional action to ensure adequate precautions against the risk of fire.

The inspectors observed that a high standard of evidence-based nursing and health care is provided to the residents and that the feedback from the residents was overall positive about the care they receive in the centre.

The inspectors reviewed a sample of residents' care files and noted that residents' assessments and care planning had significantly improved since the previous inspection. All residents had a comprehensive assessment, and these assessments were used to inform the care plans that had been developed to inform staff to provide care for the residents.

The provider's arrangements met the regulatory requirements for safeguarding. Measures in place included facilitating all staff to attend safeguarding training. Members of staff who spoke with the inspectors were familiar with the procedures to be followed should a safeguarding concern arise in the centre.

The inspectors reviewed the infection prevention and control procedures in the centre. A centre specific infection prevention and control policy was in place and was kept up-to-date. There were sufficient number of cleaning staff available and the centre was found to be visibly clean on the day of inspection. However, additional improvement actions are required from the provider to ensure full compliance with Regulation 27.

The single rooms in the designated centre had enough space for residents to store their clothes and other personal belongings; however, this was not the case with the twin rooms where space was limited and residents did not have enough space to store their personal items of significance, such as photographs. In addition, the

layout in some twin rooms did not meet the needs of residents accommodated in these rooms as there was not enough space around each bed for staff to safely use assistive equipment for a resident without encroaching on the bed space of the other resident accommodated in the room. Furthermore, most of the twin rooms only had one window in the room, which was located within one resident's bed space. This meant that if this resident closed their privacy curtains, then the second resident in the room did not have access to natural daylight and could not see out of the window.

Some twin rooms did not have sufficient privacy curtains to fully enclose the resident's bed space to ensure that the resident could carry out personal activities in private in these rooms. Furthermore, some twin rooms did not have any privacy curtains installed. The provider had committed to addressing this non-compliance following the previous inspection but had not provided the resources to install additional privacy curtains. As such, the residents accommodated in twin bedrooms did not have their right to carry out personal activities in private upheld.

Furthermore, the storage of equipment in the centre required review as it was impacting the residents' communal areas. For example, assistive equipment such as wheelchairs and hoists were being stored in communal rooms, which reduced the space available for residents to safely move around these rooms.

From a fire safety perspective, the inspectors noted the provider had not had good oversight of the fire issues in the centre. A fire safety risk assessment was carried out in July 2022 by the provider. The provider had made good progress in addressing fire safety issues identified in the assessment; however, not all risks have been completed. For example, a fire door had not been fitted to a chemical room, and a full review of the centre's attic compartmentation and associated remedial works had not been carried out. Furthermore, a large wooden cabinet along the means of escape was still being used for storage. Due to the outstanding issues, the inspectors requested an updated fire safety risk assessment and a time-bound plan to complete all actions.

The majority of fire documentation reviewed by the inspectors was up-to-date, with faults recorded and acted upon. However, the maintenance of the fire detection alarm system and the emergency lighting were not regularly maintained. Fire evacuation procedures for each individual evacuation area were detailed and informative. However, some staff who spoke with the inspectors were not familiar with the centre's fire evacuation procedures. The provider had made good progress in addressing a number of fire safety issues identified in the fire safety risk assessment which was completed in July 2022; however, the provider had failed to provide the resources that were required to address a number of high risks associated with compartmentation in the centre. As a result these essential fire safety works were outstanding. and. Due to the ongoing risks created by these outstanding issues, the inspectors requested an updated fire safety risk assessment and a time-bound plan to complete all fire safety works. This was submitted by the provider following the inspection. This is addressed under Regulation 28 Fire Precautions.

## Regulation 12: Personal possessions

One resident in a twin-bedded room had insufficient space to store their personal belongings. For example, a bedside locker kept near a bed had been used to store a nebuliser machine, which reduced space available for this resident to store their personal belongings, such as their photographs.

Judgment: Substantially compliant

## Regulation 17: Premises

The layout of the centre's five twin-bedded rooms did not meet the needs of the resident. For example;

- There was not sufficient space around the beds in these rooms to facilitate the use of equipment such as hoists or comfort chairs, and as such, these bedrooms are not suitable for higher-dependency residents who need to use this type of equipment
- The size and layout of these twin bedrooms did not allow each resident to have a chair beside their bed.
- Of the 10 twin rooms in the centre, nine of these rooms only have one window in each room. As a result, the layout of these twin rooms meant that when the residents in the bed space near the window pulled their privacy curtain, the other resident in the bedroom could not see out of the window if they wanted to look at the view outside.

The premises did not conform to the matters set out in Schedule 6 of the regulations;

- Assistive equipment such as wheelchairs and hoists were stored in communal rooms, and storage of equipment in residents' communal areas has reduced the space available for residents to safely move around the centre.
- The soft furnishings of assistive equipment, such as specialised wheelchairs and crash mattresses, were ripped and were torn and needed to be repaired.
- The edges of the floor covering were detached in some areas, and there were gaps between the flooring and the skirting board in several areas of the building.

Judgment: Not compliant

## Regulation 20: Information for residents

An information guide about the designated centre, which contained information regarding a summary of the services and facilities, complaint procedures, independent advocacy services and arrangements for residents to receive their visitors, was made available to residents.

Judgment: Compliant

## Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was evidenced by:

- The clinical hand wash sinks in the designated centre did not comply with the current recommended specifications.
- Alcohol sanitisers were decanted into the dispensers. Although staff informed the inspectors that they have measures to manage the risk of cross-contamination due to this practice of decanting alcohol sanitisers, there was no documentary evidence to confirm that the provider had implemented the control measures they had identified to mitigate the risks.
- Dust and food debris was found on the assistive equipment, such as hoists and specialised wheelchairs stored in communal areas.

There were no mechanisms to ensure that the hoist slings stored on the hoists were cleaned after each use and labelled to clearly show staff that they were ready for re-use.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire. For example:

- A fire blanket was missing from a designated smoking room for residents. The location of a gas shut-off valve was not clear to the inspectors as it was under a sink and countertop in the kitchen. A treatment room which contained medication and cardboard boxes had an oxygen cylinder located in the room.

- While daily, weekly and monthly checks were being carried out regarding fire safety arrangements, the inspectors noted the system for the storing of these files required improvement as not all records were kept in the fire safety register.
- The inspectors were not assured that adequate means of escape and emergency lighting were provided throughout the centre. For example:
- Inside the centre, emergency directional signage was not present above some corridor doors or at the main entrance. The route to some fire exits were not clear and required a review.
- Outside the centre, the inspectors noted a lack of emergency lighting and directional signage to guide residents and staff in the event of a night time evacuation from the rear and side of the centre. This required a review.

Adequate arrangements were not in place for maintaining all fire equipment, means of escape and the building fabric. For example:

- The inspectors identified a large storage wooden cabinet located along a means of escape. The cabinet was being used to store linen, gels and cardboard boxes. As the cabinet was not encased in fire rated construction, this compromised a means of escape.
- The maintenance of the building fabric in some areas required attention. For example, in a sluice room, the inspectors noted gaps around plumbing and utilities that penetrated the ceiling and required fire sealing.
- The inspectors were not assured the fire detection alarm system and emergency lighting were being regularly serviced and maintained. This was evidenced by gaps found in the service history of both systems. For example, the emergency light system was due a service as the annual inspection and testing certificate was dated 03/02/22. This indicated the system was overdue for a service from a competent technician to ensure it was fully functional and in working order. Furthermore, an up-to-date annual inspection and testing certificate for the fire detection alarm system was not available on the day of the inspection.

The inspectors were not assured that arrangements for containment of fire and detection in the event of a fire emergency were adequate: For example:

- While fire doors in general were in good condition, the inspectors identified deficiencies with fire doors sampled. For example, an office door did not have a door closer fitted and a sluice room door had signs of damage. Some fire doors had gaps over the maximum allowable tolerance. Furthermore a chemical store room was not fitted with a fire rated door.
- Fire sensors were missing from a number of locations in the centre. For example, in the laundry lobby area, in store rooms located in the kitchen area and in toilets located along protected means of escape. This required a review by the provider to ensure adequate detection is provided throughout the centre.
- While fire evacuation drills were taking place, further fire drill practice and staff training required improvement in order to further support staff to protect residents from the risk of fire. For example, some of the staff who

had spoken with the inspectors were unable to clearly identify the actual compartment boundaries in the building, which may prevent them from taking appropriate actions in the event of a fire emergency.

- While the inspectors noted floor plans were displayed in the centre, they were very small and illegible. For example, the inspectors were unable to distinguish room numbers and labels indicated on the floor plans. Furthermore, the floor plans required an update. This was evidenced by a wheel chair storage area that had been erected in the residents day room but it was not displayed on the floor plan.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care files and noted that each resident had a comprehensive assessment and an appropriate care plans based on their assessed needs. In addition, the provider's arrangements to ensure that the residents' care plans were reviewed at appropriate intervals were satisfactory.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to have access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

## Regulation 8: Protection

The provider's arrangements met the regulatory requirements for safeguarding. Measures in place included facilitating all staff to attend safeguarding training. Members of staff who spoke with the inspectors were familiar with the procedures to be followed should a safeguarding concern arise in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre's twin-bedded rooms did not support the rights and privacy of the residents. For example:

- In several twin rooms, the privacy curtains that were in place did not fully enclose each resident's bed space. As a result, the residents could not carry out personal activities in private in these bedrooms. This is a repeated finding from the previous inspection held in May 2022.

The residents accommodated in some twin rooms did not have access to a television in their bedroom to watch their choice of television programmes whilst they were resting in their room.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St. Eunan's Nursing Home OSV-0000392

Inspection ID: MON-0039523

Date of inspection: 07/03/2023

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Fire Stopping company has been employed to complete the fire safety works in the centre. This Fire Stopping company is working in conjunction with the competent fire person, employed in July 2022, and Local Fire Authorities. Resources are available for all works to be completed in a timely manner and risks identified by the competent fire person are being managed with the recommendations of the fire competent person.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Personal nebuliser machines and other personal medical devices will no longer be left on beside lockers when not in use unless otherwise requested by the resident.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>5 twin rooms identified as not having sufficient space around the bed will be used for residents that do not require hoists or comfort chairs. Residents currently in these rooms</p>	

were notified and residents using a hoist or comfort chair requesting a change will be grant that change as soon as reasonable practicable.

A chair is present in all bedrooms. Housekeeping staff have been informed to ensure that chairs are not moved from the residents room unless requested by the residents and recorded in their care plan.

Configuration of the twin rooms will be reviewed by the RPR, PIC and residents to ensure best access to natural light and access to a window.

A new floor plan is being drawn to identify the area in the larger sitting room that is partitioned for the storage of mobility aids.

Residents with personalized wheelchairs will be assisted in having repairs arranged, crash mattresses are evaluated for damage and if damaged replaced or residents assisted in purchasing/repairing.

Floor covering edges repaired in areas that are slightly detached, in areas where there is a small gap between the skirting board and the flooring this issue will be resolved as the new flooring is installed and a plan will be put in place for this installation.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

HSE CHO 1 area infection prevention lead has been contacted as the competent person for location installation of clinical hand wash sinks in the centre and resources are available to install the sinks on the recommendations of the competent person.

Control Measures are in place and documented to for the Alcohol Hand Sanitisers.

Assistive equipment and slings are currently on a cleaning schedule that is being monitored by the PIC.

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire Blanket is in place and checked regularly in the designated smoking area for residents.

New signage is in place for the gas shut off valve.

Oxygen cylinder has been removed from the treatment room and all staff notified that cylinders can not be stored in the treatment room.

Fire Safety Register re-evaluated by the competent fire person to ensure compliance.

Emergency lighting test was completed in March 2023 and additional emergency directional signage/lighting was installed in the corridors and outside, during the review additional lighting was added to different areas inside and outside the centre and

completed 30/3/23.

Storage area in the corridor of the means of escape has been cleared and will only be used on the recommendation of the competent fire person.

Region in the sluice room with regard to the plumbing to be addressed by the fire stopping specialist employed.

Maintenance of the emergency lighting, fire extinguishers and fire detection system to be monitor by the RPR and PIC to ensure completed in a timely manner.

Fire Stopping specialist has been employed to address all the risks identified on the current inspection and the competent fire person on their fire risk assessment of the centre.

Further fire training has taken place at the centre since the inspection.

Floor plans have been updated and are clear and legible.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: RPR has ensured resources are in place to install new privacy curtains that will fully enclose the residents entire bed space.

Residents wanting access to a television in their bedroom will be assisted with access to a television to watch their choice of television programme whilst resting in their room.

## 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(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 and other personal possessions.	Substantially Compliant	Yellow	08/05/2023
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	Not Compliant	Orange	31/07/2023

	3.			
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	31/07/2023
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	22/03/2023
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	10/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Substantially Compliant	Yellow	31/07/2023

	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	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/03/2023
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	31/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/03/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably	Substantially Compliant	Yellow	27/04/2023



	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	02/05/2023
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	30/09/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	26/05/2023