



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

## Issued by the Chief Inspector

Name of designated centre:	Leeson Park House Nursing Home
Name of provider:	Shanid Limited
Address of centre:	10 Leeson Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	24 November 2022
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0038174

## About the designated centre

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

Leeson Park House Nursing Home is home to 47 residents and provides long stay, short stay and focused care options for both male and female adults with a range of dependencies and needs. There is full time nursing care provided to residents. The house is situated in a residential area of Dublin 6. Accommodation is arranged over four floors and includes single, companion and shared accommodation with assisted bath and shower rooms. There is also a penthouse suite situated on the fourth floor. The reception rooms are a defining feature of the house with fireplaces, high ceilings and art work. The dining room is large and spacious. There are a number of lounges, reading and recreational areas including a library and a small oratory. There is an enclosed garden which is maintained to compliment the unique characteristics of the home.

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

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 24 November 2022	08:30hrs to 16:00hrs	Margo O'Neill	Lead
Friday 25 November 2022	07:55hrs to 15:25hrs	Margo O'Neill	Lead
Thursday 24 November 2022	08:30hrs to 16:00hrs	Geraldine Flannery	Support
Friday 25 November 2022	07:55hrs to 15:25hrs	Geraldine Flannery	Support

## What residents told us and what inspectors observed

This inspection took place over two days in Leeson Park House Nursing Home which is located in the Dublin 6 area. During this time, inspectors spoke with residents, their visitors and staff about the service and care provided and spent time observing. Overall residents and their families reported that it was a good service and that they were content living in the centre.

Leeson Park House Nursing home is comprised of a period house and a newer adjoining extension with 47 registered beds. Bedrooms are located on all four floors of the centre; stairs and two elevators facilitate movement of residents and staff between floors. The accommodation comprises seven twin bedrooms and 33 single bedrooms. Most bedrooms have en-suite facilities which contained as a minimum a toilet and wash hand basin. The general feedback from most residents, but not all, was one of satisfaction with their bedrooms and ensuite facilities, with one resident commenting that they were unhappy with their shower.

Inspectors were informed that there was a plan in place for all bedrooms to be renovated and upgraded with new items of furniture and fresh coats of paint when the room became vacant or on residents' request. Inspectors observed overall that residents' bedrooms were clean and comfortable and residents who spoke to inspectors reported they were satisfied with their bedrooms. Many residents had personalised their rooms with pictures of loved ones, artwork and other memorabilia.

Most twin bedrooms were configured to ensure residents' right to autonomy. For example, each resident could enter and exit their bedrooms without entering other residents' private space. Inspectors noted however that privacy curtains in several twin bedrooms required reconfiguration as not all bed spaces within privacy curtains were large enough to contain a bed, table, chair, locker and storage space. This impacted on residents' right to privacy when assessing their possessions or clothes or to just sit and have some quiet time at their bedside in privacy. Furthermore in one twin bedroom, inspectors observed that for one resident there was no available wardrobe storage in the room, having only locker storage space available.

Inspectors were informed that some en-suites bathroom and shared communal toilets had recently been upgraded, however, inspectors noted that in some of these rooms there remained areas for further maintenance and attention. For example, inspectors observed that there were small holes in walls. In other en-suite facilities there was water damage observed on cabinets and rusted grab-rails.

Communal bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently with assistance.

There were a number of living rooms and dining areas throughout the centre where residents took their meals, spent time and participated in activities. A library room

and activity room were available on the first floor and a conservatory area and additional activity room was available on the lower ground floor. All were well decorated and contained antique style furniture and soft furnishings. Throughout the inspection residents were observed sitting in these areas of the centre, relaxing with drinks, spending time with their visitors.

Overall, the general environment and communal areas were clean however some areas required some attention to ensure that they were well maintained. For example, inspectors observed that there was wear and tear to areas of carpet and paint work. Some fabric covered furniture was observed to be stained and a fire door was heavily marked and damaged with part of the intumescent strip coming away from the door.

Inspectors observed that a number of rooms were being used for storage. The centre's oratory was found to be cold and all chairs had been cleared to the side. The room was no longer set up for residents use. Two hoists, garden chairs, suitcases and other items were also stored there.

Residents had access to a secure garden area that contained a patio and seating area with chairs so residents and their families could sit and enjoy the outdoors. Overall the outdoor area was observed to be maintained with paths for residents to use for exercise. This area also contained the centre's designated smoking area.

Residents appeared relaxed and comfortable with staff and residents who spoke with inspectors were very positive about staff, with one resident reporting they were 'gorgeous'. Inspectors observed that interactions between staff and residents were kind and respectful and residents appeared to enjoy being in the company of staff, with one resident reporting that they loved 'chatting with staff'. Residents reported that staff were approachable and said that they would resolve any issues or concerns brought to their attention.

Residents were observed to receive visitors in all parts of the centre throughout the inspection. The Kenny room was a designated room that was available to residents to receive their visitors in. This room was found to be nicely decorated with beautiful display cabinets and artwork on the walls and appropriate comfortable furniture. Visitors who spoke with inspectors were complimentary of the staff who they reported were very kind and were overall positive regarding the service.

There was an activity schedule displayed within the designated centre which detailed activities planned for the week of the inspection. Activities planned included exercise classes, yoga, bingo and mass. Activity coordinators, one full time and one part time, were employed to facilitate an activity programme Monday to Sunday and were on site to organise and encourage resident participation in events and were observed to be very enthusiastic and caring to residents.

Although there was a number of group and one to one activities, such as mass, exercise classes, art and painting, observed to take place during the inspection, inspectors observed that at times residents were observed to have drifted off to

sleep in communal areas where activities were being provided. Visitors who spoke with inspectors reported that the provision of activities could be at times be limited.

Activities were provided in a number of different areas throughout the centre. In one of the areas, the conservatory on the ground floor, inspectors observed that this area was at times very busy when activities were ongoing. For example; inspectors observed that while an exercise class was ongoing, staff used this area as a thoroughfare, to move from one part of the centre to another while activities were ongoing.

There was a dedicated hairdressing salon for residents to attend and a hairdresser attended the centre twice a week to facilitate residents having their hair cut and styled.

Residents who spoke with inspectors expressed satisfaction with the food, snacks and drinks on offer however some residents stated they would like some more variety at meal times, for example, residents reported at although nice, chicken featured too often on the menu. Inspectors observed a meal time service to be well managed and unhurried. Inspectors noted that there were sufficient numbers of staff available to assist residents in need of support during mealtimes, in a kind and patient manner.

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

Inspectors found that there was an established management structure with clear lines of authority. There was good oversight of many aspects of the service however some areas required further review and strengthening to ensure compliance with the regulations; such as Regulation 23, Governance and management, Regulation 9, Residents' rights, Regulation 20, Information for residents, Regulation 17, Premises and Regulation 27, Infection Control.

During the inspection inspectors followed up on concerns received by the Chief inspector since the last inspection related to food and nutrition, protection of residents and medicines management. Inspectors found that systems in place were adequate and concerns had been addressed by the registered provider. Outstanding actions identified on the last inspection in May 2021 were followed up by inspectors and found that these were complete.

The registered provider for Leeson Park House is Shanid Limited. The nursing home is part of a larger nursing home group, Silver Stream Health Care Group. A senior management team is in place to provide management support to all nursing homes in the group. The person in charge, who had taken up their role in 2019, is

responsible for the daily operation of the centre. An assistant director of nursing, worked Monday to Friday, to support the person in charge in their role. Weekly meetings with the senior manager for quality and clinical governance and monthly meetings with the chief operations officer for the group took place with the person in charge to ensure ongoing oversight of the service.

There were management systems in place to provide oversight of the service. Action was required however to ensure that these systems were effective to identify all areas for quality improvement and areas of risk, to ensure the service was effectively and consistently managed. For example; oversight systems for the premises and infection prevention and control measures required review and strengthening.

An annual review of the quality and safety of the service for 2021 was made available to inspectors. This contained information such as feedback from residents and their families which was used to inform changes in the service.

There were appropriate numbers of staff in place to meet the needs of the 44 residents living in Leeson Park House Nursing Home. There was a minimum of two registered nurse on duty Monday to Sunday from 8:00hrs to 20:00hrs. A clinical nurse manager worked Monday to Sunday providing clinical care and management support to staff. A minimum of six health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs to provide support and care to residents.

Management confirmed that all staff working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing employment in Leeson Park House Nursing Home.

Inspectors found that oversight of staff training and development needs had strengthened since the last inspection in May 2021. Training records provided to inspectors indicated that staff were up-to-date with mandatory training requirements. An induction programme was in place for all new members of staff to ensure they became familiar with the systems and policies in place and were supported while settling in to their new roles. Staff were appropriately supervised and supported and there were annual appraisals for review of performance.

A written statement of purpose was in place which contained relevant details about the service. Inspectors were provided with all Schedule 5 policies and procedures and found that these had been updated at intervals not exceeding three years.

There was a record maintained of incidents that occurred in the centre. Inspectors found that incidents were managed proactively and effectively, going through a two stage review process to ensure oversight, learning and adherence to procedures and local policy. Incidents were analysed as part of ongoing quality improvement measures. There was timely reporting as appropriate to the Chief Inspector as set out in Schedule 4.

A small number of volunteers attended the centre with a view to contribute to residents quality of life. For example, one volunteer performed music for residents



enjoyment and entertainment. The sample of volunteer files reviewed by inspectors were found to contain all necessary information.

### Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed needs of the 44 residents living in Leeson Park House Nursing Home at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix records provided to inspectors indicated that staff were up to date with mandatory training requirements. There was an induction programme in place for all new members of staff and annual appraisals were completed for review of performance to enhance ongoing development of staff.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors identified that some management systems required strengthening to ensure the effective monitoring of the service. The following required attention:

- Management systems for the oversight of the maintenance of the premises and the standard of maintenance work completed required strengthening. For example; inspectors observed in areas that they were informed had been redecorated such as communal toilets, that there still remained small holes in the wall that required filling.
- The provider had not taken all the necessary steps to ensure compliance with Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). For example; some surfaces and finishes around the centre were damaged and did not facilitate effective cleaning.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was an up to date statement of purpose available in the centre on request.

Judgment: Compliant

### Regulation 30: Volunteers

A sample of volunteer files were provided to inspectors. These were found to comply with the requirements of the regulations and contained necessary Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 31: Notification of incidents

There was timely reporting of notifiable incidents that occurred in the centre to the Chief Inspector as set out in Schedule 4.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All required policies and procedures as set out in Schedule 5 were available to inspectors and had been updated at intervals not exceeding three years.

Judgment: Compliant

### Quality and safety

There was a good standard of care and support being delivered to residents living in Leeson Park House Nursing Home. Residents reported they were happy living in centre and that their rights were respected in how they spent their days. Improvement was required however under Regulation 9: Residents' rights,

Regulation 20: Information for residents, Regulation 17: Premises and Regulation 27: Infection Control to come into compliance with the regulations and for ongoing quality improvement.

Inspectors identified that there was insufficient storage in the centre and this was impacting on storage practices. For example; inspectors observed that there were items such as linen skips, specialised moving and handling equipment stored in communal bathrooms. The centre's oratory and attic space were also being used for storage.

Inspectors were informed of a number of improvements completed since the last inspection to improve the quality and safety of care for residents. This included the updating and refurbishment of a number of bedrooms with new bedroom furniture, upgrading of communal toilets and repainting of communal areas. Oversight of the standard of finish of the maintenance and refurbishment works completed required strengthening however.

The centre was found to be generally clean. The household staff who spoke with inspectors demonstrated the colour-coding systems and the appropriate separation of clean and unclean items during cleaning processes. Inspectors observed that personal protective equipment (PPE) was available to staff throughout the centre. Appropriate use of PPE was observed during the course of the inspection, with a few exceptions. A small number of staff were seen to wear their face mask incorrectly which could result in onward transmission of infections. Improved adherence to hand hygiene practices was also required. Further areas for action are detailed under regulation 27, infection control.

A safeguarding policy was made available to inspectors and this detailed the roles and responsibilities and steps for staff to take should a concern of abuse arise. Training records indicate that the majority of staff had completed safeguarding training and staff who spoke with inspectors were familiar with and knew where to locate the safeguarding policy. Staff were clear about their role in protecting residents from abuse and to report any allegations or suspicions of abuse. However inspectors became aware of one occasion where an allegation of abuse had not been fully investigated or followed up as required. This required action.

There was a focus on ensuring that resident's rights were promoted and respected in Lesson Park House nursing home. Residents had access to telephones, newspapers and television. Residents had access to independent advocacy services with contact details advertised throughout the centre. There were monthly resident meetings to discuss issues relating to the service with action plans developed to address the issues raised. Residents were supported to attend outings and use the local facilities such as the local shops and parks. Recent outings included trips to Dublin castle and Phoenix park.

There was a programme of activities which residents told inspectors they enjoyed, however inspectors noted that there was some action required to ensure that all residents received sufficient and appropriate levels of activation in appropriate environments. This is discussed under Regulation 9, Residents' rights.

There was an open visiting policy and visitors were observed to come and go throughout the inspection. There was suitable communal areas and rooms available for residents to receive visitors.

There were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents were seen to have a locked space to store valuables. Residents confirmed that they were satisfied with how their laundry was completed and that it was returned promptly. There was an effective labelling system in place to ensure the correct laundry was returned to residents.

All residents were assessed for their hydration and nutritional needs on admission and every four months or as required thereafter. Based on these assessments, care plans were formulated to inform and direct staff regarding residents' individual needs. Inspectors looked at a sample of nutritional care plans and found that they contained person centred information and reflected the assessed needs of the residents.

There were arrangements in place for residents to access speech and language therapists and dietitians as required and a system was in place to ensure that residents' needs were communicated to catering staff as they evolved and changed. In conjunction with dietitians, the chef ensured that the menu was nutritionally balanced to meet the needs of residents. Food menus were available on dining room tables regarding the variety of food, snack and drink choices on offer on a daily basis.

The provider maintained a written guide of 'Information for residents'. It was available to all residents and included a summary of services and facilities in the centre, the procedure regarding complaints and arrangements for visits. It did not include details regarding the terms and conditions relating to residence in the centre.

There was up-to-date policies and procedures in place to promote good medicine management. All controlled medicines were stored securely and appropriately, and there was a log of these medicines maintained, with stock balances checked and signed by two nurses twice a day, at the beginning of each shift. Inspectors observed that there were arrangements in place for ongoing monitoring of fire safety precautions in the centre.

## Regulation 11: Visits

There was an open visiting policy in place and it was observed that there were a number of suitable communal areas available for residents to receive visitors in private.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents' right to access and retain control over their possessions and finances was supported. There was a secure lockable space available for valuables for each resident and there were suitable arrangements in place for the laundering of residents' clothes.

The registered provider was the pension agent for 2 residents and managed small amounts of monies for residents on request. Inspectors reviewed a sample of records and found that these were transparent and clear. A sample of balances checked were found to be correct.

Judgment: Compliant

## Regulation 17: Premises

The following issues were identified which required action.

- Inspectors observed areas of significant wear and tear throughout the centre that required attention; for example, one fire door was found to be badly damaged with part of the intumescent strip coming away from the door. Flooring in some residents' bedrooms and communal areas was observed to be heavily marked.
- There was inadequate storage facilities in the centre which was resulting in inappropriate storage practices. For example; inspectors observed that the centre's attic space, oratory and some communal bathrooms had items such as boxes of paperwork, moving and handling equipment and specialist seating amongst other items stored in them. The inappropriate storage of combustible items in the attic space had been identified by the centre's management and was being addressed. Inspectors received assurances that the attic space had been fully emptied following the inspection.
- Management systems for the oversight for the maintenance of the premises and the standard of maintenance work completed required strengthening.
- Inspectors were not assured that the layout of all multi-occupancy bedrooms provided adequate floor space, within the privacy curtains, for residents to undertake activities or access to their personal storage space in private. In some multi-occupancy bedrooms too, the layout and configuration required review to ensure that all residents had access to the wash hand basin without impinging on the other resident's privacy. Furthermore, in some multi-occupancy bedrooms there was inadequate access to personal wardrobe space in private.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times. Residents expressed overall satisfaction with food and nutrition.

Judgment: Compliant

### Regulation 20: Information for residents

Inspectors reviewed the information guide available in the centre for residents. This required further detail regarding terms and conditions of residency in centre.

Judgment: Substantially compliant

### Regulation 27: Infection control

Inspectors found that improvements were necessary to ensure that infection prevention and control in the centre reflected the National Standards for infection prevention and control in community services (2018).

- Some staff were seen to wear their face mask incorrectly. For example; staff were seen to wear their face mask below their nose during the inspection. This may result in onward transmission of infections to residents. Improved adherence to hand hygiene practices was also required.
- There were sinks available for staff to clean their hands, however, some of these sinks did not comply with current recommended specifications for clinical hand hygiene sinks.
- Some surfaces and finishes around the centre such as flooring, cupboards and walls were damaged and did not facilitate effective cleaning. In en-suite bathrooms some hand rails were observed to be rusted and pipes exposed.
- Inspectors observed unlabelled personal hygiene products such as shampoo, barrier cream and urinal bottles in shared toilets and bathrooms, this posed a risk of cross contamination.
- Storage in shared en suites required review as inspectors noted that many products were unlabelled and stored in the same area for both residents. It

was unclear to which resident these items belonged. This posed a risk of cross contamination.

- Inspectors observed in some en-suite bathrooms that items such as wash basins were stored on the floor, in one en-suite inspectors observed that a catheter extension bag was also placed on the floor posing a infection control risk.
- Cleaning chemicals were made up and stored in the centre's sluice room; this increased the risk of transmitting a healthcare-associated infection.
- There was inappropriate storage of supplies and equipment in communal bathrooms such as used and clean laundry, commodes and specialist seating.
- In two areas in the centre, strong odours were noted, the ventilation arrangements required review to ensure the circulation of fresh air.
- Fabric covered furniture was in place throughout the centre. Some items of furniture were seen to be stained. This required review.

Judgment: Not compliant

### Regulation 28: Fire precautions

Inspectors were assured that reasonable measures were in place to ensure residents were safe and protected from the risk of fire. Inspectors reviewed records that indicated that there was ongoing monitoring of fire safety equipment and escape routes.

There was ongoing simulated evacuation drills undertaken in the centre on a regular basis and records indicated that staff had received training in fire safety.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors observed that medicines were administered to residents based on their prescription record and administration records were promptly completed after medicines were administered to the resident. There were systems in place for the regular review of prescribed medication.

Judgment: Compliant

### Regulation 8: Protection

Although measures had been put in place to protect residents from abuse such as staff training and an-up-to date safeguarding policy, inspectors became aware of one occasion where an allegation of abuse had not been fully investigated. Inspectors were not assured that all necessary follow up corrective actions and measures to ensure resident safety had been identified and put in place.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Not all multi-occupancy bedrooms supported residents' right to privacy. Inspectors observed that in many multi-occupancy bedrooms, which were dimensionally large, the space available to residents within the confines of the privacy curtains was limited. Furthermore not all multi-occupancy rooms were configured with personal storage for residents within the private curtain space. This limited residents right to undertake activities or access to personal storage space in private.

Inspectors were informed that there had been a recent increase in activity staff numbers and hours, however based on inspectors observations, feedback from relatives and residents, action was required to ensure that activities were undertaken in appropriate spaces that enhanced residents' abilities to participate in activities, to remain alert and engaged. For example; inspectors observed that while an exercise class was ongoing, staff had to pass between residents and the instructor in order to get to another part of the centre.

Judgment: Substantially compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0038174

Date of inspection: 25/11/2022

## 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
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• To strengthen the oversight for the maintenance of the premises we are implementing a management software solutions system which will enhance the facilities standards. This will be managed by the Group Facilities Manager, homes facilities personnel and PIC.</li> <li>• Newly refurbished bathroom had holes in the wall from where the new system for the nurse call bell was installed, work was ongoing.</li> <li>• A program of works has been agreed to address the damages surfaces and finishes in the home to facilitate effective cleaning.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• Fire Consultant has been engaged to carry out a full assessment of the fire doors. Based on the report works will be carried out accordingly.</li> <li>• A program of works has been agreed to address marked flooring in the home.</li> <li>• To strengthen the oversight for the maintenance of the premises we are implementing a management software solutions system which will enhance the facilities standards. This will be managed by the Group Facilities Manager, homes facilities personnel and PIC.</li> <li>• The multi occupancy rooms have been reviewed by a competent designer to ensure residents privacy and access is maintained. Once drawings received these will be sent on</li> </ul>	

to the inspector to review. Under consideration to reduce two multioccupancy rooms to single occupancy.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- Residents Guide was reviewed, and additional information added for further clarity, same was submitted to HIQA following on from day of inspection.

Regulation 27: Infection control

Not Compliant

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

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- Staff have been met with re mask wearing to ensure correct IPC measures are followed. IPC training is in date for all staff; CNMs completing hand hygiene audits and PIC/ADON overseeing it.
- The identified sinks will be replaced to conform with the current recommended specifications for the clinical hand hygiene sinks.
- A program of works has been agreed to address the damages surfaces and finishes in the home to facilitate effective cleaning.
- No products are to be left in communal bathrooms. Residents in sharing rooms have their own labeled baskets to keep personal toiletries. IPC audits are completed quarterly. Day-to-day checks ongoing by nurses, ADON and PIC.
- Each resident has a small, labeled basket to keep personal toiletries. Unlabeled products to be labelled/discarded.
- All wash basins are to be taken to the sluice room. PIC has met with the nurses regarding poor practices with catheter bags. Only 3 residents have a urinary catheter and a checklist has been implemented to ensure good practices are adhered to.
- Chemicals were removed from the sluice room on the day of inspection and are now available only in the cleaning storeroom.
- Storage review underway and designated parking and storage bays will be clearly identified and communicated to all staff.
- Extractor fans and vents are deep cleaned and will be replaced if required.

<ul style="list-style-type: none"> <li>• All fabric furniture has been steamed cleaned and a program of cleaning agreed. Furniture is replaced as required.</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: To ensure compliance the registered provider and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The PIC submitted a serious incident review to include a full update of corrective actions and measures taken to ensure resident safety.</li> <li>• Also confirmed with the Inspector that refresher Safeguarding training has taken place.</li> <li>• PIC and DCGQR will continue to review all alleged incidents with the support of the Resident Advocate to ensure learnings and support in place.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The multioccupancy rooms have been reviewed with a competent designed to ensure rights to privacy are in place and access to personal space is maintained. Once drawings received these will be sent on to the inspector to review. Under consideration to reduce two multioccupancy rooms to single occupancy.</li> <li>• Until a final designed of the ground floor unit is agreed, group activities in this unit will take place in the designated multi use room in the ground floor.</li> </ul>	

## 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.	Not Compliant	Orange	30/09/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	28/11/2022
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	30/09/2023

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 implemented by staff.	Not Compliant	Orange	30/09/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	28/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/09/2023
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.	Substantially Compliant	Yellow	30/09/2023