



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

Issued by the Chief Inspector

Name of designated centre:	The Mac Bride Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0000647
Fieldwork ID:	MON-0035359

About the designated centre

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

The MacBride Community Nursing Unit is registered to accommodate 29 residents who require long term care or short term respite care. It is operated by the Health Service Executive (HSE). The centre is located in the town of Westport, Co. Mayo and is a short walk from the shops and business premises in the town.

The building is single storey and residents are accommodated in nineteen single and five double rooms. There are two safe outdoor areas that are accessible to residents and these have been cultivated with plants, ornamental features and bird feeders to provide interest for residents.

The philosophy of the centre according to the statement of purpose is to deliver the very highest quality of care and service in an organised and well managed environment where decisions are made in conjunction with residents and their carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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How we inspect

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 7 April 2022	11:10hrs to 18:30hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

The inspector found that residents received care and services from a well established staff team who knew them well. Care was person centred and residents' rights to privacy and dignity were upheld in most areas. However significant improvements were required to ensure that the premises was a safe and suitable environment for the residents.

The centre had experienced a significant outbreak of COVID-19 in February 2022. It was evident on the inspection that residents and staff in the designated centre has been through a challenging time. Residents and their families acknowledged that staff and management had their best interest at the forefront of everything they did during the outbreak and since.

The centre is located in close to Westport town centre and is well known in the local area. During the inspection residents told the inspector how much they appreciated being able to remain in their local area and the opportunities that this presented for them to go out into the local community to attend mass or visit the shops and cafes.

On the morning of the inspection visiting restrictions remained in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection following the recent outbreak in the centre. During the outbreak residents had been encouraged and supported by staff to maintain their personal relationships with family and friends through scheduled window visits and telephone and video calls. However on the afternoon of the inspection families were informed that visiting restrictions were lifted and families started to come back into the centre to meet with the residents. Visitors who spoke with the inspector said that they were very happy with the care and support that residents received and spoke about how important it was that residents were being cared for in their own community. Relatives said that the staff were kind and caring and that their loved ones were safe.

Residents were obviously delighted to be able to meet with their families again and told the inspector how happy they were that their visitors could just pop in again and not have to make an appointment. It was clear that families were encouraged to remain involved with residents and their on-going lives in the designated centre

The inspectors observed that staff worked well together demonstrating co-operation and flexibility in their work to ensure that residents' call bells were answered promptly. Staff spoke respectfully towards residents and were mindful of maintaining confidentiality when they were talking with the inspectors.

Bedroom accommodation was provided in a mixture of single and twin bedrooms. Although the single rooms met the minimum requirements of the regulations they were small and the inspector observed that those residents who had a comfortable chair in their bedroom were not able to access their storage or hand washbasin.

Most single rooms had overhead hoists in place to enable safe moving and handling practices as it would not be possible to manoeuvre a portable hoist in this confined space. Twin rooms were spacious and had en-suite facilities. All bathrooms and toilets were of a good size and were accessible for residents.

There was a large bright comfortable lounge for residents and this was well used on the day of the inspection. Residents were socialising with each other and meeting with visitors. During the afternoon a music session provided a couple of hours of enjoyable entertainment for the residents. Staff supported residents to participate in the session and it was evident that staff knew the residents' preferred levels of participation and supported them to join in. Staff were observed chatting with the residents throughout the day discussing local and national news.

There were two enclosed courtyards which were easily accessed from the rear corridor. The doors to the gardens were open and residents could go outside for fresh air without restrictions. The gardens were nicely laid out with seating and items of interest including farm animals and equipment.

Residents told the inspectors that they enjoyed their food and that there was plenty of it. Staff were seen offering support and encouragement at meal times. The dining rooms were spacious and residents were encouraged to maintain social distancing in line with the guidance. Staff were diligent in cleaning the tables and chairs between use. Staff were familiar with each resident's dietary needs so that resident's on special diets received the correct meal.

The next two sections will set out the findings for each regulation under the capacity and capability and quality and safety pillars in the report.

Capacity and capability

Although there had been some improvements in the management of the centre since the inspection in March 2021 the inspector found that the provider had failed to bring the centre into compliance with the care and welfare regulations by 31 December 2021 and as such were in breach of their condition of registration.

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre and to follow up on the non-compliance from the previous inspection in March 2021.

The designated centre was operated by the Health Service Executive (HSE). The provider representative was not available on the day of the inspection. The person in charge facilitated the inspection and demonstrated a good understanding of their regulatory responsibilities.

The inspector found that there was a well established core staff team, however a number of staff had left the centre in the previous twelve months and had not been replaced. Staff vacancies were covered by agency staff and staff shared with other designated centres in the area. This resource was not sustainable and did not ensure that all tasks were carried out in a timely manner including the organisation of storage and deliveries and the completion of regular fire safety checks.

Quality assurance processes had been strengthened since the last inspection however the oversight of key areas such as premises and fire safety were not robust and did not adequately ensure the safety and well-being of the residents. In addition a number of risks identified and escalated to the senior management team within the HSE had not been addressed in a timely manner. For example, the damaged roof was highlighted in the previous inspection report in March 2021 however the roof survey had only just been completed in February 2022 and the report was still not available at the time of the inspection. This meant that the provider still did not have a time bound plan to carry out the repairs required. Furthermore the extensive damage to the roof and any potential fire safety risks as a result of this damage had not been investigated by the provider.

Regulation 14: Persons in charge

There was a person in charge who met the regulatory requirements. The person in charge was an experienced registered nurse. They worked full time in the designated centre and were well known to residents, families and staff.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with the appropriate knowledge and skills to care for the 18 residents living in the designated centre on the day of the inspection. However there were a number of staff vacancies that had not been filled and the current staffing levels would not be adequate when the centre returned to full occupancy of 29 residents. This is addressed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and training records showed that staff were up to date with fire safety and safeguarding training. Staff were also up to date with their mandatory training in line with the centre's own policies and procedures. Training records were up to date and the oversight of staff training was robust.

The supervisory clinical management hours had recently been reduced from full time to 13 hours and there was no clear plan in place to replace these hours. This is addressed under Regulation 23. Additional training was required in terms of fire safety and is addressed under Regulation 28.

Judgment: Compliant

Regulation 23: Governance and management

The management structure that was in place did not reflect the management structure outlined in the centre's statement of purpose as the clinical nurse manager role had reduced from 0.5 WTE role to 13 hours. In addition the on call roster for out of hours and weekends was not clearly recorded and staff reported that they did not have the information about which manager to call in the event of an emergency out of hours.

The provider had failed to make available the resources that were required to repair the roof and ensure that the centre was a safe and comfortable environment for the residents. In addition the provider had failed to bring the centre into compliance with Regulation 17 and was in breach of the designated centre's conditions of registration which required them to come into compliance with Regulations 23, 17 and 28 by the 31st December 2021.

The current staffing resource was not adequate for 29 residents in line with the centre's conditions of registration and statement of purpose. The current staff vacancies in key areas such as cleaning and the general operative were being covered by agency staff or staff from other designated centres. This was impacting on the effective organisation of the day to day care and services as evidenced by;

- The centre was cluttered with boxes of personal protective equipment (PPE) and other items that needed to be put away in the correct storage areas.
- Care staff were diverted from care duties to put away supply delivered including linen and PPE equipment.
- The external courtyard to the rear of the building was in an untidy state with un-swept paths and fences and gates were broken.
- The weekly fire safety checks were not consistently completed and recorded in the fire log.

The management systems and monitoring of risks particularly in relation to the general environment was not robust and as a result the inspector found a number of risks in relation to fire safety and premises that had not been identified and

addressed by the provider. These are discussed under the relevant regulations.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose that contained the information required under Schedule 1. However the statement of purpose required updating to reflect the centre's current conditions of registration and reduction in clinical management hours.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in place which met the requirements of the regulations. There were no open complaints at the time of the inspection and there was a low number of complaints overall.

Records showed that where a complaint had been made this had been managed in line with the centre's complaints policy and was resolved to the complainant's satisfaction.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and were made available to staff through training and staff meetings.

Judgment: Compliant

Quality and safety

The inspector found that residents' care needs were being met and that residents enjoyed a good quality of life at the heart of their local community. However the quality of the environment required significant improvement to ensure that residents

were comfortable and safe.

Issues identified on the last inspection in relation to premises and fire safety had not been addressed. This included extensive damage to the roof and internal ceilings in a number of areas of the centre. For example there was a large patch of black mould on the ceiling in the main lounge where water damage had leaked from the damaged roof and had not been repaired. In addition the inspector was not assured that adequate fire safety risk management arrangements were in place as the provider had not completed a fire safety risk assessment to ensure that the damaged roof had not impacted on the fire stopping and fire compartmentation in the building. .

Inspectors found that during the recent COVID-19 outbreak the needs of residents had been prioritised by a dedicated staff team who had worked hard to maintain safe levels of care to residents at the height of the outbreak. Overall infection prevention and control practices were of a good standard but there were not sufficient clinical hand washbasins available for staff outside of the residents' bedrooms.

On the morning of the inspection visiting restrictions remained in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection following the recent outbreak in the centre. During the outbreak residents had been encouraged and supported by staff to maintain their personal relationships with family and friends through scheduled window visits and telephone and video calls. However on the afternoon of the inspection families were informed that visiting restrictions were lifted and families started to come back into the centre to meet with the residents. Visitors who spoke with the inspector said that they were very happy with the care and support that residents received and spoke about how important it was that residents were being cared for in their own community. Relatives said that the staff were kind and caring and that their loved ones were safe.

Each resident had an assessment of their needs and had a care plan in place. Overall care plan records were up to date and reflected each resident's current needs. Care plans were person centred and reflected the resident's preferences and daily routines. However improvements were required to ensure that those residents who were funded for additional services such as personal assistant hours were provided with the service in line with their care plan.

Residents had access to a general practitioner (GP) and specialist health services however not all residents had seen their GP within the previous twelve months. Residents were supported to attend the national screening programmes for which they were eligible. There was also clear evidence that nursing staff followed up on hospital appointments to ensure that residents were able to attend their appointments. Residents has access to a wide range of specialist health care services which included, physiotherapy, chiropody and occupational therapy.

Regulation 11: Visits

By the afternoon on the day of the inspection it was evident that visits were no longer overly restricted and families were visiting with residents in line with the national guidance.

There was a quiet room available for residents to meet with their families if they did not want to meet in their bedroom.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had a wardrobe with shelving and cupboard space and a bedside locker with lockable storage if the resident wished to use it.

Resident's clothes were laundered in the designated centre and returned to them within 24 hours. Small repairs could be made in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not provide premises which conformed to the matters set out in Schedule 6 of the regulations. This was evidenced by:

- The roof of the designated centre was damaged and leaking in several areas and was not in a good state of repair.
- Water leakage from the damaged roof had caused ongoing damage to the internal ceilings in a number of areas in the designated centre. This included the communal lounge where most residents spent their time during the day. The inspector observed a patch of black mould in one area of the ceiling in this room.
- Although the single rooms met the minimum size requirements there was not sufficient room for a resident to have a comfortable chair beside their bed without the chair blocking access to the resident's wardrobe or their hand washbasin.
- There was a lack of storage space available in the designated centre and access to the external storage areas was hindered by the poor state of repair of the rear courtyard.
- The inspector observed that the concrete surface in the rear courtyard was

cracked and damaged in several areas and was uneven in other areas especially the area close to the ramp from the rear door. The uneven surface allowed pools of rain water to collect which was a further hazard to any persons accessing this area. This was a particular concern because resident's visitors were using this as their entrance to the centre and there was a significant risk of trips and falls.

- The wooden gate and fencing at the rear of the building were broken and did not ensure that the area was secure for the safety of staff and visitors using this thoroughfare.
- The clinical bins were not in a secure area and could be accessed by members of the public.
- There was a large crack in the ceiling of the laundry room.
- Some of the garden seating needed repair and painting and the flower beds needed weeding.

Judgment: Not compliant

Regulation 27: Infection control

Improvements were required in hand washing facilities to ensure that infection prevention and control procedures were consistent with the standards published by the Authority. This was evidenced by:

- There were not sufficient clinical hand washbasins outside of the resident's bedrooms.
- There was no clinical hand washbasin in the clinical room or in the immediate area.
- There was no hand washbasin in the cleaner's room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire. This was evidenced by: The lint collector in the dryer was full and posed a risk. There was no clear process in place to ensure that the lint collector was emptied on a regular basis.

- The poor state of repair of the roof and ceilings in the designated centre did not ensure that the fire stopping between fire compartments was robust.
- The floor plan showing the location of the fire compartments within each zone of the building were not available at the fire alarm panel for staff to use in the event of a fire emergency.

- The emergency lighting along the rear corridor of the building was old and had been recommended for replacement at the previous two quarterly checks however the lighting had not been replaced.
- Records showed that the six monthly fire door check was last completed in June 2021 and was now overdue.

The records of fire evacuation drills did not provide assurances that residents could be evacuated to a place of safety in a timely manner. Following the inspection the provider was required to carry out a simulated fire drill using two staff (night time staffing Levels) to ensure that residents could be evacuated with the least number of staff available.

Some staff were not clear about;

1. The evacuation procedure in the event of a fire emergency.
2. The location of fire compartments and sub compartments in the event of a fire emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication practices in the designated centre ensured that medications were stored securely and administered safely in accordance with the directions of the prescriber.

There were clear procedures in place for the ordering and returns of unused medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

One resident who had communication needs did not have a care plan in place to inform nursing and care staff how best to meet their communication needs.

A sample of social care plans reviewed by the inspector did not provide sufficient information about the residents' needs and preferences in relation to social interactions and meaningful activities.

Judgment: Substantially compliant

Regulation 6: Health care

Although residents had access to a general practitioner (GP) of their choice records showed that one resident had not seen their GP for more than twelve months and their medication review was overdue.

Personal assistant hours for a resident who had additional social care needs were not in place in line with the resident's care plan.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was no evidence that, in line with national policy on the use of restraints, where a restraint was being used that:

- Alternatives had been trialled before the decision was made to use the restraint.
- The resident and/or their representative had been consulted about the use of the restraint

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken appropriate measures to protect residents from abuse. This was evidenced by:

All staff had attended safeguarding training.

Allegations of incidents of abuse were investigated in line with centres safeguarding policy

Judgment: Compliant

Regulation 9: Residents' rights

The previous inspection had found that those residents accommodated in bedrooms towards the rear of the building did not have access to a reliable phone and wi-fi signal. The provider had failed to fully address this issue and at the time of this

inspection residents accommodated in this area still did not have access to reliable phone and wi-fi in their bedrooms and were not able to use their phones to make private calls.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Mac Bride Community Nursing Unit OSV-0000647

Inspection ID: MON-0035359

Date of inspection: 07/04/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>The required documentation has been completed and sent to recruitment to fill the 25 vacant CNM2 hours and the general operative post. This was offered to current RNs inhouse but there was no interest expressed in the position, there was no interest from current CNM2 panel. A bespoke campaign is to be sought for the CNM 2 position, Agencies have been contacted re filling the post. The unit is staffed safely for the number of Residents on site, increase in occupancy will only happen when the necessary staff are in place to meet the Residents needs. Please note part of the HCA/MTA job description is to ensure that the unit is clutter free and a safe environment to work in</p> <p>With regard to on call, there is an overall CHW emergency plan for Major incidents. There is access to Westdoc for medical emergencies out of hours and also access to an on call maintenance out of hours</p> <p>The roof works has been put out to tender and we await that process to complete and a contractor appointed The courtyards were weeded and tidied.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The SOP has been updated to clarify the recently change to the CNM2 hours.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>The ceiling in the dayroom has been repaired and redecorated. The rear courtyard has been repaired. The roof works has been put out to tender and we await that process to complete and a contractor appointed The wooden gate has been repaired and an area to secure clinical bins has been created. The garden seating has been painted and weeding has taken place.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Funding is secured for the appropriate clinical hand wash basins to be installed A request has been sent to maintenance to assess and identify locations within the unit, with the necessary access to water and waste to install the sinks.</p>	
Regulation 28: Fire precautions	Not Compliant

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

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

There was a system in place to remove the lint but this was not adhered to. The importance of this has been reinforced with staff and the DON & CNM2 regularly check this. Additional notices have been put in place to remind staff to remove lint.

There is a floor plan in place at both fire panels.

Fire drills take place during the year and are conducted by Maurice Johnson Partners as well as local drills facilitated by local management. The evacuation procedure and compartments are discussed at each drill with staff.

The roof works has been put out to tender and we await that process to complete and a contractor appointed

The Emergency lighting has been repaired and in working order

A tender process is in place for a competent contractor to survey the Fire doors within the unit.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans have been updated. An audit will be conducted by the CNM2 by the end of July.

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

The compliance plan response from the registered provider does not

adequately assure the chief inspector that the action will result in compliance with the regulations.

All residents have been reviewed by their GPs and medication reviews are up to date. The personal assistant hours had been requested but nobody is available to fill this post at the moment. This has been recorded in the care plan. This has been escalated to the manager for older peoples services who will liaise with Disability service for advice

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Alternatives are always trialed before any restraint is put in place. As visiting had been restricted, it was not always easy for the named nurse to meet the next of kin. With open visiting reinstated, this has now been resolved. Residents and their representative have been updated on any changes in restraint.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

A second mobile handset has been requested from IT national service desk

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(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.	Substantially Compliant	Yellow	30/11/2022
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	30/11/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	30/11/2022

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/11/2022
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.	Not Compliant	Orange	30/11/2022
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	30/09/2022
Regulation 28(1)(a)	The registered provider shall take	Not Compliant	Orange	30/11/2022

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	22/06/2022
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.	Not Compliant	Orange	30/11/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/11/2022
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	Not Compliant	Red	12/04/2022

	and, in so far as is reasonably 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.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	12/04/2022
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	22/06/2022
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	22/06/2022
Regulation 03(2)	The registered provider shall	Substantially Compliant	Yellow	

	review and revise the statement of purpose at intervals of not less than one year.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/09/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires	Substantially Compliant	Yellow	30/09/2022

	additional professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	22/06/2022
Regulation 9(3)(c)(iii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident telephone facilities, which may be accessed privately.	Substantially Compliant	Yellow	30/09/2022