



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Plunkett Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Elphin Street, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 June 2022
Centre ID:	OSV-0000653
Fieldwork ID:	MON-0034564

About the designated centre

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

The Plunkett Community Nursing Unit is a purpose-built facility that has been operating since 1972. It can accommodate 38 residents who require long-term residential care and two residents who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that the aim of the service is to provide residents with the highest possible standard of care delivered with respect, dignity and respecting the right to privacy in a friendly, homely environment to enhance their quality of life. The centre is a single story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 16 single, and nine double rooms. Communal space includes a large sitting room, a dining area, a media room, an oratory and a visitor's room. The centre has a large secure garden area that is centrally located and has been cultivated to make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Friday 10 June 2022	09:15hrs to 18:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

The inspector found that residents in Plunkett Community Nursing Unit received good health and social care support from a team of dedicated staff that ensured residents rights and choices were promoted and respected. While all residents were registered with a general practitioner (GP) there was dissatisfaction voiced by some residents and by a number of family members at the cancellation of regular GP in house visits to the centre in May 2021. The prevailing view from these residents and their families was that it was not acceptable that elderly residents had to leave their home to attend their medical appointment's at the GP's surgery rather than in the designated centre which was their home and often having to wait long periods to be seen.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations. Upon arrival the inspector was guided through the centre's infection prevention and control procedure which included symptom checking, monitor of temperature and the use of appropriate personal protective equipment (PPE).

The centre was COVID-19 free on the day of the inspection however the designated centre had experienced an outbreak at the end of February 2022 until its closure on the 18th of April 2022. The registered provider maintained regular contact with public health and other agencies in order to manage the outbreak. Overall 25 residents and 36 staff tested positive over this period.

Residents spoken with in the course of the inspection mentioned that they were happy that restrictions had been lifted and that they could resume their normal routines. Residents spoke highly of staff and the support they gave them during this time. One resident stated "it was not easy on the staff ". There was effective channels of communication in place to keep relatives informed of the health status of their loved ones and on the visiting arrangements that were in place during the outbreak. On the day of the inspection visitors were seen attending the centre to see their loved ones, observations confirmed that they were also checked for symptoms of COVID-19 prior to gaining entry to the centre.

On the day of the inspection there were 27 residents living in the designated centre, of those eight were designated as having maximum dependencies, 10 high dependency, six moderate and three with minimum rated dependency. During the course of the inspection mobile residents were seen moving around the centre and were able to access facilities within the centre without any restriction. A number of residents required assistance with their mobility and they were assisted by staff to gain access to communal areas and their own private spaces. All mobility equipment was seen to be in good working order, clean and well-maintained.

Residents were observed attending and participating in planned activities . The

exercise activity and word game activity were very well planned and co-ordinated by staff. All residents attending these sessions were encouraged to participate in a gentle manner and received the necessary support to ensure they enjoyed the experience.

Residents who expressed a view said that they were happy with their bedrooms. One resident commented that "they are always cleaning my room", Residents were seen to personalise their rooms with artefacts and pictures personal to them. There were regular resident meetings held to access residents views and to inform residents on various aspects of the service that were important to them such as, outings, visits, COVID-19, and access to services.

The designated centre was clean and well-maintained. The contract for cleaning the centre had been outsourced and there were regular quality checks in place to ensure that the centre was cleaned to a high standard. A number of renovation works had been completed since the last inspection which improved the lived environment of the residents. Renovations to the roof and to one of the garden areas had been completed. There were other upgrade works to the physiotherapy area and the nearby garden area that were still ongoing.

Residents said they were content with the quantity and quality of the food provided. A meal service was observed in the main dining room. There were sufficient numbers of staff available to support residents with their eating and drinking. As a result no resident had to wait too long for their meal. A number of residents required one-to-one support with their eating and drinking and this was provided in an unhurried and respectful manner.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the services provided.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on actions the registered provider had agreed to complete in order to address areas of non compliance found on the last inspection carried out in May 2021.

Overall, the findings of this inspection found that the registered provider is committed to reaching compliance with the regulations. A number of actions had been completed since the last inspection to improve the living conditions for the residents in the designated centre. The inspector also found that the registered

provider had carried out additional actions to ensure that they were in compliance with the regulations with regard to staffing, staff training and development and resident's rights.

Despite, this progress, there were still upgrades required to bring the laundry room up to a standard to ensure effective infection, prevention and control procedures were in place to promote and ensure resident safety. The registered provider had made a number of alterations to an unoccupied bedroom " bedroom 20" to improve access to ensuite facilities and internal decoration to improve the room environment. This bedroom was identified as unsuitable for resident accommodation at the previous inspection in May 2021. This was due to inadequate internal lighting, poor access to toilet facilities and lack of natural light from outside. As a result of this finding a restrictive condition was attached to the designated centre's registration which meant that it could not be used to provide accommodation to residents. Despite the improvements made to this bedroom, with regard to improved lighting and the removal of gates outside the bedroom window, these changes had not improved the quality of light and ambiance in the room.

An incident regarding a resident that was presented with a meal which was not in line with their specialist nutritional care plan and which contradicted speech and language guidelines had not been notified to the Office of the Chief inspector in accordance with Regulation 31. The resident did not require hospital treatment and was subject to regular monitoring by the staff team. The registered provider was seen to have reviewed this incident internally and managed this issue in line with the designated centre's safeguarding policy.

The registered provider for this designated centre is the Health Service Executive (HSE). There was a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of a general manager, a manager for older persons services and the person in charge.

The person in charge was supported in their day-to-day role by a clinical nurse manager, a team of staff nurses and health care assistants of which four were identified as multi-task attendants who carried out laundry duties in addition to their care role. The staff team also comprises of catering, maintenance and an outsourced cleaning resource.

The centre had completed a review of the COVID-19 outbreak in February 2022 and there was evidence that the centre's COVID-19 contingency plan was updated in accordance with guidance received from Public Health and lessons learned from the outbreak. Some key points noted in the review described the availability of staff and direction and guidance from infection prevention and control leads as crucial in the management of the outbreak.

The inspector reviewed records relating to governance and oversight arrangements in the centre and was assured that there were robust systems in place to ensure services provided were monitored effectively. The provider maintained regular meetings both clinical and operational to review service provision.

A review of rosters indicated that there were sufficient resources available to meet

the needs of the residents. Where gaps appeared on the roster due to sickness or annual leave cover was arranged either through existing resources or through agency cover. The registered provider had a recruitment plan in place to recruit for current vacancies.

Complaints were managed well in accordance with the centres complaints policy. Complaints were reviewed at management level to identify learning and improve services for the residents. The registered provider arranged for separate family meetings to review and discuss concerns resulting from the cancellation of the medical officer contract due to the level of complaints received on this issue.

Regulation 15: Staffing

At the time of this inspection the staffing levels and skill mix were sufficient to meet the assessed needs of the residents. There were three staff nurses and seven health care assistants available during the day, while there were two staff nurses and two health care assistants available from 8pm until 8am to care for the residents.

A recruitment drive was underway to cover one staff nurse position and four health care assistant roles. Rosters levels were maintained with gaps covered internally or by agency cover.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training records confirmed that all staff were up-to-date with their mandatory training requirements. Training audits were maintained to ensure that staff had access to and had attended arranged training. Staff confirmed with the inspector that they had received infection prevention and control training which included breaking the chain of infection, donning and doffing of personal protective equipment (PPE) and effective hand hygiene. In their discussions with the inspector staff were able to describe how they were able to adhere to robust infection prevention and control measures as a result of this training.

Staff were seen to be appropriately supervised while carrying out their duties. An induction process was in place to support new staff in their roles, while existing staff were seen to have access to further education to enhance their continuous professional development.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place which was well-maintained by the registered provider. The information in the directory was current and met the requirements as specified in Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider has maintained an up-to-date contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that some governance systems in place were not effective to ensure the delivery of a safe, well-monitored service. This was evidenced by;

- Inadequate risk management systems, For example, the risk management systems in the centre failed to identify issues relating to fire safety management and some restrictive practices.
- Systems to monitor the environment did not identify areas of risk due to the ongoing building works, where residents had uncontrolled access to a garden area undergoing renovation

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An incident which involved a resident who received food from a staff member that was not consistent with guidance issued by the speech and language therapist was not reported to the office of the Chief Inspector in line with the requirement's of this regulation. However, the person in charge submitted relevant the notification post inspection following discussion with the inspector.

Restrictive practices in relation to the use of sensor alarms and controls over resident access to their smoking products were not included on the quarterly notifications submitted to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure which was accessible to residents and their family members should they wish to register a complaint. This procedure met the requirements of the regulations and set out information on how a complainant received feedback and on how they could appeal a decision.

Staff were aware of the procedure and were able to inform the inspector how they would support residents through this process. A review the complaints log indicated that of the seven complaints received since the last inspection, the majority were from family members and from residents regarding the cancellation of regular visits to the designated centre by the medical officer. All complaints reviewed were in line with the designated centre's complaints policy.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life which took into account their preferences and wishes. There was a high standard of care provided for the residents that met their assessed health and social care needs. A number of actions had been carried out by the registered provider to improve compliance with the regulations. Non compliance in the regulations identified in the previous inspection were mostly addressed however as discussed elsewhere in this report some works regarding premises upgrades were not yet completed. In addition, the identification of risks associated with building upgrades and the impact of these works on the centre and the safety of residents was not adequate.

The provider collaborated with a number of agencies in the community which culminated in a number of residents having their portraits painted. Residents were keen to show the inspector their portraits that they had hung in their individual bedrooms. Other initiatives arranged by the provider included entertainment provided by Roscommon arts council in the form of a "Festival in a van".

There was evidence of effective consultation with residents and family members during the care planning process which focused on residents having autonomy over key decisions that affected them. Residents were given opportunity to provide

feedback regarding the service and their experiences of living in the centre.

Residents had access to a range of health care services to promote their well-being. All residents were registered with a general practitioner (GP) and had access to specialist allied health care services such as dietitian and speech and language therapists who visited the centre at least every three months.

Referral for palliative care services was co-ordinated through the GP service. Residents also had access to primary care services such as opticians, chiropodist, audiologists and dentists. Mental health support was provided by psychiatry of later life located in Roscommon county hospital.

The inspector met with a number of visitors who attended the centre during the inspection. They gave positive feedback regarding the care received by their relatives in the centre however there was also concern raised at the centre losing the on-site visits from the medical officer. The inspector found that alternative arrangements had been put into place for the residents to visit their GP at the local surgery which ensured that residents had access to appropriate medical and health care in line with the regulations. Out of hours medical services were also available for the residents.

There were robust systems in place to review clinical care in the centre with audits and quality improvement plans routinely reviewed at clinical governance meetings. A clinical risk register was well maintained in the centre including a review of the incident where a resident was presented with the incorrect food consistency that had the potential to cause injury. The provider had reviewed this incident and made the appropriate changes to the monitoring of how staff support residents with their dietary requirements. There was evidence available in the training records that a number of staff were trained in cardio pulmonary resuscitation (CPR).

There were a number of improvements carried out to the premises which had been identified at the last inspection. A number of storage facilities were upgraded and this allowed for the safe storage of chemicals and cleaning products used in the centre. Internal decoration had improved the facilities available for resident use.

The centre was observed to be clean on the day of the inspection. There were systems in place to ensure that the environment was cleaned and maintained in accordance with infection prevention and control protocols. There was good knowledge displayed by the household staff regarding the use of chemicals and on how to clean and disinfect surfaces effectively. Audits and cleaning schedules were available and well maintained in the centre. Mobility equipment used by residents was routinely cleaned with a ticket system in place to show when the item was last cleaned.

The centre was working towards a restraint free environment, a discussion was held with the provider regarding possible restrictive practices that may be occurring in the centre such as controls over residents having access to their smoking products and on the possible impact on residents free movement should a sensor alarm or sensor alert a staff member to attend to a resident albeit for their own safety.

Although there was a well-maintained risk register there was still gaps in the identification and management of risk which is discussed in more detail under the relevant regulations. In particular, changes to a fire exit route identified for evacuation was not reviewed prior to implementation of this change which resulted from ongoing building works. The inspector was unable to find evidence that there was a risk assessment carried out to assess potential risk resulting from this change. This was pointed out to the provider during a walk round of the building. The registered provider reinstated this fire exit to its original position during the inspection which meant that fire evacuation routes were aligned with existing fire procedures. Staff were knowledgeable about the fire procedures in place and were able to describe what actions they would take in the vent of a fire activation. Fire safety records were well maintained by the provider.

Regulation 11: Visits

Visits were co-ordinated in line with the centre's own visiting policy. Visitors were observed coming and going from the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

There were a lot of actions taken by the provider to improve the lived experience for residents in terms of their immediate environment, there were however some outstanding works that required completion, some have been mentioned under other regulations but are interdependent on each other, such as

- Works to upgrade the walls and floors in the laundry facility,
- The completion of renovation works to a resident garden area in order for residents to enjoy this communal space.
- Upgrades to Room 20 had not made it suitable for resident use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed a meal service which was well-managed with sufficient numbers of staff available to support resident who required help with eating and drinking. Residents confirmed that they could choose to have their meal in the

dining room or in their own room. On the day of the inspection the menu choice for residents consisted of poached salmon or roast leg of lamb with a choice of dessert also available.

Judgment: Compliant

Regulation 26: Risk management

The registered provider maintained policies and procedures relating to health and safety. There was a risk management policy in place which gave guidance on how risks were assessed and controlled. The registered provider had policies in place as set out under the regulations covering risk of abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression and violence and self harm.

There was a risk register in place which the provider reviewed and updated on a regular basis. However not all risks observed on inspection were identified and included on the risk register, these risks are described in more detail under Regulation 28, fire precautions.

Judgment: Compliant

Regulation 27: Infection control

Works to upgrade the laundry room had not been fully completed at the time of this inspection. Damage to walls and to floors meant that these surfaces could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire risk register required updating to ensure that all fire risks were identified and that adequate precautions were in place to protect residents in the event of fire.

The incorrect positioning of fire exit signage directed residents into an enclosed area that was undergoing renovation and had the potential to lead to confusion in the event of a fire emergency and cause injury and harm.

An existing fire exit in fire zone 1 had been closed due to building works being carried out to an area of the centre. This was brought to the attention of the

registered provider on the day. The obstruction was removed at the time of the inspection so that the fire exit was usable again.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of care records confirmed that residents had a pre-admission assessment completed prior to admission in order to ensure that the provider was able to meet the assessed needs of the individual resident. Residents care needs were found to be assessed using validated assessment tools which informed their individual care plans. There was regular oversight ensuring that assessments and care plans were regularly reviewed and updated as and when required. The monitoring of care plans included care plan audits which identified any actions that may be needed to ensure residents needs were met in a timely manner.

Care plans reviewed were sufficient in detail and accurately described the interventions needed to meet residents assessed needs. Records confirmed that residents were consulted about how they wanted to have care delivered to them, where that was not possible then family members were consulted for their views. Resident's were encouraged to play an active role in their care, there was evidence of positive risk taking where a resident was able to self administer their medication following a completed risk assessment.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to meet residents' assessed health care needs. Arrangements for residents to access a GP service had changed since the last inspection held in May 2021. Regular on site visits by a medical officer ceased on 31 May 2021. The registered provider facilitated residents to choose an alternative medical practitioner and at the time of the inspection all residents were registered with a local GP service. A number of residents and their relatives are unhappy with this change and feel that residents living in nursing homes should have access to regular medical review held in the designated centre.

There were referral networks in place for residents to access a range of other health care services such as occupational therapy, dietitian, speech and language therapy. Discussions with the person in charge confirmed that these services visit the designated centre to review residents when required. A physiotherapist works part - time in the centre to maintain residents physical function.

Judgment: Compliant

Regulation 9: Residents' rights

There were numerous opportunities for residents to engage in communal activities or to pursue activities on their own. The inspector observed a selection of planned activities which included a well-organised physical exercise session, where residents were encouraged and supported to participate. It was clear that staff were aware of residents' needs and the level of support they needed to enjoy the activities provided. Some residents preferred to spend time in their room watching TV or listening to their radio, while other residents were seen to pursue their own individual interests. Activity boards were located in prominent areas of the centre and clearly displayed the range of activities available that day, which enabled residents to make an informed choice of whether they wished to attend or not to attend.

Residents confirmed that they had access to religious services via streaming platforms.

There was evidence of meaningful engagement between the provider and residents with resident committee meetings held on a regular basis to discuss the service provided. Regular agenda items included, catering, visits, fire drills, COVID-19 precautions, activities and outings and GP services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	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 9: Residents' rights	Compliant

Compliance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0034564

Date of inspection: 10/06/2022

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>The PIC updated Fire risk assessments in regards to the fire exits and in conjunction with maintenance and HSE fire safety officer.</p> <p>The garden area is marked out of bounds with no access to unauthorized people</p> <p>Restrictive practices were reviewed with regards to the use of chair alarms and withholding cigarettes. The Chair alarms have been removed and careplans updated to reflect the changes.</p> <p>With regards to fire safety, I conduct a bi-weekly walk through the building and grounds with our maintenance supervisor who liaises with the fire officer in the estates office if we identify any concerns. This walk through helps us to identify the likely risks we can encounter and address them immediately. This is recorded in our Fire Safety Risk Assessment and recorded in our daily maintenance record book. The findings of these are shared with our staff at our daily safety briefing and again at our bi-monthly staff meeting.</p> <p>With regards to any building work that may take place in future, I will ensure that I receive the Risk Assessment and Method Statement (RAMS) of the project before it is commenced. With our maintenance manager, and building project manager, we will review the RAMS documents and confirm we can work with the proposal operationally. The RAMS are produced with input from appropriately qualified staff appointed by HSE in compliance with H&S legislation requirements. They are informed of operational risks also for consideration in preparing the building works RAMS. Where any potential risks are identified, appropriate control measures are in place for the duration of the project. Ongoing review shall take place throughout the project by conducting frequent meetings/site walks by the building, maintenance and CNU rep to ensure that the RAMS is adhered to and if any new potential risks are identified additional control measures are put in place. The maintenance manager provides ongoing supervision with the works and</p>	

reports to me any issues that may arise.
 The Fire Safety Register is also completed to reflect any actions regarding fire.

Furthermore, we are commencing the election of a health and safety representative and have 3 staff nominated for elections. When we elect a health and safety representative, following their period of training, they will contribute to our ongoing activities in risk assessment and safety management. It is anticipated that we will have monthly walk through and regular attendance at staff meetings. Health and safety which includes Risk assessment is a constant agenda item at our bi monthly staff meetings.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 The PIC will notify HIQA in writing of any incident set out in paragraph 7 (1) (a) to (j) of Schedule 4 of within 3 working days of an occurrence.

The PIC reviewed restrictive practices and has removed sensor alarms.
 A review of a clients' access to smoking products was completed and the client and family are satisfied with a less restrictive practice where the client has access to their products as they are purchased for him.

Restrictive practices will submitted in the Quarterly notifications (NF39).

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The laundry is being upgraded, a contractor has been appointed and is scheduled to commence in September 2022.

The garden renovation works are ongoing and are being currently being made safe with damaged equipment being removed and upgraded.

The upgrade to Room 20 is ongoing. Light reflecting blinds have been put in place and the interior side of the door will be painted a light reflecting colour. The wall outside the room (under the arch) will be painted a light reflecting colour.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The refurbishment of the laundry, in which the floors and walls will be improved so that these surfaces will be effectively cleaned. This is scheduled for September 2022.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC in collaboration with maintenance will carry out all risk assessments relating to fire and inform all staff members. The fire risk register was updated to reflect the correct position of the fire exit.</p> <p>The positioning of fire exit signage has changed since the inspection, maintenance has organised for a subcontractor to remove bulbs/directional blades in liaison with the HSE Estates Fire officer</p> <p>Service/Maintenance to ensure all relevant risk assessments and method statements (RAMS) are in place/reviewed before any works commence.</p>	

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	31/12/2022
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.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/08/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/12/2022
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	31/08/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/08/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/08/2022
Regulation 31(3)	The person in	Substantially	Yellow	31/08/2022

	charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Compliant		
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