



**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

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|----------------------------|------------------------------------|
| Name of designated centre: | Plunkett Community Nursing Unit |
| Name of provider: | Health Service Executive |
| Address of centre: | Elphin Street, Boyle, Roscommon |
| Type of inspection: | Announced |
| Date of inspection: | 21 March 2024 |
| Centre ID: | OSV-0000653 |
| Fieldwork ID: | MON-0033868 |

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 33 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 15 single, and nine double rooms. Communal space includes a large sitting room, a dining area, an oratory and a visitor's room. The centre has two secure garden areas that are available for resident use.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 29 |
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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 21 March 2024 | 09:30hrs to 17:30hrs | Michael Dunne | Lead |

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. The inspector spoke with several residents in the designated centre and all residents spoken with said that they were happy living in there. One resident said that " staff look after me very well" while another resident told the inspector that " I feel good here" The inspector also reviewed a number of resident questionnaires which had been completed by residents and in some cases by their relatives or staff. These questionnaires focused on residents' experiences living in the designated centre in relation to care, environment, activities, staff, meals and their overall comfort. The majority of responses reviewed were positive regarding their lived experience in the centre, one response indicated that they would like to get out more.

There was evidence found which confirmed that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy and on how to register a complaint. In addition, resident meeting records confirmed that residents were communicated with on a regular basis. A review of the designated centre's annual review of quality and safety for 2023 confirmed that resident feedback was used to review and plan services going forward. As a result of this consultation improvement plans were identified for 2024 to maintain and improve upon the quality of services provided.

This was an announced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to take in order to achieve compliance with the regulations from the previous inspection in February 2023. Upon arrival the inspector was guided through the centre's infection prevention and control procedure which included symptom checking, and the use of personal protective equipment (PPE). Following an introductory meeting with the person and charge and provider the inspector commenced a tour of the designated centre.

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 15 single, and nine double rooms. Residents rooms were clean, warm and in many cases personalised by the residents with photos, pictures and individual items. Communal space includes a large sitting room, a dining area, an oratory and a visitor's room. Some areas of the premises had undergone redecoration since the last inspection which included painting and replacement flooring. The inspector visited a number of utility rooms such as toilets, store rooms, sluices and laundry facilities and found them to be clean and suitable for their intended purpose.

Residents had unrestricted access to all areas of their home and confirmed with the inspector that they felt safe living there. Residents who shared a view with the inspector confirmed that they could talk to any member of the team if they had a

concern or an issue they wanted to discuss.

There are two enclosed garden areas which were available for residents to access which contained sufficient seating and were well-maintained. The provider had completed works to improve the facilities available for residents to use in the centre, which included the completion of renovation of one of the garden areas.

Staff were observed to be attentive to residents' needs for assistance and support. Staff interactions with residents were caring, gentle, and respectful. It was clear from observations throughout the day that staff were aware of residents assessed care needs and were able to respond to those needs in a person centred manner. In instances where residents required personal care support, this was found to be provided in a discreet manner with due respect for residents needs and choices. The inspector observed a timely response by staff when call bells were sounded. Some residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), were supported in a well managed and constructive manner which de-escalated potentially risky situations while at the same time respecting the residents autonomy and safety.

Residents were supported to attend the large sitting room area in order to participate in planned activities. This was a busy area with staff observed assisting residents to and from this space throughout the day. Many residents were observed to be using comfort chairs and required staff to assist them access other communal areas of the home, including accessing their own bedrooms and toilet facilities. The inspector observed activities provided which included an exercise game and a reminiscence activity which residents appeared to enjoy. Residents who attended these activities were supported and encouraged to participate by the staff team present. Sixteen residents were supported to attend a mass service on the morning of the inspection.

Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. Residents were seen to be assisted discreetly with their food and drinks where required. The inspector attended a meal service and observed there were adequate numbers of staff available to support residents during mealtimes. There were a range of snacks and drinks made available to residents outside of regular mealtimes.

The next two sections of this report will present findings with regard to the governance and management of the centre and on how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The provider had appointed a person in charge in January 2024 who had the required qualifications and experience to oversee the care and services provided to

the residents. This had had a positive impact on the management of the service and as a result the inspector found significant improvement in compliance with the regulations which was impacting positively on the quality of life for the residents.

Overall there were effective management systems and oversight arrangements in place which ensured that residents received a good standard of care in line with their assessed needs. There were however some areas for improvement and these are discussed under the relevant regulations in this report.

This was an announced 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 arising from the inspection carried out in February 2023. 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 vacant posts of general manager and the person in charge identified at the last inspection had now been filled .

The person in charge is supported in their day-to-day role by a clinical nurse manager and a team of nurses and healthcare assistants. The nursing and care team is supported by catering, activity, maintenance, laundry, housekeeping staff a part time physiotherapist. Staff spoken with had a good awareness of their defined roles and told the inspector that management was supportive and accessible on a daily basis. The registered provider had submitted an application to renew the registration of the designated centre for 33 beds which is currently being processed in line with procedures. The statement of purpose submitted by the provider to support this application dated October 2023 did not provide an accurate account of the registered beds available in the designated centre.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included, a schedule of clinical, environmental and operational audits. Where improvements were identified, action plans were developed and actioned within defined timelines. There were a range of both local and regional management meetings which provided regular oversight of the quality of services provided. A review of records and observations confirmed that the provider had invested resources to upgrade the quality of the environment centre both internally and externally. This is described in more detail under Regulation 17: Premises.

The provider was found to have maintained sufficient staffing levels to meet the current assessed needs of the residents. A review of rosters confirmed that where gaps occurred due to annual leave or sickness that these roles were either filled by existing staff or by agency cover. The provider had recently recruited for clinical and care staff. There were no other staff vacancies in the centre. All staff were directly employed by the provider apart from staff involved in the housekeeping role, currently housekeeping duties were outsourced to a private company.

A review of training records confirmed that the systems in place to monitor staff training had improved since the last inspection. All staff had completed their

required mandatory training for fire, safeguarding and manual handling. Supplementary training was provided in a mixture of online and face to face training and included infection control, restrictive practice, positive behaviour management and basic life support training. There were processes in place to support staff induction, probation and staff appraisal. The inspector spoke with staff in the course of the inspection who confirmed that the training they had received informed their current practice and was useful in their the day to day work providing care and support to the residents.

The provider maintained a policy and procedure on complaints. Although the provider had updated this policy, the complaints procedure did not align with the legislative changes introduced in March 2023. Records confirmed that the provider investigated complaints in line with their policy. The provider had received three complaints in 2023 and 4 complaints in 2024. Complaints was a regular agenda item reviewed in management meetings to ensure that any learning from complaints was shared and to identify patterns that may impact on the quality of the service provided.

The provider maintained accurate and up to date records in relation to contracts for the provision of services. Contracts reviewed confirmed that these records were in line with regulations.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted a completed application to register 33 beds in the designated centre. The required information to accompany the application for renewal of registration was also received and included an application form, statement of purpose, floor plans and the required fee.

The information submitted to support the renewal of registration did not represent an accurate layout of the designated centre or provide an accurate description of the accommodation currently available in the centre. The provider worked to correct the information following the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

There is a person in charge who works full time in the centre and is well known to residents and to staff. The person in charge is an experienced registered nurse who meets the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. Records showed that staff were up to date with their mandatory training requirements. New staff were completing induction training which included fire safety, transmission based precautions and safeguarding training.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury to residents and against other risks including loss or damage to a resident's property. Residents were made aware of this in their contract for provision of services.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that the designated centre was being managed in line with their conditions of registration. As a result the provider was in breach of Condition 1 of their registration because the changes they had made to the use and purpose of a number of rooms had not been notified to the Chief Inspector. This is discussed in more detail under Registration Regulation 7: Applications by the registered provider for variation or removal.

An application to renew the designated centre's registration was received prior to

this inspection however the documentation submitted to support this application was inconsistent and required significant amendments to accurately reflect the layout of the designated centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of number number of contracts for the provision of care and services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out the terms and conditions of the agreement and included the type of room offered to the resident upon admission. Details of additional fees for other services were also included in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had reviewed the statement of purpose in October 2023. However the inspector found the information contained in this document did not provide an accurate account of the accommodation available in the centre.

In addition, the information contained in this document in respect of the provider's complaints process had not been updated with statutory guidance which came into effect on 1 March 2023.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which was updated in February 2024, however it did not fully comply with changes to Regulation 34 Complaints in accordance with SI 628 which came into effect in March 2023.

There were a small number of complaints received by the provider, which were well managed locally and were processed in a timely manner. The provider maintained a complaints audit to keep track on the nature of the complaints received, in order to identify improvements to the service provided.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Any changes in these documents were communicated to staff in their regular staff meetings.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider failed to submit an application to vary Condition 1 of their registration as required under section 52 of the Health Act 2007. As discussed under Regulation 17: Premises, the provider had made alterations to the purpose of a number of rooms in the centre which meant that they were not being used in line with the purpose set out in the provider's statement of purpose and floor plan against which the centre was registered.

Judgment: Not compliant

Quality and safety

Overall residents received a high standard of nursing and medical care to meet their assessed needs. There was evidence that residents were in receipt of positive health and social care outcomes and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that resident's voices were being heard in this centre and used to develop services.

There was a commitment in delivering person centred care with residents supported to maintain their independence, and autonomy. Findings on this inspection confirmed that the provider had implemented their compliance plan from the last inspection held in February 2023 which resulted in sustained improvements in relation to care planning, resident rights and infection control. While, there was good oversight of fire safety the inspector found that there was a absence of fire signage which had the potential to delay evacuations strategies.

A review of care records confirmed that both pre and comprehensive assessments were in place for all residents. Suitable care plans were developed as a result of

these assessments and were found to be person centred and easy to follow. Care plans were updated on a regular basis in line with the regulations or as and when residents assessed needs changed. In circumstances, where residents were unable to participate in the development of their care plans, then family members assisted were engaged to assist this process. Daily care notes were found to be informative, reflected residents current condition and gave a clear account of the care provided to residents on a day to day basis.

Residents had access to a range of health care services, which included a general practitioner (GP) service, support from a local pharmacist, and access to an in house physiotherapist. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support with wound care if required. The provider informed the inspector that they were applying to the HSE to re-engage the services of a medical officer to visit the designated centre on a regular basis.

Staff and resident interactions that were observed by the inspector and were found to be supportive and positive. The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were now happening on a regular basis and covered topics such as resident care, food and catering, resident activities and infection prevention and control issues. Residents' right to privacy and dignity were respected, staff were observed to knock on resident's doors prior to entry and explained to the residents the purpose of their visit. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Residents were seen to engage in planned activities throughout the day while other residents pursued their own individual interest either in communal areas or in their own room.

There were no restrictions on visiting at the time of this inspection, residents were observed receiving their visitors either in their own bedroom or in communal areas. There was also a designated visitors room available in this centre.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was well maintained and there were arrangements in place for on-going maintenance. Communal rooms were tastefully decorated and were set out to promote social engagement. There were two secure garden areas where residents could enjoy outside space. These areas were well-maintained and works to enhance these areas had been completed since the last inspection. There was a range of suitable garden furniture available for residents to use. The inspector found that the provider was in the process of converting a bedroom into an additional communal space for residents to use.

There was sufficient storage in this centre which allowed for the segregation of clinical and operational items to be stored separately. There was regular monitoring of these areas through audits and daily observations. The laundry and sluice rooms were clean, and well-maintained and a review of cleaning records confirmed that all areas of the centre were regularly cleaned. There were service records available to

show that equipment was maintained and serviced. The centre's infection prevention and control measures were subject to regular review and discussed regularly at governance meetings. The centres contingency plan was found to have been reviewed in December 2023.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. Discussions with staff in the course of the inspection confirmed that they were aware of this policy and its contents and were also clear on how to implement it in their daily work to protect residents. The provider acted as a pension agent for six residents. A review of documentation found that the provider had systems in place to monitor this service in order to safeguard residents finances. There were also arrangements in place for residents to have easy access to their funds.

The provider had taken precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, these records included, maintenance of the fire alarm system, certificates of servicing, records also confirmed quarterly checks on emergency lighting and on fire extinguishers. The provider maintained and updated residents personal emergency evacuation plans (peeps) which were updated at least every four months or as and when residents mobility needs changed. There were also records to confirm fire drills and simulated evacuations were being conducted by the provider.

The inspector found that additional fire signage was required in two fire zones in the centre, to direct staff and residents to the nearest fire exit. While there was fire signage available the centre, this was obscured in these zones when the fire doors were closed. In addition, the provider had upgraded a number of fire doors in the centre where gaps had been identified but were waiting on two further upgrades for two fire doors. The provider had made arrangements for these works to be completed.

Records associated with clinical, operational and environmental risks were well maintained and available for review. A review of incidents that occurred in the centre since the last inspection found that these incidents were clearly described and were followed up in line with the centre's risk policy.

Regulation 17: Premises

The centre was clean, bright and tastefully decorated. The centre had undergone a number of upgrades in the preceding years which included, repainting, replacement flooring and improvements to resident personal rooms.

There was an secure garden facility for residents to use which was well-maintained by the provider.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a range of nutritious meals from a seasonal menu. Food was freshly cooked on the premises and was served from the main kitchen. Snacks and drinks were served throughout the day.

There were sufficient staff to support residents at meal times.

Residents who had specific nutritional needs had a care plan in place to direct staff on safe and appropriate care. For example residents who needed textured diets or thickened fluids had clear care plans in place and these were communicated to care staff and to the catering team.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy was updated in January 2024 and contained all of the requirements set out under Regulation 26(1). The local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified risks and included the additional control measures in place to minimise the identified risk.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Regular resident and staff meetings ensured that all were familiar and aware of the ongoing changes to guidance from public health and the HSE.

Regular audits of infection prevention and control, environment and hand hygiene found good levels of compliance; the inspector also noted that staff were seen to perform hand hygiene and wear PPE at appropriate times while caring for residents.

The centre was clean and well-maintained. Effective cleaning processes were in place to support and maintain high levels of cleanliness. The centre's transfer form included details on infection prevention and control information for when residents were transferred to hospital. Antibiotic surveillance, water safety risk assessment documentation was in place and well maintained by the provider. When required the provided developed and maintained infection prevention and control care plans for residents.

Judgment: Compliant

Regulation 28: Fire precautions

While there is good oversight of fire safety in this centre, the inspector found,

- Additional fire signage was required to direct residents and staff to the nearest final fire exit.
- Three fire doors required upgrade to ensure that they provided the required level of protection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated in line with regulatory guidance or following a change in residents assessed care needs. There was sufficient information to guide staff in the provision of health and social care to residents based on their individual needs and preferences. Care plans detailed the interventions in place to support residents and manage identified risks such as the risk of malnutrition, impaired skin integrity and falls.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out of hours medical support for the residents. The registered provider ensured that there was a high standard of evidence based nursing care in accordance with professional guidelines.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, including the implementation of appropriate training for staff. The centre acted as a pension agent for six residents. A review of these records found that the provider had robust arrangements in place to ensure residents finances were protected.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Not compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0033868

Date of inspection: 21/03/2024

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>A new application will be submitted to HIQA to increase the bed capacity in the unit to 35, with two beds designated in Room 9 and Room 21 for use in Infection and prevention control and end of life care needs, resulting in a total of 33 occupied beds within the unit.</p> <p>Additionally, a new floor plan will be submitted to HIQA.</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose is updated with the accurate account of accommodation provided in the facility and complaints procedure is updated with changes to regulation 34 which came into effect from 2023.</p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> | |

| | |
|---|-------------------------|
| Complaints procedure is updated with the changes to regulation 34. | |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Not Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>A new application will be submitted to HIQA to increase the bed capacity in the unit to 35, with two beds designated in Room 9 and Room 21 for use in Infection and prevention control and end of life care needs, resulting in a total of 33 occupied beds within the unit. Statement of purpose is updated with the accurate account of accommodation provided within the unit.</p> <p>Additionally, a new floor plan will be submitted to HIQA.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Two additional fire signage will be installed in the Serenity corridor to direct residents and staff to the final fire exit.</p> <p>Any minor works to the fire doors is currently being rectified by local maintenance. Quotes are currently being obtained for other works to the doors that need a specialist company input.</p> <p>It is envisaged all work required will be completed by 31st August 2024.</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 |
|-------------------------------|---|-------------------------|-------------|--------------------------|
| Registration Regulation 7 (1) | A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector. | Not Compliant | Orange | 16/05/2024 |
| 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 | 16/05/2024 |
| Regulation 28(1)(b) | The registered provider shall | Substantially Compliant | Yellow | 30/05/2024 |

| | | | | |
|-------------------------|---|-------------------------|--------|------------|
| | provide adequate means of escape, including emergency lighting. | | | |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 31/08/2024 |
| 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 | 17/04/2024 |
| Regulation 34(2)(b) | The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint. | Substantially Compliant | Yellow | 25/03/2024 |
| Regulation 34(2)(e) | The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review. | Substantially Compliant | Yellow | 25/03/2024 |
| Regulation | The registered | Substantially | Yellow | 25/03/2024 |

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|---------------------|--|-------------------------|--------|------------|
| 34(2)(f) | provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review. | Compliant | | |
| Regulation 34(5)(b) | The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint. | Substantially Compliant | Yellow | 25/03/2024 |