



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

Issued by the Chief Inspector

| | |
|----------------------------|------------------------------------|
| Name of designated centre: | St Anne's Nursing Home |
| Name of provider: | St Anne's Convalescent Home Ltd |
| Address of centre: | Clones Road, Ballybay, Monaghan |
| Type of inspection: | Announced |
| Date of inspection: | 17 April 2024 |
| Centre ID: | OSV-0000169 |
| Fieldwork ID: | MON-0035950 |

About the designated centre

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

St Anne's Nursing Home is a designated centre for older persons registered to provide residential care for up to 33 residents, both male and female, over the age of 18 years. It provides 24 hour care at all dependency levels for people with age-related chronic illnesses, dementia and mental health issues, palliative needs, respite and convalescence needs. The designated centre is a two story building which used to be a Maternity Hospital in the 1970 and had been refurbished and converted to a residential care home. Accommodation is provided in 25 single bedrooms and four twin rooms. There are two large communal areas, a chapel and a hairdresser facility. The designated centre is located within walking distance from the Ballybay town and has extensive grounds overlooking lakes, rivers and the countryside. Parking facilities are available at the entrance to the centre.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 31 |
|--|----|

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 |
|----------------------------|-------------------------|-----------------------------------|---------|
| Wednesday 17 April 2024 | 09:00hrs to 17:00hrs | Celine Neary | Lead |
| Wednesday 17 April 2024 | 09:00hrs to 17:00hrs | Catherine Rose Connolly Gargan | Support |

What residents told us and what inspectors observed

Overall inspectors observed that residents were supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy living in the centre and with the care they received. Residents were observed walking freely around the home and had access to communal rooms including a sitting room, chapel, visitors' room and other seating areas within the centre. However, inspectors were informed that the dining room is locked in between meal times and therefore residents could not access their dining room if they chose to do so. There was a small terraced outdoor area off the sitting room, to the front of the designated centre and an interesting bird feeding garden area to the side of the centre. One resident told the inspectors how they enjoyed feeding the birds and watching them from their bedroom window. Residents told the inspectors that they really enjoyed sitting out in the outdoor area during the fine weather.

This was an announced inspection carried out over one day. As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Five questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was very positive and all residents confirmed they were comfortable, felt safe in the centre and that their care needs were well met by a caring and competent staff team. Residents' comments included "everyone is friendly", "the food is very good" , and " I am perfectly happy with my centre".

On arrival the inspectors met with the person in charge and the operations manager. Following an introductory meeting, the inspectors completed a walk around the centre with the person in charge. The inspectors observed that residents were being supported and assisted by staff with their morning routines. The inspectors met and spoke with many residents and staff during the day of inspection.

St Anne's Nursing Home is a two-storey premises built on a raised site overlooking Ballybay town in County Monaghan. The designated centre can accommodate 33 residents in a combination of single and twin bedrooms, some of which have en suite facilities. Bedrooms were spacious and contained adequate storage facilities for residents to store their personal possessions. Some bedrooms had been personalised by residents with their own furniture and personal belongings which added to the homeliness of the environment for these residents. However, the layout of some twin rooms required review by the provider. These findings are discussed under the quality and safety section of this report. The centre was visibly clean and most areas were maintained to a good standard. The centre was warm and comfortable throughout.

The inspectors found in their feedback from residents and their observation of interactions between residents and staff during the day, that the designated centre

was a friendly and homely place to live in. Residents' preferences were accommodated by staff and their choices were respected in how they spent their days. During the day, the inspectors observed that the atmosphere was calm and the centre was well managed. Call bells were responded to in a timely manner and many residents were up and dressed and had had breakfast as they wished when the inspectors arrived. There were sufficient staff on duty to provide care and support and to ensure that those residents who required additional support were appropriately assisted as they went about their day. A review by the inspectors of the staff roster corresponded with the staff present on the day.

Inspectors observed that staff interactions with residents were kind and respectful. Residents told the inspector that they felt safe living in the centre and if they had a concern they could talk to any member of staff or to the person in charge.

Two meal times were observed by inspectors. Meal times were well organised and were a social occasion for many residents who enjoyed dining and chatting together. Residents told the inspector that they looked forward to attending the dining room and meeting with other residents as part of their day. Daily meal menu's were on display and dining staff also advised residents regarding the menu available to support residents to make choices regarding their meals. Staff provided support and discreet assistance in the dining room and were observed sitting beside and interacting with residents which was in keeping with the social aspect of the meal time experience.

During their walk around the centre, the inspectors observed commodes and manual handling equipment were being stored in a number of residents' bedrooms throughout the day. One resident told the inspectors that they preferred to use the toilet during the day. Storage of commodes in residents' bedrooms during the day did not promote residents' privacy and dignity or support a homely environment for residents accommodated in these bedrooms.

The inspectors observed that residents had access to a varied and meaningful social activities programme every day. The schedule of social activities changed each day and was displayed on a wall in the main sitting room for residents' information. Outside of the group social activities schedule facilitated for residents in the main sitting room, the inspectors observed residents attending mass in the chapel, reading newspapers, books and watching television. In the afternoon, the inspectors observed residents in the sitting room participating in and enjoying a discussion with the activity coordinator about a number of memorabilia items from the past. The inspectors observed residents reminiscing and discussing their memories of using or having some of these items from years gone by.

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

Capacity and capability

This announced inspection to monitor compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres fo Older People) Regulations 2013 as amended 2023 found that this service was well-managed. The management and staff team were focused on providing a quality service to residents and on ensuring their well being while living in the centre. The management structures and resources in place ensured appropriate care delivery to residents. As a result, this inspection found high levels of satisfaction reported by residents and their visitors and generally good compliance with the regulations.

The registered provider of St Anne's Nursing Home is St Anne's Convalescent Home Limited which is part of the Hibernia Nursing Home group. The person in charge is supported by the operations manager, who is designated by the registered provider to represent them, two clinical nurse managers, nurses, health care assistants, housekeeping, catering and maintenance staff within the designated centre. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The clinical nurse managers were allocated protected hours each week to perform the managerial responsibilities of their roles. The provider and provider representative were regularly on site in the designated centre to oversee service delivery and to provide support to the person in charge as required. The person in charge had worked in the centre for a number of years and was familiar with each resident's needs.

The provider ensured that resources were made available to provide care and services in line with the statement of purpose against which the centre was registered. There were enough skilled and knowledgeable staff to provide safe and appropriate care for the 31 residents living in St Anne's Nursing Home on the day of the inspection. However, inspectors were not assured that the night time staffing arrangements were adequate in the event of a fire emergency at night taking into account the size and layout of the centre which was spread out over two separate two storey buildings. This finding is discussed under Regulation 15: Staffing and is a repeat finding from the last inspection in 2023.

Staff had good access to training and development opportunities in their work and they demonstrated appropriate knowledge and skills in their care of residents and ancillary roles. Staff completed induction training when they commenced employment in the designated centre. There was a schedule of mandatory training available to ensure staff kept up to date with their training requirements. A small number of staff were due refresher training in responsive behaviour management which had already been identified by the provider representative and training had been scheduled.

The management team used a number of systems to monitor the quality and safety of the service, such as clinical and operational audits. They had completed quarterly audits on falls, nutrition, the environment, restraints, medication and infection prevention and control and action plans to address the deficits identified were

completed.

Governance and management meetings were regularly convened to review staffing, complaints, risk management, the facilities and areas of the service requiring improvement. Overall there was good oversight of the service being delivered to residents in the centre, that ensured care provided was effective and that residents were supported to live a good quality of life. There was evidence noted in the management meetings reviewed that the provider was committed to and had plans to develop and improve the indoor and outdoor facilities for residents. For example, plans were being developed to provide another outdoor area for residents.

The inspectors reviewed a sample of residents' contracts of care. Each of the contracts reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy details of the bedroom in which the residents were accommodated. Contracts detailed the services to be provided and the breakdown of fees for services provided.

A review of all the schedule 5 policies assured the inspectors that these had been recently updated and were in line with the regulations.

There was a complaints policy and procedure in place to address complaints received from residents or other stakeholders. The policy outlined the key stages of how a complaint was to be managed including investigation, feedback and appeal. However, further information was necessary to ensure the policy was in line with the recent changes in the legislation. The complaints policy was publicised in key locations within the centre. Residents spoken with during the course of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as supporting residents to use the complaints procedure when required.

Regulation 15: Staffing

Inspectors were not assured that three staff on duty in the centre at night time would be sufficient in the event of a fire emergency due to the complex layout of the centre over two separate two storey buildings. This was identified on the last inspection and fire drill records for night time simulated drills did not provide assurance that the provider had adequately reviewed and addressed the allocation of staff on duty at night.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a staff training programme in place which included mandatory training in addition to professional development training to support good provision of care. A review of the staff training records indicated that all staff had completed up to date mandatory training including fire safety and safeguarding residents from abuse training. A small number of staff had not completed refresher training in responsive behaviours.

There was adequate supervision of staff in place and staff spoken with by the inspectors were knowledgeable regarding the procedures they must complete in the event of a fire emergency and also if they had any safeguarding concerns regarding any residents in their care.

Judgment: Compliant

Regulation 23: Governance and management

Oversight of fire safety precautions by the provider was not effective and did not provide adequate assurances that residents were adequately protected in the event of a fire emergency in the designated centre. These findings are set out under Regulation 28: Fire precautions.

The provider had not identified or addressed a number of non compliant findings in relation to Regulation 17 some of which were recurrent findings from the previous inspection.

The oversight of some infection prevention and control practices in relation to laundry arrangements and the segregation of equipment did not ensure that the national standards of infection control and prevention were met. These findings are discussed under Regulation 27.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a six residents' contracts for the provision of services confirmed that these residents had a written contract of care which had been signed by the resident or their representative and that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was made available to the inspectors for review on the day of inspection. However, the complaints procedure required review and amendment to reflect the recent changes in the legislation. For example, the procedure did not include a nominated review officer and there was no reference to supports available for independent advocacy services for residents who needed support with the complaints process.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were assured that residents were provided with good standards of nursing and health care in line with their assessed needs and preferences. Residents health and social care needs were met by timely access to health care services and a high standard of person centred care. Residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected however some improvement was required to promote privacy and dignity for some residents who had commodes left in their bedrooms throughout the day.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come into the centre if they were showing signs and symptoms of infection. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

The provider also had a number of effective assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, and colour coded cloths to reduce the chance of cross infection. All areas and rooms were cleaned each day and the residents' lived environment appeared visibly clean. However, the centre's laundry located in a building external to the main premises was not clean and posed a risk of cross infection to residents. The inspectors findings are discussed under Regulation 27: Infection control.

The provider had measures in place to protect residents from risk of fire. However the inspectors' found that further action was necessary by the provider to ensure residents' safety in the event of a fire in the centre. Actions were necessary to ensure that checks were completed to ensure that fire doors were effective and that the fire alarm system was operational at all times. Further assurances were also

necessary to ensure that staff could evacuate residents to a place of safety in the event of a fire in the centre. The inspectors' findings are discussed under Regulation 28: Fire precautions.

St Anne's Nursing Home is a two storey building with accommodation for residents over both floors in 25 single and four twin bedrooms, some of which had en suite facilities. The accommodation is laid out over two separate sections which are joined on the ground floor. This means that staff have to travel to the ground floor from wherever they are in the building in order to move between the two sections.

Overall, the layout and floor space in most bedrooms met residents' needs and residents were satisfied with their private accommodation. However the location of a communal toilet on the first floor was not within close proximity to a number of residents accommodated on this floor and residents were having to use commodes in their bedrooms or walk a considerable distance to access the communal toilet. This practice did not adequately support residents' privacy and dignity when accessing toilet facilities.

Residents were provided with good standards of nursing care and timely health care to meet their clinical needs. Residents' records and their feedback confirmed that they had timely access to their general practitioners (G.Ps), specialist medical and nursing services including psychiatry of older age and allied health professionals as necessary. Residents' care plans mostly contained adequate detail regarding their care procedures and were reflective of their individual preferences and wishes regarding their individual care and supports. Care plans were regularly updated and residents or, where appropriate, their families were consulted with regarding any changes made.

The provider ensured that the residents' social care programme supported them to continue to enjoy social activities that interested them in line with their individual capacities.

A positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was evident. However, actions were necessary to ensure that residents behaviour support care plans contained adequate detail to mitigate their risk of experiencing responsive behaviours and that records were maintained regarding all episodes of residents' responsive behaviours to monitor the effectiveness of their treatment plans. Furthermore the practice of restricting residents' access to the dining room outside of mealtimes impacted on residents' rights and was not in line with the national restraint policy guidelines.

Residents' meetings were regularly convened and issues raised needing improvement were addressed. Residents had access to local and national newspapers, radios and televisions.

The provider had comprehensive measures in place to protect residents from abuse and residents told the inspectors that they felt safe and secure in the centre.

Regulation 10: Communication difficulties

Residents' communication needs were assessed and they were provided with specialist communication equipment such as hearing aids or glasses were supported and assisted in using their aids to support them to communicate freely and effectively. However, residents with assessed communication needs did not have a care plan developed detailing the supports they needed from staff to ensure their communication needs were met.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The majority of residents living in the designated centre were able to retain control of their clothing and personal belongings. However, in one twin bedroom the inspectors found that one resident's wardrobe was placed in the other resident's bed space. This meant that this resident could not maintain control of their personal clothing and possessions as they could not be assured that the other resident in the room would not access their wardrobe and their belongings.

In a small number of residents' bedrooms, the bedside lockers were placed along an opposite wall, which meant that the residents residing in these bedrooms could not access their personal belongings in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had not ensured that the layout and design of two twin bedrooms met the needs of residents accommodated in them in accordance with the centre's statement of purpose. This was evidenced by the following findings;

- Due to the close proximity of the two beds to each other in one twin bedroom, the circulation space available did not facilitate both residents to move around their beds safely and to rest in a comfortable chair by their bedside if they wished.
- The location of a communal toilet for residents' use on the first floor of St Josephs building was not located within close proximity to five bedrooms without en suite facilities. These bedrooms accommodated six residents. As a consequence, these residents including two residents sharing a twin bedroom

did not have easy access to a toilet and had to use commodes which were placed in their bedrooms. This arrangement did not ensure that the privacy and dignity of these residents was upheld.

The following findings did not conform with the requirement of Schedule 6 of the regulations as follows;

- Handrails were not available on either side of one part of a corridor leading to two bedrooms. This posed a risk of a fall to residents and did not promote their independence with moving around this section of the centre.
- Handrails were not available in one shower room.
- A reading light was not available over one residents' bed.
- The floor in one resident's bedroom was uneven and posed a risk of fall to them.
- Paint was chipped and peeling on areas of the wall surfaces in the laundry area and could not be effectively cleaned.
- The door frames and skirting along the corridors was damaged in places by passing equipment and required repair and repainting as these surfaces could not be effectively cleaned.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the standards for the prevention and control of health care associated infections were implemented by staff.

- A system for segregation of items in store rooms was not in place and residents equipment was stored with clean clinical supplies which increased risk of cross contamination.
- The floors and other surfaces including a sink in the laundry were dusty and visibly unclean. This finding posed a risk of cross infection to residents.
- Clean and used linen were not appropriately segregated during transportation and posed a risk of cross contamination to residents. The provider addressed this finding on the day of this inspection.
- Hazardous waste disposal bins were not provided in two sluice rooms. This did not support appropriate segregation and disposal of waste.
- A persistent malodour was found in two sluice rooms. This finding did not give adequate assurances that these rooms were appropriately maintained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not ensured that residents were adequately protected from risk of fire due to the following findings.

Effective containment of fire and smoke in the event of a fire in the centre was not assured as follows;

- A sliding door on a sluice on the first floor did not close into the door frame and consequently significant gaps were evident around the perimeter of this door. This finding did not ensure effective containment or prevention of spread of fire and smoke into the corridor in the event of a fire in the sluice room.
- Two cross corridor fire doors were not closing to a seal as required.

Adequate arrangements were not in place to ensure that fire safety equipment was functioning as required.

- Weekly fire door checks were not completed and therefore did not provide assurances that the condition of each fire door in the centre was checked to ensure any deficits were identified and addressed without delay.
- Evidence that a daily inspection to check the fire alarm panel was not completed to ensure the fire alarm system was operational at all times.

While regular emergency evacuation drills were being carried out, the day and night time fire drills lacked sufficient detail to provide assurances that residents could be evacuated to a place of safety in a timely manner and the drills lacked the information regarding the supervision of residents with assessed supervision needs post evacuation. This was a particular concern in relation to the simulated night time fire drills which did not provide assurances that three staff on duty at night was adequate due to the complex layout of the centre and the time taken by staff to move between the two sections of the building.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a number of residents' assessments and care plan documentation and found that action was necessary to ensure that residents' behaviour support care plans clearly detailed the most effective person-centred strategies that staff should complete to support residents who were experiencing responsive behaviours.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Refresher training to support staff with managing residents' responsive behaviours was due for a number of staff. The provider representative was in the process of organising this training to be available to staff in the weeks following the inspection.

Restrictions on residents' access to the dining room outside of mealtimes was not in line with the National Restraint policy and did not ensure that residents could access their dining space without restrictions.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors were assured with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Staff were aware of their responsibilities to report concerns and were familiar with the content of the safeguarding policy. A review of Schedule 2 records confirmed that staff had a garda vetting disclosure in place prior to commencing work in the designated centre.

The provider did not act as a pension agent for any of the residents living in the centre. Residents had access to independent advocacy services if required. Residents told the inspectors that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the layout and limited space available in two twin bedrooms could not ensure that each resident's privacy was assured during transfer into and out of bed and during personal care activities. Furthermore, a resident in one twin bedroom had to enter the bed space of the other resident in the twin bedroom to access their chair or wardrobe.

Residents' privacy was also not assured due to windows that had no coverings available in the doors to a number of the residents' bedrooms. As a result, residents, visitors and staff walking past these bedrooms would be able to see into the rooms when the residents were carrying out personal activities.

Residents could not chose to access their dining room in between meal times as the

dining room doors were locked.

Residents in twin bedrooms shared one television which did not ensure that each resident had choice of television viewing and discrete listening. Furthermore the location of the television did not ensure that both residents could view the television comfortably at the same time or that both residents could view the television if one resident had their bed screens closed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Substantially compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for St Anne's Nursing Home OSV-0000169

Inspection ID: MON-0035950

Date of inspection: 17/04/2024

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: WE HAVE ADVERTISED FOR A CLEANER FOR NIGHT SHIFT. THEY WILL WORK FROM 22:00HRS UNTIL 06:00HRS. THEY WILL HAVE MANUAL HANDLING AND FIRE TRAINING AND BE ON THE PREMESIS TO ASSIST WITH EVACUATION OF RESIDENTS IN AN EMMERGENCY SITUATION. AS WE WILL NEED 2 STAFF TO COVER THIS SHIFT OVER A 7 DAY PERIOD WE HAVE GIVEN A TIME FRAME FOR SEPTEMBER IN ORDER TO INTERVIEW, GET GARDA VETTING AND PROVIDE TRAINING.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The fire Panel is checked and signed off daily as compliant. Door checks are carried out weekly and any issues resolved. This will be audited monthly and discussed in the staff daily huddles and our monthly governance meetings.</p> <p>The sliding door to the sluice room will need to be custom made. We have made contact with manufacturers to come out and advise on the best solution. An automatic fire suppression unit (fire extinguisher) has been installed in the sluice room to mitigate immediate risk until fire door is manufactured. This will be 2 small fire doors with magnetic locking device. The timeframe for this is unchanged. We are currently looking at the 2 shared bedrooms and the redesign of both. This will take some time to complete. We are going to replace the wardrobes and lockers in room 69 and 65 which will enable</p> | |

us to adjust dividing curtain to ensure protection of residents personal space. Extra television with discreet listening devices have been ordered for the twin rooms.

The distance from the bedrooms to the toilet on the first floor will also be looked at. We have had plans to add ensuites to 2 of these rooms. This can prove quite difficult when the beds are occupied but it is on our compliance plan for completion within the year. We are currently exploring all options and further suggestions have been made and we will update you as soon as we have an actual plan in place.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Our complaints procedure is on display inside the front door which has a complaints officer and a review officer. I have added the availability of independent advocates to the procedure and the policy.

Regulation 10: Communication difficulties

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

Care plans have been updated to provide clearer details on how residents are supported daily to use their communication supports.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

We are going to replace the wardrobes and lockers in room 69 and 65 which will enable us to adjust dividing curtain to ensure protection of residents personal space. Extra television with discreet listening devices have been ordered for the twin rooms.

| | |
|---|-------------------------|
| | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: We are currently looking at the 2 shared bedrooms and the redesign of both. This will take some time to complete. The distance from the bedrooms to the toilet on the first floor will also be looked at. We have had plans to add ensuites to 2 of these rooms. This can prove quite difficult when the beds are occupied but it is on our compliance plan for completion within a year. Two commodes have been left in their rooms at the residents requests, other commodes are stored in the sluice room. Handrails at either side of the corridor were not in place. One side of the area is an electrical cupboard, also the short corridor is quite narrow so putting up handrails would impede wheelchair access. We are working with our carpenter to come up with a compromise. The handrail in the shower room was replaced on the day of inspection. The reading light has been replaced. The floor that is uneven in a shared bedroom is on the compliance list for redesign. The Nursing Home is currently full and as soon as a bed is available to relocate the residents to we will commence works. Painting and redecorating is ongoing throughout the year to the whole nursing home. We have prioritized areas highlighted by inspectors.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control: Alternative storage is being located for residents equipment. A vigorous cleaning regime has been implemented for the laundry and is in the process of being repainted. Waste disposal bins are available in all sluice rooms. Increased cleaning, ventilation and observations of the sluice rooms have been implemented.</p> | |
| Regulation 28: Fire precautions | Not Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The sliding door to the sluice room will need to be custom made. We have made contact with manufacturers to come out and advise on the best solution.
 Cross corridor fire doors have been maintained and are operational and closing with a tight seal.
 The fire Panel is checked and signed off daily as compliant. Door checks are carried out weekly and any issues resolved.

| | |
|---|-------------------------|
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Care plans have been updated to provide clearer details on how residents are supported daily to use their communication supports.

| | |
|--|-------------------------|
| 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:
 All residents that have responsive behaviours will have a separate behaviour support careplan in place.

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

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 We are currently looking at the 2 shared bedrooms and the redesign of both. This will take some time to complete.
 The curtains on the residents bedroom doors will be replaced with contact film to ensure privacy.



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 10(2) | The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5. | Substantially Compliant | Yellow | 18/04/2024 |
| Regulation 12(a) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes. | Substantially Compliant | Yellow | 03/02/2025 |
| Regulation 15(1) | The registered provider shall ensure that the | Not Compliant | Orange | 02/09/2024 |

| | | | | |
|------------------|--|-------------------------|--------|------------|
| | number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | | | |
| 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. | Not Compliant | Orange | 03/02/2025 |
| 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 | 03/02/2025 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Substantially Compliant | Yellow | 02/09/2024 |

| | | | | |
|----------------------|---|-------------------------|--------|------------|
| 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. | Not Compliant | Orange | 02/09/2024 |
| 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 | 01/07/2024 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Not Compliant | Orange | 18/04/2024 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 03/02/2025 |
| 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 | Not Compliant | Orange | 03/09/2024 |

| | | | | |
|-------------------------|---|-------------------------|--------|------------|
| | designated centre and safe placement of residents. | | | |
| Regulation 34(2)(d) | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | Not Compliant | Orange | 18/04/2024 |
| Regulation 34(5)(a)(ii) | The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (ii) make a complaint in accordance with the designated centre's complaints procedure. | Substantially Compliant | Yellow | 18/02/2024 |
| 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 | 18/02/2024 |
| Regulation 7(1) | The person in charge shall ensure that staff have up to date knowledge and | Substantially Compliant | Yellow | 15/07/2024 |

| | | | | |
|--------------------|--|-------------------------|--------|------------|
| | skills, appropriate to their role, to respond to and manage behaviour that is challenging. | | | |
| 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 | 18/04/2024 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Not Compliant | Orange | 03/02/2025 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Not Compliant | Orange | 03/02/2025 |