Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Esker Lodge Nursing Home
Name of provider:	Esker Lodge Limited
Address of centre:	Esker Place, Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	28 November 2023
Centre ID:	OSV-0000135
Fieldwork ID:	MON-0037774

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 70 residents both long-term (continuing and dementia care) and short-term (convalescence and respite care). The philosophy of care is to provide excellence in the delivery of compassionate care to residents. The centre is a three storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 November 2023	10:15hrs to 18:15hrs	Nikhil Sureshkumar	Lead
Tuesday 28 November 2023	10:15hrs to 18:15hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Overall, the inspectors found that this was a good centre. The residents who spoke with the inspectors provided positive feedback about the care they received and the services provided, and it was clear that residents generally were enjoying a good quality of life in the centre.

Some residents' comments included, "This is a great place, staff are great, and they help me whenever I need support." The food is great and there is always a choice available", "I can always go out if I want to", "There are plenty of outings I can go to". The inspectors also reviewed the recent residents' meeting minutes, which indicated that the residents were happy with the range of activities provided, staff engagement, and the food provided to them.

The centre is a three-storey building located near Cavan town and is close to local amenities. The centre comprises two units, namely Killykeen and Dun A Ri, with accommodation provided in single and twin-occupancy rooms. The Killykeen accommodates residents on the first floor and on the second floor, whereas Dun A Ri is a dedicated dementia-specific unit located on the ground floor. The centre had sufficient space for car parking and had a ramp at its entrance to provide safe and convenient access for all visitors and residents, regardless of their mobility needs.

On arrival, the inspectors met the person in charge at the reception, and following a brief introductory meeting with the person in charge and the representative of the provider, the inspectors went for a walk around. During the walkaround, the inspectors met with residents, staff, and visitors and were able to observe residents in their living environment.

Overall, the premises were laid out to meet the residents' needs, and the centre had a welcoming and relaxed atmosphere. The reception area has seating available for visitors and residents to meet and socialise. The centre was nicely decorated with colourful flower hanging baskets on the outside of the building. The corridors of the centre had different colour themes, which created a stimulating ambience. Some sections of the centre had been recently redecorated; however, some other areas of the premises required redecoration. Nevertheless, the provider had identified a number of areas that require redecoration.

The corridors of the centre were generally wide, had natural and artificial lights and were well-ventilated. Generally, the corridors were clutter-free; however, a large delivery of stock, which had been delivered and had not yet been relocated to the designated storage areas throughout the nursing home, was being placed along one corridor on the second floor, which created a hazard for residents and staff accessing this area.

Residents had access to a range of activities for social engagement, and a schedule of activities was displayed in appropriate locations in the centre. Staff were allocated

to provide activities for residents, and the inspectors saw staff facilitating residents to take part in activities that were offered on the day, such as chair exercises, drawings, ball exercises and bingo. The inspectors observed that the residents were supervised in all communal rooms, and residents were encouraged to engage in meaningful activities throughout the day of the inspection. Social outings to nearby local attractions were facilitated, and the residents who spoke with the inspectors commented that they were content with the services provided.

Outdoor areas on the ground floor were accessible to residents and contained appropriate seating areas. The outside garden area near the dementia-specific unit was beautifully decorated and landscaped with flower beds, garden planters, and window boxes. A small aviary was also made available in the corner of the garden, providing residents with the opportunity to observe the birds and relax in the garden. The garden created a sensory-stimulating environment for residents, and some residents who spoke with the inspectors said they enjoyed the garden areas and spent time in the garden when the weather was good. However, the outside balcony area on the second floor was not easily accessible for residents as the door locking mechanism was complicated.

The inspectors observed that staff members were attentive and responsive to the residents' requests and concerns, ensuring that their needs were met promptly. Staff supported residents in various activities in the centre, and this was a sustained improvement. Appropriate manual handling techniques were demonstrated by staff, ensuring the safety and comfort of the residents during transfers and support with mobility. Furthermore, the staff were observed to be communicating effectively with the residents, ensuring that their preferences and wishes were respected.

The residents' rooms were found to be mostly personalised with various sentimental items and other memorabilia. For example, some rooms had old family albums, flower vases, and jewellery. Overall, the residents' rooms reflected their individual personalities and cherished memories. The residents had access to wardrobes and were able to access their clothes. Additionally, some wardrobes contained neatly folded clothes, and some were neatly hung on hangers. However, the layout of a small number of rooms did not allow residents to access sufficient natural light.

Some residents were observed going out with visitors on the day of the inspection, and the inspectors found visitors coming and going on the day of the inspection. The visitors who spoke with the inspectors expressed their satisfaction with the current visiting arrangement in the centre.

Residents were offered a variety of meals, and a picture menu was available for residents indicating the options that were available on the day. Mealtimes in the dining rooms were observed to be social occasions, and a number of residents told the inspectors that they were happy with the choice and variety of food offered. Residents were observed being offered regular refreshments and snacks throughout the day.

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

Overall, the inspectors found that the centre had systems in place to ensure that the service provided to the residents was of good quality. However, some additional improvements were required to ensure that the oversight of some areas of care and services was effective.

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).

The provider of Esker Lodge Nursing Home is Esker Lodge Limited. The centre had a clearly defined management structure, which consisted of the director of the company, person in charge (PIC), assistant director of nursing (ADON) and clinical nurse managers (CNM). The director of the company supported the person in charge during this inspection, and they were knowledgeable about the needs of the residents in the centre.

The inspectors reviewed a sample of personal files and observed that Garda vetting was obtained for staff before they began employment in the centre. Staff files contained information about their employment history, and where employment gaps were identified, the provider ensured that there were clear and valid explanations for these gaps. The duty roster was correctly maintained and aligned with the staffing levels outlined by the person in charge.

A schedule of training was maintained in the centre. The training programmes offered to staff were comprehensive and consisted of face-to-face, online, and blended programmes. Although there had been a significant turnover of staff since the last inspection, records showed that all staff were provided with the mandatory training required to fulfil their role. Staff who spoke with the inspectors demonstrated knowledge about fire precautions in the centre, procedures to be followed in the event of a safeguarding concern, and up-to-date knowledge regarding the needs of the residents.

The provider had a range of management systems in place to ensure that the service provided was safe and effective. Regular audits were completed and were reviewed by the senior management team. The provider had also developed quality improvement initiatives to address the non-compliance findings of the previous inspection. The centre also maintained a general risk register, which included any identified risks and control measures to manage the risks.

The provider kept a record of the accidents and incidents occurring in the centre. The inspectors reviewed the accidents and incidents since the last inspection and found that there was a system in place to analyse the accidents and incidents as part of their quality improvement programme. Notifications were submitted to the Chief Inspector in line with the regulations.

The provider had carried out an annual review of the quality and safety of care delivered to residents in the designated centre for 2022. This included a redecoration and maintenance plan for the premises.

The inspectors observed that the footprint of one corridor on the second floor had been changed to create an additional storage area on this floor. This change negatively impacted the resident's communal space on this unit as the communal room was now the only access to the outside balcony area and had become a thoroughfare. The provider restored the original layout of this corridor following this inspection. This is discussed further under Regulations 23 and 17.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a nurse on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff had completed the required mandatory training. There were appropriate measures in place for the induction and supervision of staff.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of records set out in Schedules 2, 3, and 4, and found that the records were maintained in line with the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had comprehensive quality assurances in place some improvements were required to ensure key areas such as premises, fire safety and infection prevention and control were effectively monitored and the centre was brought into compliance with the regulations.

The provider was not operating the centre in line with Condition 1 of the centre's registration conditions. A change to the layout of the second floor had been made and had not been identified to the office of the Chief Inspector. Furthermore, the change now meant that the communal room on this unit was now the only access point to the outside balcony area and was, in effect, a thoroughfare for residents and staff accessing the balcony.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts and found that the provider had agreed in writing with residents regarding the terms on which they would reside in the centre. The contracts included the services provided, the fees, if any, to be charged for such services, and the terms relating to the bedroom to be provided to a resident.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaint policy was in place and available to staff. The complaints policy identified the nominated complaints officer and a review officer. The provider maintained a log of complaints, and the inspectors reviewed the complaints received in the centre since the last inspection and found that there was a low level of complaints registered for 2023. The complaint logs indicated that the complaints had been followed up in line with the procedure, and the complainant's satisfaction was recorded.

Judgment: Compliant

Quality and safety

Overall, the residents in this centre were receiving good-quality, person-centred care. The inspectors found that the compliance plan actions from the previous inspection had largely been completed; however, more resources and effort were now required to address some of the recurrent findings in relation to Regulations 27 and 17. Furthermore, improvements were required to ensure that any restrictions, such as locked doors, were managed in line with the national guidance and did not negatively impact the rights and choices of the residents.

The centre's premises was generally well laid out. While the provider had identified additional areas of the premises that required redecoration and upgrade, these improvements had not been completed at the time of this inspection. Furthermore, the inspectors observed that the centre's facilities were not configured in accordance with the floor plan against which the designated centre is registered. In addition, the current layout of some twin bedrooms did not support the needs of some residents.

The provider had a comprehensive infection prevention and control policy in place. There was a system to collect information about the infection risks of residents during admission and transfer to the centre. Staff were facilitated to attend mandatory training in standard precautions such as hand hygiene and the use of personal protective equipment (PPE). The provider had a clear outbreak management plan and staffing strategy to manage outbreaks in this centre. The inspectors observed that the centre was generally clean and that there were procedures in place to ensure appropriate cleaning and decontamination of equipment. However, the inspectors were not fully assured that these procedures were consistently implemented. This is discussed in more detail under Regulation 27.

Mandatory fire training was provided for all staff in the use of fire safety equipment, fire drills, and evacuations specific to the designated centre. Regular fire drills were conducted to evaluate the effectiveness of the centre's fire precautions. Some improvements were required in relation to the detection and containment of fire in some areas and in the fire safety information that was available in the centre. This is addressed under Regulation 28. However, the inspectors observed that some of the fire door sets in the centre had intumescent strips missing. The provider was found to be responsive and addressed the issue with the fire doors on the day of the inspection and informed the inspectors that the fire safety issues identified by the inspectors would be rectified.

Overall, residents' rights were upheld, and residents were supported in maintaining their independence and control over their daily routines. However, on two units, the inspectors found that residents did not have access to all of their communal areas due to doors being locked or difficult to open.

Residents had access to an independent advocacy service, and information leaflets were available to residents to make them aware of such services. Regular residents' meetings were held in the centre, and the meeting minutes indicated that the residents were consulted about the day-to-day running of this centre, such as

external visits, activities provided in the centre, food choices, and various activities. The residents who spoke with the inspectors expressed their satisfaction with the service provided in the centre, stating that it was helpful and supportive.

Residents have access to radio, television, internet services, and daily newspapers and were supported to maintain links with their families and friends.

Regulation 10: Communication difficulties

The inspectors observed that those residents with communication needs were supported to communicate effectively. A range of communication aids were used, including Google Translators, iPads, and picture tools. In addition, where a resident had any specialist communication needs, this information was clearly set out in the resident's care plans and was communicated to staff.

Judgment: Compliant

Regulation 11: Visits

Residents were able to receive visits from family and friends without restrictions. Residents and visitors were happy about the current visitting arrangements in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and returned to them in a timely manner. Residents had adequate storage space in their bedrooms, including a lockable space to store their valuables.

Judgment: Compliant

Regulation 13: End of life

During the inspection, it was observed that some residents were receiving end-of-life care, and the quality of care provided to them was of a high standard. Residents

were regularly assisted to ensure their physical, emotional, social, psychological, and spiritual needs were met in a timely manner. The inspectors also noted that the family members of the residents were informed of their loved one's condition and were facilitated to be with them if they and the resident wished to spend time together.

Judgment: Compliant

Regulation 17: Premises

The layout of the bed space of two twin bedrooms did not support the needs of the residents. For example:

- The layout of two twin-bedded rooms meant that when the residents in the bed space near the window pulled their privacy curtain, the other resident in the bedroom could not see out of the window and did not have access to natural lighting.
- A window of a single room looked directly onto a brick wall, which meant that the brick wall blocked the view from the bedroom and restricted access to sufficient natural lighting, making it an unstimulating living environment. The provider had not made any suitable adaptation to improve the lighting or made sufficient adaptations to enhance the views from this bedroom.
- The layout of one area on the second floor had been changed recently and was found to be not in accordance with the floor plans against which the centre was registered. The changes meant that an external door to the balcony area was permanently closed in order to create an additional storage area for equipment such as wheelchairs and full-body hoists. As a result, residents now could only access the balcony through the small communal room adjacent to the balcony area, meaning that this communal room became a thoroughfare for residents and staff accessing the outside area.

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- The inspectors found that the door to a non-resident balcony area on the second floor was left unlocked and could be accessed by residents. The floor levels on the balcony were not the same inside and out, creating a ledge, which was a trip hazard for any residents who went out through the unlocked door.
- The inspectors observed that the residents in the Dun A Ri unit did not have equal opportunities to access emergency call facilities near their beds as other residents in the designated centre. This was a repeat finding, and the provider had not fully carried out the actions they committed to in the compliance plan response to the inspection carried out in October 2022. For example, the provider had not reviewed and implemented alternatives to the existing cord-operated call bell system. As a result, not all residents had

access to an appropriate call bell in their bedrooms to call staff when the resident needed assistance.

- There was insufficient storage for equipment. For example, several boxes of Personal Protective Equipment (PPEs) were being placed on the corridor of the second floor, which posed a trip hazard for residents. In addition, a communal room used for residents' activities called the " Cosy Cottage" was being used as a storage area and was not accessible to residents in that unit.
- One communal bathroom had a malodour which had not been identified and addressed by staff. This was a repeat finding from the previous inspection.
- The provider had not kept all areas of the centre in a good state of repair internally. For example:
    - Several bedroom door frames were scuffed with evidence of wear and tear.
    - Some wall and ceiling surfaces needed painting and repair.
    - The inspectors observed that a food trolley created an intrusive rattling noise when it was being used. This observation was validated by feedback from a resident who told the inspectors that the noise level from this trolley was unacceptable and disturbed them each time they heard it.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed regularly. Residents had access to a dietitian and to speech and language therapy specialists, and their recommendations were implemented.
Residents were offered a choice during mealtimes, and picture menus were displayed clearly in the centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not fully ensured that procedures were consistent with the national standards for infection prevention and control in community services (2018).

- While some transport wheelchairs stored in a store room had cleaning tags to indicate that they had been cleaned and the date of cleaning, two wheelchairs did not have a cleaning tag in place to ensure staff were using equipment that had been appropriately cleaned following previous use.

- The provider had not yet fully installed additional dedicated clinical wash hand basins along corridors on each unit in line with the assurances provided to the Chief Inspector following the inspection in 2022.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not ensured that there were sufficient fire detection sensors in a record storage room and in an electrical panel room.
Furthermore, the provider had not ensured that the correct procedures to be followed in the event of a fire were displayed in the designated centre. For example:

- The centre's fire floor plans did not accurately reflect the actual layout of the first floor. The floor plan showed a cross-corridor door that was not actually in place, and another cross-corridor fire door that was in place was not included on the fire floor plan. These inaccuracies could potentially cause confusion during an emergency fire situation.
- There was insufficient signage in one communal room to direct staff and residents to the nearest fire exit in the event of any potential fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care files, which indicated that comprehensive assessments were carried out with residents on admission to the centre. The care needs of residents were assessed at regular intervals. The care plans reviewed by inspectors were person-centred, and clear plans were in place to meet the residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards reducing restraints, and records showed that where restraints were in use, they were implemented following a risk assessment and consultation with the resident or their representative. The provider maintained a risk register, which was available for the inspectors to review. Furthermore, the use of restraints such as lap belts and bed rails was closely monitored, and the decision to use restraints was made following multi-disciplinary team reviews.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had attended safeguarding training, and there was a nominated safeguarding officer in the centre. Training had been completed online and on-site. Staff who spoke with the inspectors were knowledgeable about the safeguarding procedures that are to be followed in the centre. The person in charge is the designated safeguarding officer of the centre and has the relevant training required for this role.

Judgment: Compliant

Regulation 9: Residents' rights

A door to the third-floor balcony had a door lock, which required residents and staff to follow a three-step process to open. This was an overly complicated process for residents to follow and meant that they could not easily access this balcony area without staff to help them open the door. This was the only outside space available to those residents who spent all of their time in this unit.

In addition, the inspectors were not assured that the residents and/or their representatives were sufficiently consulted before making changes to the layout of the second floor.

Furthermore, the residents in the dementia-specific unit did not have access to one of their communal rooms as it was locked. This was an overly restrictive practice, which impacted the rights and choices of residents accommodated in this unit.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Esker Lodge Nursing Home OSV-0000135

Inspection ID: MON-0037774

Date of inspection: 28/11/2023

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

• The change to the access/ egress to the third floor balcony has been reviewed, the floor plan has been revised to revert back to original layout. The provider is working with a design team to create an alternative area for storage and residents will be consulted about any proposed changes. Review completed.
The company is currently awaiting a specification and related costing for the alternative storage area. We expect to have this information by 30th April 2024.

• A comprehensive action plan together with individualized tasks, persons responsible and timelines is in place for the ongoing actions for premises and infection, prevention and control. Progress of the completion of this action plan will be overseen by the Provider and Person in Charge during regular governance and management meetings. Action plan completed. Monthly reviews ongoing.

• The wheelchair cleaning protocols has been reviewed. The provider and PIC have implemented a change of the cleaning protocol for wheelchairs. Cleaning wipes have been located in the wheelchair storage area and the new cleaning protocol has been implemented. This is being spot-checked to ensure staff compliance – complete.

• The privacy curtains in the twin rooms are being reconfigured to provide greater access to lighting and views for each resident. The equipment has been ordered and implementation will be completed by 19th April 2024

• Staff have been reminded of the need to ensure the non-resident balcony door is kept locked at all times and that consignment deliveries are to be put away immediately so as

not to present a trip hazard. These will be monitored as part of the daily walkaround by nursing staff, senior nursing management & maintenance. Regular and recent checks confirm that the door is locked and the corridors are clear – complete

• The 'Cosy Cottage' on Dun A Ri is cleared of storage items which was temporarily stored there during refurbishment and is returned to resident use – complete.

• An individualized risk assessment for each resident was completed and additional call bells have been ordered and will be installed in the Dun A Ri bedrooms as appropriate by 29th February 24.

• The odour in the communal bathroom has been resolved. Additional flushing is being completed by housekeepers and a drain cleaning product is being applied weekly by maintenance – complete.

• Outstanding painting and refurbishment were already ongoing at the time of inspection and will continue as part of the ongoing building refurbishment plan for the coming year. This includes upgrade of bathrooms, bedrooms & outdoor areas -to be completed by 23 December 2024

• The food trolley has been serviced and new wheels ordered. The effectiveness of this on noise levels will be monitored. We have also sourced silicone mats for the top of the trolley to reduce noise levels further. This will be monitored for effectiveness and kept under review. – complete and monitoring is ongoing

• All fire related actions in relation to two updated evacuation plans and installation of 2 additional heat / smoke sensors have been completed.

• Additional running man signage has been reviewed by a competent person and additional running man signage has been ordered and will be installed by 19th April 2024.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

• The privacy curtains in the twin rooms are being reconfigured to provide greater access to lighting and views for each resident. The equipment has been ordered and implementation will be completed by 19th April 2024

• In the relation to the single room discussed with the inspector, the Provider and PIC

have identified opportunities for an additional window, additional decoration, additional lighting and a combination of either a wall mural and/or additional mirrors. A combination of these enhancements will provide additional light in the room. Scoping will be completed by 31st March 2024. Pricing & scheduling will be completed by 30th April 2024. Implementation will be during May 24 and all actions will be completed by 30th June 2024.

• Staff have been reminded of the need to ensure the non-resident balcony door is kept locked at all times and that consignment deliveries are to be put away immediately so as not to present a trip hazard. These will be monitored as part of the daily walkaround by nursing staff, senior nursing management & maintenance – complete and monitoring ongoing.

• The 'Cosy Cottage' on Dun A Ri is cleared of storage items which was temporarily stored there during refurbishment and is returned to resident use – complete.

• Following an individualized risk assessment for each resident, additional call bells have been ordered and will be installed in the Dun A Ri bedrooms as appropriate by 29th February 24.

• The odour in the communal bathroom has been resolved – complete.

• Outstanding painting and refurbishment were already ongoing at the time of inspection and will continue as part of the ongoing building refurbishment plan for the coming year -to be completed by 23 December 2024

• The food trolley has been serviced and new wheels ordered. The effectiveness of this on noise levels will be monitored. We have also sourced silicone mats for the top of the trolley to reduce noise levels further. This will be monitored for effectiveness and kept under review. – complete and monitoring is ongoing.

Regulation 27: Infection control	Substantially Compliant

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

• We have already installed a total of 5 additional clinical handwash basins to date. Installation of the remaining clinical wash hand basins will be completed by 30 June 24

• The system for cleaning of wheelchairs and application of cleaning tags has been reviewed -complete

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire floor plans have been reviewed and updated by a 'competent person' – complete.

• A review of fire evacuation signage has been completed by a 'competent person' - complete.
• Additional "running man" signage has been ordered and will be installed by 19th April 2024.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The locking mechanism to the third-floor balcony area has been reviewed by our architect and access control supplier. An alternative measure has been identified which can support a suitably adapted locking solution with the objective of supporting residents on the 2nd floor to access the balcony independently and support enhanced accessibility for residents. The review is completed and actions arising from the review will be implemented as recommended by 19th April 2024

• The change to the access/egress of the third-floor balcony has been reviewed and has reverted back to the original configuration - complete

• The 'Cosy Cottage' on Dun A Ri has been cleared of storage items (temporarily stored during refurbishment works) and has been returned to resident use – completed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	19/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	19/04/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	21/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/04/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/06/2024
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	Not Compliant	Orange	21/02/2024

	the rights of other residents.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	21/02/2024