



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

Issued by the Chief Inspector

Name of designated centre:	Sheelin Nursing Home
Name of provider:	Sheelin Nursing Home Limited
Address of centre:	Tonagh, Mountnugent, Cavan
Type of inspection:	Announced
Date of inspection:	21 February 2024
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0042169

About the designated centre

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

The designated centre provides nursing care and support over a 24 hour period to meet the needs of up to 30 older persons, male and female for both long term and short term care. The centre is a converted building, on three levels overlooking an expanse of water. It is situated in a rural area. The philosophy of care is to provide a caring environment that promotes residents' health, independence, dignity and choice. The holistic approach aims to provide a quality service with the highest standard of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 February 2024	09:00hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This was an announced inspection and was completed over one day. The inspector met with many of the residents living in Sheelin Nursing Home and they reported that the service met their individual needs to a high standard, they enjoyed a good quality of life and they felt safe and comfortable living in the centre.

Residents were satisfied with the opportunities available to them to engage in social activities that interested them and the supports they received including support to keep in contact with their local community. Residents told the inspector they were very happy and contented and one resident expressed their satisfaction with being in 'a part of the country that they were very familiar with' and another resident said the local countryside was a place they 'knew and loved'.

As part of this announced inspection process, questionnaires were provided to the residents to complete prior to the inspection. Three questionnaires were completed and were reviewed by the inspector. Residents' feedback in the questionnaires was very positive regarding the service, confirmed that the residents were comfortable, felt safe in the centre and that their care needs were met to a high standard at all times. In addition, all residents expressed their satisfaction with the quality and choice of food provided for them. Residents reported that the social activities available were 'interesting' and 'great fun'. Residents' comments regarding the staff in the centre were that they were 'pleasant', 'courteous', 'extremely kind and helpful'. Residents were satisfied with the way the centre was and did not want anything changed. All residents were happy with their bedrooms. Residents reported that if they made a complaint, it was responded to without delay and to their satisfaction.

There was a calm, happy and relaxed atmosphere in the centre and the environment was warm, homely and comfortable. The inspector observed that residents were kept central to the service provided and care was organised around them.

Staff and residents were observed chatting and laughing together and it was evident that residents and staff each other well and enjoyed being in each others' company. Residents spoke to the inspector about the 'extra' efforts that staff made to ensure they were 'comfortable' and 'well cared for'. All the residents who spoke with the inspector spoke highly about the care and service they received. Residents told the inspector that the managers and staff were 'exceptional', 'out on their own' and 'always go the extra mile' for them. The inspector observed that staff interactions with residents were gentle, kind and respectful. The atmosphere in the centre was warm. The majority of the residents spent their day going between the sitting and the dining room on the upper ground floor.

The inspector observed that there was a varied and meaningful social activities programme in place and residents were supported to participate, in line with their

abilities and preferences. In the afternoon, the inspector observed that residents moved to the dining room for an energetic and entertaining live music session. The musician attended the centre every month and it was clear that this live music session was a highlight for the residents. Some residents danced with staff while others were content singing along. Staff told the inspector about other events which had been held in the centre, and there were photographs of residents enjoying these events displayed. Residents' artwork was displayed in the dining room, corridors and the sitting rooms. Residents told the inspector that they enjoyed the social activities available to them.

The centre premises was built over three floors in a split level design and is located in a rural area overlooking Lough Sheelin. Many of the residents' bedrooms and the sitting room located at the front of the building on the first floor had beautiful views of Lough Sheelin. All of the residents' bedrooms were viewed by the inspector and were observed to be brightly painted, well maintained and visibly clean. The inspector observed that many of the residents had personalised their bedrooms with their photographs and other personal possessions. The inspector observed that residents' bedrooms were laid out to ensure they had sufficient space to meet their needs including suitable storage space for their clothing and personal items.

The inspector observed that one or more members of staff were with residents in the communal rooms and were available to respond to residents needs for assistance without delay. Staff were seen throughout the day to be regularly checking on residents who preferred to stay in their bedrooms.

The inspector observed the lunchtime meal for residents and saw that this was a social occasion for many residents who chatted together as they ate their meal. The chef had prepared fried eggs and potatoes for the residents for their lunchtime meal as a special treat in response to their requests. Residents told the inspector that the food was 'always really good' and that the chef would cook anything they wanted. Staff were observed mingling among the residents and provided a small number of residents with discreet assistance and encouragement as needed.

Alcohol hand gel dispensers and personal protective equipment (PPE) were conveniently located along corridors for staff use and staff were observed to perform hand hygiene appropriately. However there were not enough clinical hand sinks available outside of the resident's bedrooms and the inspector observed that sinks in residents' bedrooms were dual purpose, used by both residents and staff.

Residents were involved in the running of the centre and their views were valued. Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection found that this service was well managed by the provider. However, the inspector found that the provider had not resourced the actions to address the layout of the laundry and installation of grabrails in a number of toilets as identified in the last inspection and these actions remained outstanding.

This announced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in February 2023 and on the statutory notifications and other information received since the last inspection. The provider had submitted an application to the Chief Inspector for renewal of the registration of Sheelin Nursing Home and this application was reviewed as part of this inspection.

During this current registration cycle, the provider had made significant investment to complete fire safety and refurbishment works in the designated centre and had reduced occupancy in two twin bedrooms to single bedrooms. This had reduced the centre's occupancy to 30 beds.

The registered provider of Sheelin Nursing Home is Sheelin Nursing Home Limited. One of the two directors on the company board represents the provider and this director works on a full-time basis in the designated centre. The person in charge is a registered nurse and their management qualification and experience meets regulatory requirements. An assistant director of nursing (ADON) supports the person in charge with auditing activities, supervision of staff and clinical care and deputises for them in their absence. All staff working in the centre who spoke with the inspector were aware of their individual roles and responsibilities.

Monitoring and oversight systems were in place in the centre. Records showed that the quality and safety of care and services were regularly reviewed by the management team and that any areas identified as needing improvement had been addressed without delay with plans for completion or were already completed.

The centre's policies and procedures had been updated and were accessible to all staff working in the centre.

There was adequate numbers of skilled staff available to meet residents' needs. Staff were appropriately supervised according to their roles and were supported and facilitated to attend mandatory and professional development training to ensure they had the necessary skills and knowledge to meet residents' needs. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Records were held securely in the centre and records as required by Schedules 2, 3 and 4, including required information in staff files were maintained and held in the centre. The annual certificate confirming operation of the fire alarm system was forwarded to the inspector in the days following the inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were appropriately notified to the Chief Inspector as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy which was updated to reflect the recent changes in the legislation.

It was evident that residents' feedback on the service was important to the provider and the centre's management team and residents were facilitated and encouraged to voice their views regarding the care and service they received. Records of resident and management meetings showed that this feedback was used to inform improvements that were required and the annual report on the quality and safety of the service delivered to residents.

Regulation 14: Persons in charge

The person in charge was appointed on 21 March 2022 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and attended to their needs for assistance without any delays.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre attended professional development training, as necessary, to update their skills and knowledge to competently meet residents' needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all information pertaining to each resident as specified by the regulations.

Judgment: Compliant

Regulation 21: Records

The records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available to the inspector for inspection.

Judgment: Compliant

Regulation 23: Governance and management

Although significant works had being completed by the provider, more focus and resources were now required to ensure that the findings of this inspection and previous inspections in relation to non compliance with Regulations 17 and 27 are fully addressed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed by the inspector. Each resident's contract document was signed and dated and outlined the terms and conditions of the accommodation including the fees to be paid by each resident.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the timeframes specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in line with recent legislative changes. The complaints policy identified the person responsible for dealing with complaints and included a review officer, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose document.

Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated and the outcome was communicated to complainants without delay. Agreed actions to address the issues raised were implemented.

Access for residents to advocacy services to assist them with making a complaint was in place and residents were regularly informed about this service at the residents' meeting forums.

Residents knew who they could talk to if they had a complaint and that they could access advocacy services to support them if needed.

An appeals process was in place if a complainant was not satisfied with the outcome of the investigation of their complaint.

All complaints were reviewed as part of the centre's governance and management process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Residents nursing, healthcare and social needs were met to a good standard. Resident's rights were respected and the service was person-centred. The provider continued to made improvements and it was clear that they were committed to bringing the designated centre into compliance with the regulations. However, some of the findings of the previous inspection in relation to premises and infection prevention and control had not been fully addressed by the provider. These findings are discussed under Regulations 27 and 17.

There was good evidence that residents' needs were being met to a high standard and that their health and well-being was regularly monitored using validated assessment tools including; risk of falls, malnutrition and dependency levels. These processes helped to ensure that any deterioration or change in the resident's health or wellbeing was identified and addressed promptly.

The inspector reviewed a sample of care plans and found that residents' assessed needs were informed by detailed person-centred care plans. The information in residents' care plans clearly reflected their preferences and individual routines and this ensured each resident's care supports were tailored to meet their needs and that care was person-centred.

Residents had timely access to their general practitioners (GPs) and to specialist medical and health and social care services. Referrals were made promptly and followed up to ensure that any care prescribed was implemented in line with specialist advice. However the inspector found that there were delays for residents accessing community physiotherapy services due to their availability in the local area. The provider had made alternative arrangements for residents to obtain physiotherapy assessment and treatment to ensure residents' access was not delayed.

Residents' bedroom accommodation was arranged on each floor, in two twin and 26 single bedrooms, some with full en-suite facilities and some with en-suite toilet and wash basin facilities only. There was a sitting room for residents located on each floor and the resident's dining room accommodation was located on the upper ground floor. Access between the floors was provided by a stairs and a passenger

lift. The sitting room on the upper ground floor opened out into a secure garden area which residents could access as they wished.

Residents were protected from risk of fire and the provider had comprehensive fire safety management procedures in place. The provider ensured their evacuation strategy was effective and had arrangements in place regarding placement of residents with increased dependency needs. This placement criteria was detailed in the centre's statement of purpose and was clearly demonstrated on this inspection.

The provider ensured that residents were encouraged to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. Actions from these meeting were progressed. Residents had access to local and national newspapers, television and radio. Residents also had access to religious services within the centre and the wider community. Residents were supported to practice their religious faiths. Catholic mass was held every weekend and a Church of Ireland service was held monthly.

Residents' quality of life in the centre was promoted with a meaningful social activity programme that positively impacted on their wellbeing. Residents were supported to maintain contact with their families and friends and their visitors were welcomed safely into the centre.

Residents were protected by safe medicine management practices and procedures.

Infection prevention and control measures were in place and were monitored by the management team. While, there was evidence of good practices in relation to infection control practices, some non-compliances found on this inspection were repeated from the last inspection in February 2023.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre.

There was 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). While, there was a focus on minimal restraint use, actions were necessary to increase the scope of alternative less restrictive equipment available to support a reduction in the use of full-length bedrails in the centre.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communications. The

inspector observed that where it was needed, assistive equipment was available for residents to support their communication needs.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents clothes were laundered in the centre's laundry and returned to them with delay. Residents had access to and were supported to maintain control of their own personal clothing and possessions. Each resident had enough space to store their clothes and personal possessions in their bedrooms as they wished.

Judgment: Compliant

Regulation 17: Premises

A small number of areas did not conform to Schedule 6 of the regulations as follows;

- Grabrails were not in place on both sides of some residents' en-suite toilets and in one communal toilet. This posed a risk of fall to residents. This finding is repeated from the last inspection.
- The floor covering in a single bedroom on the ground floor was damaged and the floor covering in the dining room was damaged and stained in some areas. This did not ensure that these surfaces could be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied diet and they confirmed that they enjoyed their meals and could have alternatives to the hot meal menu options offered if they wished. Residents' special dietary requirements were effectively communicated to catering staff and dishes were prepared in accordance with residents' individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available at mealtimes and throughout the day.

Mealtimes were facilitated in the dining room. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. Residents were provided with discreet assistance as needed and staff were observed to encourage residents with drinking fluids throughout the day. There was sufficient staff available to provide timely assistance to residents in the dining room and in their bedrooms at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Although a number of infection prevention and control improvements had been implemented since the last inspection further improvements were necessary to ensure compliance with the national infection prevention and control standards and to ensure residents were protected from risk of infection;

- A designated clinical hand-wash sink located in the clinical room did not meet the recommended specifications for clinical hand wash basins. For example, this sink had an overflow port and as such created a reservoir for infection.
- The layout of the centre's laundry did not support a unidirectional flow of used to clean laundry processes. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation.

Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills.

All staff had completed annual fire safety training specific to Sheelin Nursing home and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners and residents' medicines were administered by nursing staff as prescribed.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Balances of a sample of controlled drugs checked by the inspector were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs including assessment of their risk of falling, malnutrition, pressure related skin damage and their support needs to ensure their safe mobility among others.

These assessments clearly informed the information in residents' care plans regarding each resident's care needs and the care interventions staff must complete to meet their needs. The information was mostly person-centred and reflected each resident's individual care preferences and usual routines.

Residents care plans were regularly updated in consultation with residents and their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured where there was delays with access to community allied health specialist services, arrangements were in place for alternative access to these services. An on-call medical service was accessible to residents out-of-hours, as needed. Residents were supported to safely attend out-patient and other appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge and staff were committed to minimal restraint use in the centre and their practices generally reflected the national restraint policy guidelines. However, use of full-length bedrails had increased in quarter four 2023 and the person in charge confirmed that one third of residents used full-length bedrails. The majority of these full-length restrictive bedrails were used to enable residents to change position and to support their feelings of security while in bed. While records showed that some, alternatives to full-length bedrails had been trialled this did not include modified length bedrails which may have been a more appropriate and less restrictive type of equipment to meet the needs of some of the residents using full length bedrails.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sheelin Nursing Home OSV-0000160

Inspection ID: MON-0042169

Date of inspection: 21/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is a maintenance plan in place which includes: <ul style="list-style-type: none"> • upgrading of floor coverings • installing grab rails where required • upgrading of existing clinical handwash sinks • installation of new clinical hand wash sinks where required. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is a maintenance plan in place which includes: <ul style="list-style-type: none"> • upgrading of floor coverings • installing grab rails where required 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

<p>There is a maintenance plan in place which includes</p> <ul style="list-style-type: none"> • upgrading existing clinical handwash sinks • installation of new clinical hand wash sinks where appropriate. <p>The dirty / clean laundry process has been reviewed & the risk register reflects the process. Alternative processes are also been researched.</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>We will continue to trial alternatives to full length bed rails & are researching modified length bedrails with the intension of trailing same, which may be more appropriate and meet the needs of some of the residents using full length bedrails. We will also continue to monitor use of restristive practice & will endavour to use the least restrictive practices where possible.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2024
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	31/07/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/07/2024

	associated infections published by the Authority are implemented by staff.			
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	31/07/2024