



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

Issued by the Chief Inspector

Name of designated centre:	Bailey's Nursing Home
Name of provider:	Ougham House Limited
Address of centre:	Mountain Road, Tubbercurry, Sligo
Type of inspection:	Unannounced
Date of inspection:	12 September 2024
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0042108

About the designated centre

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

Bailey's Nursing Home is registered to provide care for 44 residents. Twenty-four-hour nursing care is provided to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Male and female residents are accommodated. It is located in a residential area a few minutes drive from the town of Tubbercurry in County Sligo. Residents' accommodation is comprised of 20 single and 12 twin bedrooms. There is a variety of sitting areas where residents can spend time during the day and a safe garden area where they can spend time outdoors. Other facilities include a visitors' room, laundry, kitchen, staff areas, offices, sluice facility and cleaning room. The laundry is located in an external building close to the centre. The centre is a family run business that has operated since 1995. The objective of care as described in the statement of purpose is to encourage each resident to maintain their independence while offering all the necessary care and assistance.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 September 2024	09:15hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out over one day. The inspector met with many of the residents living in the nursing home and they reported that the service met their individual needs to a good standard. Residents said that they enjoyed a good quality of life and they felt safe and comfortable living in the centre. The inspector observed that residents were kept central to the service provided and care was organised around their preferences and choices.

Some residents said that they were particularly satisfied with being able to continue living in their local community and close to where their families were living. Residents were also 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. There was a calm, happy and relaxed atmosphere in the centre and the environment was warm, homely and comfortable.

The inspector observed residents were participating in the scheduled social activities taking place during the morning in the two sitting rooms. Some of the residents were friends and liked to sit together in the communal rooms during the day and this was facilitated.

Residents and staff were observed to be comfortable in each others company. Staff responded promptly to residents' needs and cared for them in kind and respectful ways. It was evident that staff knew residents' preferred daily routines, care needs, life histories and personal interests well and they drew on this information to chat with individual residents. The inspector observed many of the residents chatting and laughing with staff and each other during the day. Residents told the inspector that staff were 'great', 'always ready to help' and that they were 'the best people'.

The activity schedule was displayed for residents' information each morning and staff also reminded residents of the social activities planned for the day. Varied social activities were taking place in both sitting rooms and this facilitated residents to choose the activities they were interested in. Residents told the inspector that they were looking forward to the weekly live music session which took place in the afternoon on the day of the inspection. The musician attended the centre on a weekly basis and knew the residents' names and their favourite songs. The music session was lively and interactive and many of the residents sang along to their favourite songs. The musician also accompanied some residents with singing their favourite songs for the other residents. One resident who was an accomplished pianist had a keyboard in their bedroom. This resident enjoyed continuing to use their talents and were heard by the inspector playing their favourite music during the day.

The inspector observed that the centre was well maintained and adequately ventilated. The corridors and varied communal areas were spacious with surfaces,

finishes and furnishings that readily facilitated cleaning. Traditional furnishings and various memorabilia were used to enhance residents' comfort in the communal rooms. Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspector to be visibly clean. Appropriate storage and other ancillary facilities were available.

Many of the residents had personalised their bedrooms with their family photographs and other items of value to them. Residents' bedrooms were bright, nicely decorated and most bedrooms contained suitable furniture to meet their needs. However, the inspector observed that the layout of most of the twin bedrooms in the centre did not meet the needs of the residents accommodated in these rooms. This is discussed further under the quality and safety section in this report.

The inspector observed that there was good use of the communal rooms available for residents' use on this inspection and they were decorated in a comfortable and homely style. A secure outdoor garden area was attractively landscaped with a variety of shrubs and plants and contained appropriate seating and shading for residents' use. Pathways were in place to facilitate the residents to access all areas of the garden safely. The doors to the enclosed garden were unlocked and were accessible to all residents as they wished. A small number of residents were observed out walking the garden and they told the inspector that they valued the garden for their daily walks.

The inspector observed that hand sanitising stations were conveniently located throughout the centre and were used by staff to carry out their hand hygiene procedures as necessary. However, clinical hand wash sinks were not available outside of those hand washbasins provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose, as facilities for residents' personal hygiene and as hand hygiene facilities for staff. This posed a risk of cross contamination and did not support effective hand hygiene procedures. The inspector was told that a plan was being developed to install additional clinical hand wash sinks for staff use close to points of care in a number of locations around the centre.

Residents said they enjoyed the food provided and that they could have alternatives to the menu if they wished. Residents comments regarding their food included 'couldn't fault the food here', 'offered more than enough food', 'meat and vegetables are always very nicely cooked' and 'mealtimes are a highlight for me'. The inspector observed that residents were offered drinks of plain and flavoured water and milk with their meals and at various times throughout the day.

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 felt safe and secure living in the centre. Residents confirmed they were always listened to and any issues they ever raised were addressed to their satisfaction.

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

Capacity and capability

This unannounced 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 followed up on the actions the provider had committed to take following the previous inspection in October 2023 and on the statutory notifications and other information received since the last inspection.

This inspection found that the service was well managed and that the provider had ensured they had good oversight of the quality, safety and effectiveness of the service provided for residents. Notwithstanding the improvements made by the provider by reducing two twin bedrooms to single occupancy bedrooms, actions continued to be necessary to ensure the layout of eleven twin bedrooms met residents' needs. However, as found on the last inspection, the provider had not made adequate resources available to bring these bedrooms into compliance with the regulations. These bedrooms continued to negatively impact on residents' accessibility and privacy and dignity. As a result, non-compliances are repeated on this inspection with Regulations 9: Residents' Rights, 12: Personal Possessions and 17: Premises found to be not compliant.

The registered provider of Bailey's Nursing Home is Ougham House Limited. The management structure consisted of one of the two directors on the company board representing the provider entity, a person in charge, a general manager and two clinical nurse managers. The management team oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff.

The management team met regularly to review the service. The provider has implemented a system to monitor the quality and safety of the service with the support of an external provider and although at an early stage, auditing of key areas of the service had commenced and was informing a continuous quality improvement process. However a quality improvement plan was not yet completed or adequately resourced to address the non-compliances with the layout of the remaining eleven twin bedrooms. The person in charge had a system in place to ensure oversight of key clinical indicators that monitored and ensured the clinical effectiveness and safety of the service to residents.

There were adequate numbers of staff with appropriate skills to ensure consistency of the staff team and continuity of care for the residents. The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory and professional development training to ensure staff had the necessary

skills and knowledge to meet residents' needs. There was an induction process in place for new staff which included competency assessments and ongoing support.

The provider had agreed the terms and conditions of each resident's residency in the centre including the fees to be paid by them. This information was clearly stated in the sample of residents' contracts reviewed by the inspector.

Records that must be maintained and available in the centre were in place, complete and were held securely.

Residents' views were valued and residents were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2023.

Regulation 14: Persons in charge

The person in charge commenced in this role in June 2023. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

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

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not made adequate resources available to ensure that the compliance plan they submitted following the last inspection had been completed. This plan committed to reviewing and reconfiguring the layout of a number of twin bedrooms to ensure they met the residents' needs and upheld their rights to privacy and dignity in accordance with the provider's statement of purpose. This finding is repeated from the previous inspections.

Judgment: Not 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 as required and within the time-frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' rights were respected by staff however, the layout of eleven twin bedrooms continued to negatively impact on residents' privacy and dignity in these bedrooms. Furthermore these rooms did not promote residents' choices and did not ensure they had control over their personal clothes and possessions. The provider and person in charge were continuing to implement actions to ensure residents' care was effective and that they enjoyed a meaningful life in the centre. Residents were provided with good standards of nursing care and the provider ensured they had timely access to their General Practitioner (GP) and allied health professionals as necessary. Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued and were used to inform the day-to-day running of the centre and excursions to the local town and places of interest.

Staff knew residents well and the residents told the inspector again on this inspection that their wishes and usual routines prior to coming to live in the centre were continued. Residents told the inspector that they chose when to get up in the morning and what time they went to bed at night including a small number of residents who liked to remain in the sitting room watching television later into the evening. While, this had a positive impact on residents' wellbeing and the quality of their lives in the centre, residents' individual preferences regarding the programmes they watched and listened to in the twin bedrooms were not assured as they had to share the one television set provided in each of these bedrooms.

The inspector reviewed a sample of residents' care plans and found that residents' assessed needs were mostly 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. Notwithstanding the continued high standard of residents' assessments and care plan documentation found again on this inspection, the inspector found that actions were necessary to ensure that a small number of residents' care plans were accurately updated with the recommendations made by allied health specialists as there was a risk that this pertinent would be communicated to all staff to guide residents' effective care delivery.

Residents were protected by safe medicine management practices and procedures.

The provider had measures a number of assurance processes in place in relation to the standard of environmental hygiene and infection prevention and control. These included cleaning specifications and checklists which were completed. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. However, barriers to effective hand hygiene practice were observed during the course of this inspection as the hand wash sinks available in a number of areas including in the room where staff prepared residents' medicines did not

comply with the recommended specifications for clinical hand wash basins. This is a repeated finding from the last inspection.

The provider had measures in place to ensure that residents were protected from risk of fire and staff were knowledgeable regarding the procedures they must follow in the event of fire to ensure residents' safety.

Residents' living environment was well maintained and was decorated in a traditional style that was familiar to residents. Communal spaces were bright and comfortable and all were well used on this inspection by the residents. An outdoor landscaped area was safe and accessible for residents' use.

Residents were encouraged and supported to personalise their bedrooms and many of the residents' bedrooms were individualised to reflect their individual preferences and comfort. However significant improvements were required to the layout of 11 twin bedrooms. Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre.

Residents were supported to practice their religions and a local mass was streamed to the centre on a daily basis. Clergy from the different faiths were available to residents as they wished. Residents had access to telephones and newspapers and were supported to avail of advocacy services.

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 residents with vision and hearing needs had appropriate access healthcare specialists and assistive equipment was available to residents to support their communication needs.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed visiting residents in the centre on the day of inspection. Residents told the inspectors that their visitors were always welcomed and that they were able to meet with their visitors in a private area outside of their bedrooms as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Although wardrobes were provided for all residents, residents accommodated in most of the twin bedrooms could not maintain control of their possessions in their wardrobes as the wardrobes could be accessed by the other resident sharing the bedroom.

The space available in a wardrobe for one resident did not provide sufficient space for them to hang their clothes. The inspector was told that an additional wardrobe was available in this bedroom for this resident's use. However, this additional wardrobe was not located within the resident's bedspace and could be accessed by the second resident. This is a repeated finding from the last three inspections and has not been adequately addressed by the provider.

Judgment: Not compliant

Regulation 17: Premises

The layout and design of eleven twin bedrooms in the designated centre did not adequately meet the needs of residents in accordance with the centre's statement of purpose and residents' needs. The following findings are repeated from the previous three inspections.

- The layout of ten twin bedrooms numbered 20 to 29 located along both sides of one corridor did not meet residents' needs. These bedrooms varied in size from 14.8 to 14.9 square meters and in a number of these bedrooms the layout of the room did not facilitate each resident to rest in a chair by their bedside or to access their bed without disturbing the resident in the other bed.
- In many of these twin bedrooms one side of the inside bed, which was closest to the window was placed close to the wall. A number of the residents in these bedrooms needed specialist equipment and two staff to support their personal care and transfer needs into and out of bed. The space available around the residents' beds in these rooms was not sufficient to facilitate the passage of assistive equipment to access the bed closest to the external wall without moving the other bed aside. As a consequence, the residents in the beds closest to the door were regularly disturbed to allow staff to use the assistive equipment that was needed for the second resident in these bedrooms.
- The layout of one twin bedroom located on a short corridor off the centre's lobby area did not meet the needs of two residents in this bedroom. This twin bedroom was occupied by one resident on the day of the inspection and the

second bed in the bedroom was vacant. The layout of this twin bedroom was compromised by a double door to the outside of the centre located along the outside wall which reduced the overall wall space in the room against which furniture and utilities could be placed. This meant that the wash basin in this bedroom was located within one of the resident's bed spaces and as such, the other resident could not use the wash basin without entering the first resident's bed space. In addition, access to the wash basin would not be available to the second resident when the first resident's privacy curtains were closed around their bed.

Judgment: Not compliant

Regulation 27: Infection control

Although a number of infection prevention and control improvements had been implemented since the last inspection further actions 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. This finding is repeated from the last inspection.
- There were not sufficient clinical hand wash sinks close to the point of care for staff to wash their hands. As a result the staff were using the hand wash basins in the residents' bedrooms or in the communal shower and toilet rooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire and the fire safety policy was up-to-date and available to staff. Each resident's evacuation needs were assessed, documented and regularly updated. Simulated emergency evacuation records made available to the inspector confirmed timely evacuation of residents and confirmed that the provider had assured themselves regarding residents' timely and safe evacuation from each of the fire compartments when the least number of staff were available in the centre.

Fire safety checking procedures were regularly completed and there were no gaps in the records viewed by the inspectors. All emergency exits were free of obstruction, the fire alarm system panel was checked daily to ensure no faults were registering

and checks were completed to ensure all fire doors were operational and would effectively contain smoke and fire in the event of a fire in the centre. The centre's fire alarm was sounded on a weekly basis to ensure it was operational at all times. Regular servicing of the fire alarm and emergency lighting systems were completed.

Staff were facilitated to attend fire safety training. A floor plan of the centre displayed by the fire alarm system panel clearly identified the centre's fire compartments to inform the centre's evacuation strategy.

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 refrigerator temperatures was checked daily by staff.

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

While, each residents' needs were regularly assessed, actions were necessary to ensure that residents' care plans were up-to-date and that the care interventions that staff must complete to meet residents' assessed needs are clearly described and communicated. This was evidenced by the following findings;

- residents' care plans were recently updated but did not accurately reference the care and treatment interventions recommended by the dietician, speech and language and tissue viability specialists. This posed a risk that this pertinent information would not be communicated to all staff caring for these residents.
- care plans developed to meet the needs of two residents with diabetes and on insulin therapy did not detail the parameters their blood glucose levels

should be maintained within. This information was required to inform the residents' insulin administration and wellbeing.

Judgment: Substantially 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 residents 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 8: Protection

The provider had systems in place to safeguard residents from abuse. An up-to-date safeguarding policy was available and informed the arrangements in place to ensure any incidents, allegations or suspicions of abuse were promptly addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse and to ensure they were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and the reporting structures in place in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and quality of life were negatively impacted by the layout of eleven twin bedrooms. This finding is repeated from previous inspections as follows;

- The location of the beds and the bed screen curtains in some twin bedrooms did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the resident in the other bed in these rooms.

- The location of the inside bed against the wall with the window in it, in a number of twin bedrooms meant that when the screen curtains were closed around the bed closest to the window, the other resident could not choose to access the window and natural light in their bedroom was reduced.
- Due to the location of the wash basin within one resident's bedspace in one twin bedroom, the other resident in this bedroom could not use this facility privately or as they wished without entering the other resident's bed space.
- The provision of one television in the twin bedrooms did not support both residents' choice of programme viewing or listening.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0042108

Date of inspection: 12/09/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following discussion with HIQA we have considered all feedback and prepared a phased plan to come into compliance. We are now prepared to apply for planning permission on a proposed new build which will consist of 8 single occupancy bedrooms, all en suites. This will allow us to reduce our 11 shared rooms to singles as well as including additional storage for equipment. On receipt of planning permission the registered provider will be putting these plans to tender and appointing a builder. Work is due to commence on this as soon as planning is granted and builder is appointed and ready to start work.</p> <p>As an interim measure will be sending an application to vary to reduce one shared room outlined in the report (Bedroom 3) to a single room from January 31st 2025. With immediate effect we are re assessing all shared rooms by completing risk assessments and resident surveys. This is part of our pre admission assessment and we will not admit any individual to a shared room unless they are deemed suitable and are happy with the current layout also, that is : To occupy an inner bedspace in a shared room, the individual must be able to independently mobilise or with minimal assistance of 1 person and not require the use of hoists or assistive equipment. Also we have undertaken further assessment to ensure that there is sufficient space at the end of every bed in a shared room to allow the passage of an individual walking, with a frame or in any wheelchair that we use currently without any disruption to the resident occupying the other bed.</p> <p>Currently 2 of our shared rooms are occupied by married couples who do not wish to change their accommodations in any way at this time. This assessment and reconfiguration has commenced and will be ongoing guided by the choice of each resident. To date a number of residents have declined the suggested move from their shared room to a single room when they were available, but we will continue to offer this option as single rooms are available.</p>	

--	--

Regulation 12: Personal possessions	Not Compliant
-------------------------------------	---------------

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

Every resident has a lockable locker at their bedside with keys they can keep themselves to store their valuables.

Regarding the residents room outlined in the report under regulation 12, we have reconfigured that room, to include a wardrobe within the bedspace of the resident by relocating the television and changing the curtain rails to adapt the space. Should more storage be required there is space in that residents area to include a small chest of drawers also.

Options of additional shelves and hanging hooks on walls in bedspaces in shared rooms that have built in wardrobes, is an interim measure to ensure the resident can choose their clothing and belongings from the main wardrobe and store them within their own bedspace and within reach on a daily basis. We are currently gathering resident feedback on this suggestion. This will be fully resolved by the plans for the new build in which all rooms will be single occupancy meeting all criteria set out in the regulations.

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises:

We are now prepared with plans to apply for planning permission on a proposed new build which will consist of 8 single occupancy bedrooms, all en suites. This will allow us to reduce our 11 shared rooms to singles as well as including additional storage for equipment. On receipt of planning permission the registered provider will be putting these plans to tender and appointing a builder.

Work is due to commence on this as soon as planning is granted and builder is appointed and ready to start work.

As an interim measure will be sending an application to vary to reduce one shared room outlined in the report , room 3, to a single room from January 31st 2025.

All shared rooms have been inspected with regard to space to walk past the first bedspace to enter the second and it can be passed without any disruption to the person in the first bed. To further ensure this, we no longer have any resident located at the inner bedspace of a shared room who requires assistive equipment, such as hoists. To uphold this going forward, the mobility assessment is included in our pre admission assessment and the prospective residents suitability to occupy a bedspace is assessed both on safety as well as their preference.

With regard to beds being placed in close proximity to a wall in some shared bedrooms, this is also the case in some of our single rooms, this has not been done out of necessity for space in the rooms, but at the preference of the resident. Some residents have

voiced their preference to be near the wall as they have a fear of falling from the bed, just as some request the use of a bedrail for their own comfort at night. In these cases this can be revisited with each person to ensure that this still is their preference and documented clearly in their records.

All bedspaces now have space to have a lockable locker and a chair beside them, in rooms 20-29 wardrobes are built in so moving them is not an option and in those rooms, we are offering alternatives such as shelves and hooks for storage of clothes and possessions at the bedside within reach, after selecting them from the wardrobe, this will be fully resolved in the plans for the new build. This is an interim solution to address the issue while the new build will fully resolve this issue, as all current shared rooms (20-29) will then become single occupancy.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

One IPC sink has been fitted on the double wing, 2 further sinks have been purchased and are planned for installation. The sites for these sinks have been chosen with most suitable locations for use in mind : 1 in the clinic room and 1 in the central area of the building along the main corridor for ease of access.

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 reviewed and a detailed care plan for those residents with diabetes have been updated to include specific details advised by diabetic nurse specialist with regard to the residents targeted blood sugar levels and actions to take in event of deviation from this. Staff education has taken place and care plans have been updated with specific information advised by MDT members, to ensure detailed accurate information is clearly presented in the care plan for each person. We continue our robust two tier audit programme to monitor the quality of care plans.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: One bedroom, outlined in the report as a twin room, occupied by one resident, will be down scaled to a single room with an application to vary by January 31st 2025. Another twin room, which was outlined as not having enough storage within the bedspace as well as the curtains negatively impacting privacy has been addressed. The curtain rails have been moved to provide adequate private space for both residents in their shared room. Both residents now have access to adequate wardrobe space, lockable lockers and a place to sit in their own bedspace.</p> <p>The provision of televisions in twin room has been re assessed and we are in the process of supplying additional tablets for residents to use , rather than being handheld these tablets will have an attached stand for the bedside, and will all be wifi enabled, this will allow ease of access, privacy by use of headphones as well as improving residents means of communications as they will have the use of apps to make calls, as well as watch TV and access games.</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 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.	Not Compliant	Orange	31/01/2025
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	31/01/2026

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	31/01/2026
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.	Not Compliant	Orange	31/01/2026
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	20/12/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	17/10/2024

	consultation with the resident concerned and where appropriate that resident's family.			
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.	Substantially Compliant	Yellow	20/12/2024
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	31/01/2026