



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

## Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Announced
Date of inspection:	06 August 2024
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0042674

## About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 64 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have en suite facilities. The centre premises is on two floors. Sufficient communal accommodation is available and includes sitting rooms, a dining room and a visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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
Tuesday 6 August 2024	09:30hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall the inspector observed that residents were well supported and cared for by the staff team, who were kind, caring and responsive to residents' needs. The inspector's observations and residents' feedback gave assurances that residents were happy and content with living in the centre.

Although most of the residents choose to rest in one spacious communal room, they could choose to spend time as they wished in a variety of communal rooms including an oratory, visitors' room and other sitting rooms and seating areas within the centre. Residents were observed walking independently or with staff assistance around the centre. Residents had unrestricted access to a safe interesting outdoor garden area. Some residents told the inspector that they really enjoyed sitting out in the outdoor garden when the 'weather was warm' and 'the sun was shining'.

This was an announced inspection carried out over one day. As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Seven questionnaires were completed and were reviewed by the inspector. Residents' feedback in the questionnaires was predominantly positive and all residents confirmed they were comfortable, well cared for and that their health and social care needs were well met by a caring and competent staff team. Some of the comments from residents included 'excellent staff, kind and caring and always happy and ready to share a joke', 'absolutely 100% in tune' with residents' needs, 'very very happy with the activities' and 'I am really am so happy' living in the centre. One resident commented that they 'found it difficult to get their own laundry back' and another resident commented that they would like more variety in their modified consistency diet to meet their needs. The person in charge was aware of this feedback and informed the inspector that they had addressed these issues. was addressing the issues raised.

On arrival the inspector met with the person in charge. Following an introductory meeting, the inspector completed a walk around the centre with the person in charge. The inspector observed that residents were being supported and assisted by staff with their morning routines. The inspector met and spoke with many of the residents and staff during the day of inspection and the feedback from residents concurred with the positive feedback reported in the completed pre inspection questionnaires.

Residents' preferences were accommodated by staff and their choices were respected in how they wished to spend their days. During the day, the inspector observed that the atmosphere was calm and the centre was well managed. Call bells were responded to by staff in a timely manner and many residents were up and dressed and had had breakfast as they wished when the inspector arrived. There were sufficient staff on duty to provide care and support and to ensure that those residents who required additional support were appropriately assisted as they went

about their day. A review by the inspector of the staff roster corresponded with the staff present on the day.

Oakwood Private Nursing Home is a two-storey premises on the perimeter of Ballaghaderreen town in County Roscommon. The designated centre can accommodate up to 64 residents in a combination of single and twin bedrooms, some of which have en suite facilities. The designated centre was recently extended with a new wing providing 20 bedrooms over two floors. On the day of this inspection, the first floor in the new extension part of the premises was vacant.

The inspector observed that with the exception of three twin bedrooms, residents' bedrooms were spacious and contained adequate storage facilities for residents to store their personal possessions. A number of the residents' bedrooms had been personalised with their own small items of personal furniture and their personal belongings which added to the homeliness of the environment for these residents.

The inspector observed that there was only one resident living in each of the twin bedrooms numbered 6, and 9 at the time of this inspection. Even though only one bed was occupied in bedrooms numbered 6 and 7, two beds were in place in these twin bedrooms. The second bed and associated furniture had been removed from bedroom number 9. The inspector observed that the layout of these bedrooms did not ensure they met the requirements of Schedule 6 of the regulations and the rights and needs of two residents. The inspector's findings are discussed under the quality and safety section of this report.

There were sufficient toilets including toilets close to the communal areas. There was a sufficient number of showers, however these were not evenly distributed with two showers located close together on one corridor and another corridor with twelve bedrooms did not have a shower located on the corridor. This had been identified on previous inspections. The provider had carried out a review of shower facilities with the residents who were accommodated on this corridor and the record of the review showed that residents and their families did not raise any concerns in relation to the shower facilities.

The centre was visibly clean. However, the inspector observed that parts of the wall surfaces in a number of areas needed repainting. In addition items of residents' bedroom furniture were in need of repainting.

The centre was warm, bright and comfortable throughout. Residents' communal sitting and dining rooms were bright, spacious and well decorated in a domestic style that was familiar to residents. Items of traditional memorabilia, residents artwork and domestic style furnishings made these communal rooms comfortable and relaxing areas for residents.

There was a notice board outside the main lounge displaying a list of activities and other relevant information for the residents. There was also an oratory and a quiet lounge overlooking the garden for residents who preferred a more relaxed environment.

Most residents went to the main dining room for their lunch time meal and returned either to their bedroom to rest or to the main lounge to join in with the afternoon activities. An accredited sonas sensory activity was available three days a week for those residents living with dementia. Care staff were allocated to spend time during the afternoon with those residents who spent their day in their own rooms.

The inspector observed that the social activity programme for residents was varied, meaningful and lively in the main lounge throughout the day. Residents were observed by the inspector to enjoy the live music session that took place in the afternoon with many of the residents joining in with singing their favourite songs. One resident liked to assist the activity coordinator with facilitating the arts and crafts activities. Residents told the inspector that there was 'more than enough social activities on offer', 'there's always great fun' and that they could choose whether or not to participate in the social activities scheduled. Some residents told the inspector that they preferred to spend their time quietly either watching television or reading in their bedroom.

The inspector observed that interactions between residents and staff were empathetic and respectful. Care staff were observed to ask the resident's permission before commencing care interventions. All residents including residents who were non verbal appeared comfortable in the company of staff. Residents told the inspector that they felt safe living in the centre and if they had a concern they could talk to any member of staff or to the person in charge.

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 under the capacity and capability and the quality and safety pillars. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

Overall, this inspection found that the centre was well managed. While the provider had completed some of the actions committed to in their compliance plan from the previous inspection, non compliances with the regulations were repeated on this inspection. More focus and effort is now required by the provider to effectively address the repeated non compliant findings found on this inspection. In addition this inspection found that the provider had not adequately assured themselves that the fire evacuation drills demonstrated residents' could be evacuated to a place of safety in a timely manner.

This announced inspection was completed to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspection.

The registered provider for Oakwood Private Nursing Home is Oakwood Private Nursing Home Limited. One of the two company directors is assigned to represent the provider and also works full time as the person in charge of the designated centre. The person in charge is supported in their role by two clinical nurse managers who have supernumerary hours to carry out their management role. The supernumerary hours for one clinical nurse manager were set out on the staff roster however the second clinical nurse manager did not have their supernumerary hours set out on the roster. As a result the inspector could not be assured that this manager had the dedicated time to carry out their role. This is a repeated finding from the last inspection.

A condition on the designated centre's registration is that only two independently ambulant residents admitted for respite or convalescence care can be accommodated in twin bedrooms numbered 6 and 9 for a maximum period of 28 days. At the time of this inspection these bedrooms were occupied by only one resident receiving long term care. While furniture for a second resident in bedroom number 9 was removed, bedroom number 6 was set out to provide accommodation for two residents.

The provider had a range of quality assurance processes in place, including audits and resident/family questionnaires. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant staff team. Overall, the audit processes were effective, however, as found on the last inspection, some audits did not identify a number of the non compliant findings found on this inspection. The inspectors findings are discussed under Regulation 23: Governance and Management.

There were adequate numbers of skilled staff on duty on the day of this inspection to meet the needs of residents and to support residents to spend their day as they wished. Staff demonstrated accountability for their work and were clear about their roles and responsibilities when they were speaking with the inspector. Staff worked well together to ensure residents needs and requests for support were met in a timely manner.

Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

The provider had arrangements for recording accidents and incidents involving residents in the centre and appropriately notifying the Health Information and Quality Authority as required by the regulations.

Records were maintained as required by the regulations and resident and staff records were stored securely.

## Regulation 15: Staffing



There were sufficient staff with appropriate knowledge and skills to provide care and support for residents taking into account the size and layout of the designated centre.

The provider was continuing to recruit additional staff to ensure the staffing levels available met the needs of residents as occupancy of the centre increased in line with the centre's statement of purpose and the designated centre's registration conditions.

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' needs.

Arrangements were in place to ensure staff were appropriately supervised according to their individual roles.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained and included all information regarding each resident as specified by the regulations.

Judgment: Compliant

### Regulation 21: Records

Although the provider assured the inspector that the fire alarm panel was checked daily to ensure that there were no faults registering and that the fire doors were checked weekly to ensure they functioned as required, records were not available to confirm completion of these necessary fire equipment checking procedures.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was not assured that the provider made available the resources that were needed to ensure the following;

- Improvement to the layout of two twin bedrooms to ensure these bedrooms met residents' needs. This is a repeated finding from the last inspection.

The supernumerary hours for one clinical nurse manager were set out on the staff roster however the second clinical nurse manager did not have their supernumerary hours set out on the roster. As a result the inspector could not be assured that this manager had the dedicated time to carry out their role in line with the management structure set out in the provider's statement of purpose. This is a repeated finding from the last inspection.

The provider had systems in place to monitor the quality and safety of the service and there was evidence that many of the areas identified as needing improvement were progressed to completion. However, a small number of the audits reviewed did have an action plan developed and assurances regarding what improvement actions were taken and if completed were not available. For example,

- A call bell response time audit completed in May 2024 identified a prolonged response time for staff responding to a resident's call bell. There was no clear action plan with time frames to address the findings of the audit and ensure residents call bells were answered in a timely manner.,
- A care plan audit carried out in April 2024 found non-compliant findings and there was no action plan with timeframes for improvements to be completed. As a result the inspector found similar non compliant findings on this inspection.
- There was no evidence that the provider had effective systems in place to monitor the quality of the lived environment for residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

## Quality and safety

Overall, residents were provided with good standards of nursing and social care and timely health care in line with their assessed needs. Overall residents rights were respected, however, the current layout of three twin bedrooms did not ensure that if two residents were accommodated in these rooms their ' rights to privacy, and choice and their ability to maintain control of their personal belongings would be upheld. These rooms were occupied by one resident at the time of this inspection.

Whilst the provider had completed significant works to address fire safety in the designated centre to protect residents from the risk of fire, further actions were necessary to ensure that the fire drills were effectively reviewing the evacuation needs and times required for safe evacuation of residents.

Residents were provided with good standards of nursing care and supports to meet their assessed needs. Residents' records and their feedback to the inspector confirmed that their needs were comprehensively assessed and they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. However, actions were necessary to ensure residents' care plans were updated following reviews by specialist practitioners to ensure that treatments and recommendations for residents' care made by members of the multidisciplinary team were effectively communicated to all staff.

Residents could access the outdoor garden as they wished. A varied social activity programme was facilitated to meet residents' needs in line with their interests and individual capacities.

While most areas of the premises were adequately maintained, ongoing maintenance arrangements were not ensuring that necessary painting and repair of surfaces in a number of areas and some equipment used by residents was being completed in a timely manner. .

The provider had measures in place to protect residents from risk of infection. The inspector observed that hand hygiene stations were located throughout the centre. However, cleaning of a cleaning trolley was not effective and this posed a risk of cross infection to residents.

Measures were in place to protect residents from risk of abuse. Residents confirmed that they felt safe and secure living in the centre.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised

by residents as areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

### Regulation 11: Visits

There were no restrictions on residents' visitors meeting with them in the designated centre and residents' family members were observed visiting residents on the day of inspection. Residents told the inspector that their visitors were always welcomed and facilitated in the centre. A visitor's room was available for residents to meet with their visitors in a private area outside of their bedrooms as they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

There was not enough space in bedrooms 6 and 9 to facilitate two residents to access and maintain control of their personal possessions. The inspector found

- Due to lack of space to meet the needs of the resident accommodated in bedroom number 9, the furniture for a second resident in this twin bedroom was removed. While, this arrangement ensured that this one resident was able to access and maintain control of their personal possessions in their wardrobe and locker. This was not possible if two residents were accommodated in this twin bedroom.
- Although only one resident was accommodated in twin bedroom number 6 at the time of this inspection the bedroom was laid out for two residents. The inspector found that, the size and layout of the room did not provide enough space for a second resident to access their bedside locker and have a comfortable chair beside their bed as required under Schedule 6 of the regulations.

Judgment: Substantially compliant

### Regulation 17: Premises

The size and layout of two twin bedrooms numbered 6, and 9 did not meet the needs of two residents if the rooms were used for twin occupancy. This is a repeated finding from previous inspections and the provider had not improved the layout of these two rooms to ensure they were appropriate for two people. At the time of this inspection these twin bedrooms were being used for single occupancy

with the second bed and bedside locker removed from bedroom 9. The inspector found that;

- Both beds in twin bedroom number 6 were placed against the wall and the one bed in room 9 was also positioned along one wall. This gave the residents only one side to get in and out of their beds. This meant that if the residents needed the assistance of two staff to transfer in and out of bed there was not enough room to pull the bed out to facilitate a safe transfer of the resident.
- There was insufficient space around the residents' beds in bedrooms numbered 6 and 9 to safely manoeuvre residents' assistive equipment to meet their transfer needs without encroaching on the second bedspace in the room.

There was not sufficient room in the en suite toilet facility in a single bedroom for the resident to safely use the mobility and transfer equipment they needed. Staff told the inspector that the resident used a communal toilet during the day and a commode in their bedroom at night because they could not safely use their en-suite facilities in their bedroom. This did not promote the privacy and dignity of the resident.

A number of areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- In twin bedrooms 6 and 7 there was not enough space between the beds for two residents to have a comfortable chair beside their bed
- The location of the inside bed against the wall with the window in bedrooms 6 and 9 meant that when the privacy curtains were closed around the bed closest to the window, the other resident could not choose to access the window and natural light.
- Paint was missing on wooden surfaces of a number of residents' beds, lockers and bed tables. These findings did not ensure that the surfaces of this equipment used by residents could be effectively cleaned.
- Paint was damaged and missing on the wall surfaces in a communal shower room used by residents, a cleaner's room, one resident's bedroom the laundry and on a door frame of a resident's bedroom. These findings did not ensure that these surfaces could be effectively cleaned.
- Hand rails were not in place to support residents' independence and safety while walking along the corridors in the recently extended area of the premises.
- The location of one of the two grab rails in a number of residents' en suite and communal toilets did not effectively support residents to safely use these facilities.
- There was no clearly identified areas for the storage of hoists, wheelchairs and used linen collection trolleys in the recently extended area of the designated centre which meant that a hoist was stored along a corridor and wheelchairs and a linen trolley were stored in the lobby area of this part of

the premises. This posed a risk of injury to residents passing by this equipment.

Judgment: Not compliant

### Regulation 27: Infection control

Some actions by the provider were necessary to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27 regarding the following findings;

- the surfaces of one cleaning trolley were not in a clean state around the edges of the tray for holding the cleaning buckets. This posed a risk of cross infection to residents.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Although, each resident's needs were regularly assessed and a care plan was developed to meet their needs, some residents' care plans required further detail to ensure that this documentation clearly directed staff on the care procedures they must provide to meet each resident's needs. For example;

- Two residents' nutrition care plans were not updated with a number of the recommendations made following review by the speech and language therapy specialist.
- Two residents' personal care plans were not updated with sufficient detail to inform staff on these residents preferences and routines regarding their personal care needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), 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 that arrangements were in place for alternative access to allied health professional services if any delays were experienced by individual residents. An on-call medical service was accessible to residents out-of-hours, as

needed. Residents had appropriate access to national health screening programmes and were supported to safely attend out-patient and other appointments.

Judgment: Compliant

### Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. The provider ensured that staff were facilitated to attend safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Notwithstanding the inspector's finding on the day of inspection that only one resident was accommodated in twin bedrooms 6 and 9, these bedrooms could not meet two residents' rights for privacy and choice as follows;

- the location of the beds and the bed screen curtains in these 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 bedrooms.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider could not be assured that residents' evacuation needs would be met in the event of a fire in the centre. The inspector found the following from a review of the record of the recent simulated evacuation drill completed in the centre.

- the timeline for completion a recent emergency evacuation drill procedure of two compartments accommodating 11 residents was lengthened and did not provide adequate assurances that residents would be safely evacuated in a timely manner.
- the records of the simulated emergency evacuation drill information available did not provide assurances that the time taken by staff to call the emergency

fire services was included in the fire drill. Furthermore records showed that many of the residents in the centre would require staff supervision post evacuation to ensure their safety.

Judgment: Substantially 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
<b>Capacity and capability</b>	
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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0042674

Date of inspection: 06/08/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Supernumerary hours for both clinical nurses are now set out on the staff roster.</p> <p>A timebound action plan template is now in place for all audits which must be signed off on by either the provider (PIC) or one of the CNMs to ensure a robust system is in place to identify areas of concern and to provide assurances regarding improvement actions taken.</p> <p>The twin bedrooms 6 and 9 are single occupancy only with immediate effect to meet residents' needs and compliance with the regulations.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The twin bedrooms 6 and 9 are single occupancy only with immediate effect to meet residents' needs and compliance with the regulations.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The twin bedrooms 6 and 9 are single occupancy only with immediate effect to meet residents' needs and compliance with the regulations.</p> <p>There is an ongoing maintenance log which is informed by environmental audits that are undertaken by the PIC and maintenance man on a fortnightly basis. Any resulting issues identified are addressed in a timely manner and without delay. In addition, the review of the maintenance log is a standing agenda item at the quarterly governance and management meetings to ensure that issues are dealt with in order of priority.</p> <p>Additional handrails have now been installed in the recently extended area of the premises along the corridor circulation areas.</p> <p>Each communal and en-suite toilet will have a hinged handrail installed either side of the toilet and the existing grab rails will be left in situ to effectively support residents to safely use these facilities.</p> <p>A floor space within the lobby area of the recently extended area has been identified and will be partitioned off for the storage of hoists, wheelchairs. Used linen trolleys are returned to the laundry to minimize risk for cross contamination with immediate effect.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The surfaces of the cleaning trolleys are now inspected on a daily basis to ensure clean state and to negate risk of cross infection.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: As overseen by the PIC/CNMs:</p> <ul style="list-style-type: none"> <li>- all care plans are being updated to include prescribed treatments and recommendations for residents' care made by specialist practitioners ensuring information is effectively communicated to all staff and actioned on.</li> </ul>	

- all residents' care plans have been updated to include more detail of residents' routines and preferences regarding personal care needs thereby enhancing the care provided by our staff.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The twin bedrooms 6 and 9 are single occupancy only with immediate effect to meet residents' needs and compliance with the regulations.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: A simulation exercise of an evacuation of the largest compartment in the home which did not exceed 5 minutes from start to finish and did include the time taken to call emergency services and the supervision of residents' post evacuation has been undertaken and will continue to take place on a quarterly basis with immediate effect. Records are maintained in the fire book at the Nurse's station.

## 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.	Substantially Compliant	Yellow	31/10/2024
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	31/10/2024

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	31/12/2024
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	31/10/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	10/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2024

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	07/08/2024
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	07/09/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/10/2024
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 consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	30/09/2024



	that resident's family.			
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.	Substantially Compliant	Yellow	31/10/2024