



**Health  
Information  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Pilgrims Rest Nursing Home
Name of provider:	Pilgrims Rest Nursing Home Limited
Address of centre:	Barley Hill, Westport, Mayo
Type of inspection:	Announced
Date of inspection:	06 October 2023
Centre ID:	OSV-0000376
Fieldwork ID:	MON-0041185

## About the designated centre

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

Pilgrims Rest Nursing Home is a purpose built single storey bungalow style building which is registered to accommodate 35 residents. It is situated in a rural location 2 miles outside the town of Westport on the Newport Road. The centre provides care to residents who require long term care and residents who require respite care, convalescence care or who have palliative care needs. Accommodation for residents is provided in 17 single bedrooms, 16 of which have ensuite toilet and wash hand-basin facilities and nine double bedrooms, four of which have ensuite toilet and wash hand-basin facilities. The communal space consists of a dining room, three sitting rooms, a smoking room and a visitors' room. There are five showers/bathrooms that include toilets and a further four communal toilets located throughout the building. There is also a private enclosed garden area for residents' use.

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

Number of residents on the date of inspection:	28
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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
Friday 6 October 2023	09:00hrs to 17:15hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence to show that residents were offered choice in key aspects of their care. This included discussions on what activities residents would like to be provided, the choice of food available for residents and on how residents would like care support to be provided to them. The inspector spoke with several residents during the course of the inspection and all said that they enjoyed living in the centre. One resident said "staff are lovely and they would do anything for you".

This was an announced inspection with the provider informed a number of weeks in advance of its occurrence. Upon arrival the inspector observed a notice informing visitors that an inspection was due on the 6th of October 2023. Prior to the inspection, the inspector received documentation from the provider which included a risk management policy, the centre's safeguarding policy and the providers annual plan of quality and safety for 2022. In addition, a number of resident questionnaires were received both prior to and during the inspection which had been completed by residents and in some cases by their relatives and by a student from a local college who was on a transitional year placement. These questionnaires focused on residents' experiences living in the designated centre in relation to care, environment, activities, staff, meals and their overall comfort. While the majority of responses reviewed were positive, some responses were neutral, where residents described wanting more opportunities to access the wider community. Other responses received highlighted the lack of sufficient space in their bedroom to store personal items.

Pilgrims Rest Nursing home is located on the outskirts of Westport in Co Mayo. Accommodation is provided in a range of single and twin occupancy rooms. While observations confirmed that the majority of resident rooms were well laid out, there were a number of resident rooms where there was no chair available for residents to use within their own private space. The provider indicated residents residing in these rooms use assistive chairs and that they these residents were in need of these chairs throughout the day which explained why they were not in situ in their rooms.

Following an introductory meeting with the person in charge, the inspector commenced a tour of the designated centre. The centre was clean, warm and odour free. There were alcohol hand rub dispensers located in key areas throughout the centre which were found to be well-maintained. There was directional signage located throughout the centre to guide residents, staff and visitors to key locations such as dining, visiting and communal rooms. There was also a range of information on display in relation to fire safety which included actions to take in the event of a fire emergency.

The inspector observed several staff and residents interactions and found that residents who had communication needs were supported by staff in a positive manner. Resident's were given time and space to make their views known. These

interactions confirmed that staff were aware of resident's needs and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

The inspector observed a meal service and found that residents were well supported by staff to enjoy their meal. The options available on the day included a beef and salmon dish, while dessert options included jelly and ice cream or chocolate cake. Residents were provided with regular hydration and snacks throughout the day.

There were a range of activities provided for residents on the day which included music, reminiscence session and an exercise session. These sessions were well attended with 14 residents participating in the reminiscence session. Residents had access to advocacy services and records confirmed that the provider supported a number of residents access this service throughout the year.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

## Capacity and capability

This was an announced inspection carried out by an inspector of social services to monitor the registered providers compliance with the regulations and to follow up on the provider's compliance plan commitments arising from the inspection carried out in August 2022. The registered provider had submitted an application to renew the registration of the designated centre and at the time of this inspection and the documentation submitted was currently under review.

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. While there were management systems in place to monitor and maintain these standards, focus was required to ensure that policies, procedures and documents were updated in accordance with legislative amendments. The failure to amend the centres complaints policy, the residents information guide and the centre's statement of purpose meant that there was a risk that services provided may not be in line with best practice and current guidance. In addition following a review of information submitted as part of the registration renewal process, a number of amendments were required from the provider to submit an accurate representation of the centre's footprint.

The provider completed a comprehensive report on the quality and safety of care for 2022 which assessed the performance of the nursing home and presented this information against the eight themes identified in the National Standards for Residential Care Settings for Older People in Ireland. In addition the provider

participated in the National Nursing Homes Experience survey in 2022 which reviewed residents experiences across a number of areas which included food and nutrition, environment, interactions with staff, person centred care. The results of this survey showed that residents responded with an 85% satisfaction rate across the areas surveyed. Although the quality and safety report provided key information about the performance of the service, it did not incorporate resident feedback on their views of the service access from resident meetings nor did it present an improvement plan for 2023.

Overall, the management team were found to be proactive in responses to issues identified through audits and there was a with a focus on continual improvement which was evidenced in management meetings and in discussions with the provider. Unsolicited information received by the Chief Inspector in relation to poor care practices was partially substantiated, the inspector followed up on the information received during the inspection and found that the provider had implemented steps to avoid a recurrence.

There was a clearly defined management structure in place that identified roles and responsibilities within the designated centre. Pilgrims Rest Nursing Home is the registered provider for this designated centre of which there are two directors involved in the company. The current management structure consists of a person in charge who was supported in their role by one of the directors who was involved in the day to day operation of the centre. A team of staff nurses, health care assistants, household, catering, administration, activity and maintenance staff were also involved in the provision of services to the residents.

The registered provider maintained staffing levels in line with the numbers of whole time equivalents as described in the centres' statement of purpose. Observations carried out on the day confirmed that there is an appropriate skill mix across all departments to meet the assessed needs of the residents. A review of the centre's rosters confirmed that when staff absences occurred that they were covered by the provider to maintain the required staffing levels. The majority of staff absences were covered by the existing staff team and the inspector was told that where this is not possible the provider has access to locum support.

Records reviewed by the inspector confirmed that there was regular training provided to ensure that staff had the required knowledge to deliver a quality service. Training provided consisted of a mixture of online and face to face training. All staff were found to have had their mandatory training in line with the time lines set out in the centre's policies. The provider arranged for manual handling and cardio pulmonary resuscitation (CPR) training to be delivered by external resources while the person in charge delivered in house safeguarding training to the staff team. The inspector observed appropriate levels of supervision throughout the day and found that there was effective communication between team members. There was an staff induction programme in place whereby new staff were introduced to the systems policies and procedures of the designated centre.

There were improvements found in the maintenance and availability of records related to the running of the designated centre. The provider had upgraded their

internal storage systems which meant that records were accessible in the event of the provider and or the person in charge being unavailable. Management meetings were found to be held mostly on a monthly basis and there was evidence of regular oversight of key performance indicators which covered clinical audits, fire safety, safeguarding, building upgrades, staffing, the centre's risk register and staff training.

Although the centre's complaints policy was not updated in line with legislative amendments, the provider was eager to address complaints in a constructive manner in order to improve the service provided. The inspector was provided with an updated complaints policy post inspection.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted the required information to comply with Schedule 1 and Schedule 2 of the registration regulations. There were a number of inaccuracies in the documents provided which are described in more detail under Regulation 3 Statement of Purpose.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, infection prevention and control, dysphasia and cardio-pulmonary resuscitation (CPR).



Judgment: Compliant

### Regulation 21: Records

The registered provider ensured that records were kept in the designated centre and were made available for the inspector to review.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider maintained a contract of insurance against injury to residents and against other risks including loss or damage to a resident's property. A review of documents provided confirmed that this policy was renewed on 1 June 2023.

Judgment: Compliant

### Regulation 23: Governance and management

While there were management systems to monitor the quality of the service provided, the inspector was not assured that there was sufficient oversight in place to ensure that all areas of the service were monitored. For example:

- Relevant documents and policies required to assist in the running of the service were not updated in a timely manner to take account of legislative changes.
- The annual plan of quality and safety did not sufficiently incorporate resident feedback on the service provided.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which had been updated by the registered provider however the information included in this document did not

provide accurate information in accordance with Schedule 1 of the Regulations, for example

- Rooms numbers identified on the statement of purpose did not correspond to room numbers identified on the designated centre's floor plans.
- The legislative amendments to regulation 34 had not been fully included in the statement of purpose.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider however this policy and procedure had not been updated to incorporate amendments made to this regulation by recent statutory legislation. The provider submitted an updated policy post inspection which met the requirements of the regulations.

The inspector reviewed the complaints log and confirmed that the provider had received three complaints since the last inspection, two of which had been closed off in line with their policy and there was one complaint which was being managed in line with the centres complaints procedures but had not been resolved at the time of this inspection.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures to comply with the requirements of schedule 5 of the regulations. All policies had been reviewed and updated by the provider in July 2023 apart from the complaints policy which required additional information to meet the requirements of the Regulations, this is described in more detail under Regulation 34 Complaints. In addition the resident information document had not been updated with this change.

Judgment: Compliant

## Quality and safety

Residents living in this centre experienced a good quality of life and received high levels of support from a kind and caring staff team who were aware of residents' assessed needs. There are well-established arrangements in place to meet residents' health and social care needs and there is regular oversight of these arrangements to ensure a consistent, safe and appropriate service is delivered to the residents.

The registered provider was found to have made a number of improvements to the service since the last inspection in August 2022 which included the upgrade of the sluice facility, an improvement with regard to the centre's responses to fire safety and the implementation of oversight measures for the care planning process. There were however actions required on behalf of the provider to ensure that they were in compliance with the Regulations relating to premises, resident rights and personal possessions. These issues are described in more detail under the relevant Regulations.

There were improvements found in the development of resident care plans which were found to be in line with residents' assessed care needs. The interventions recorded to meet residents these needs were clear, informative and appropriate. Evidence was found which confirmed that care plans were developed within 48hrs of a resident being admitted to the designated centre. In instances where residents needs changed, then care plans were adjusted to meet those changing needs for example, a care plan had been updated to reflect the level of support required for the resident to transfer and to mobilise following a fall. Regular oversight of the care planning processes were in place to ensure that they were reviewed in line with the Regulations.

Residents had access to a range of health care services, which included a general practitioner (GP) service, support from psychiatry of old age and palliative care services. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support with wound care if required. The provider confirmed that the pharmacist visited the centre on a monthly basis to provide support with medication management.

While the centre had access to five GP's the provider confirmed that only four visit the designated centre on regular basis while one provides health care support remotely to five residents. Medication reviews were in place for all residents. There were appropriate transfer procedures in place to ensure residents who transferred into and out of other care facilities received appropriate care and support. There was clear evidence that where discharge arrangements from acute settings were not in line with the resident's wishes or clinical presentation that this was followed up by nursing staff in the centre.

On the whole premises were well maintained and communal facilities were spacious and comfortable for residents to enjoy. There was access to scheduled maintenance support for 12 hours per week. Records confirmed that equipment used to provide care to the residents which included mobility equipment, hoists and hoist slings and resident beds were routinely serviced. There were a number of bedrooms which

required decoration and flooring replacement due to wear and tear. There was a programme of redecoration which was ongoing at the time of this inspection.

While the majority of resident bedrooms were suitable for the assessed needs of the residents living in them, the layout of a number of resident twin rooms meant that residents could not easily access their personal storage, their comfortable chair or enjoy watching the television without impacting on the personal space of the other resident residing in these bedrooms. Furthermore residents who were residing in these twin bedrooms and wished to spend time there were unable to pursue activities in private due to the current layout of these rooms. This was brought to the attention of the person in charge and the registered provider during the inspection. In addition, the amount of available floor space for resident individual use in four twin bedrooms did not meet the requirements set out under Schedule 6 of the Regulations. The provider has subsequently updated their floorplans which now confirm that two of out of these four twin rooms do meet the required criteria.

There was unrestricted access to all areas of the centre including the internal courtyard. Residents were observed accessing all areas of the home during the inspection. There was a weekly schedule of activities which was advertised in the centre. The inspector noted that there were four resident meetings held in 2023. Resident attendance at these meetings ranged from 40 to 50 per cent but there was no recorded evidence available to confirm that feedback was either received or given to residents at these meetings.

The inspector observed good practices with regard of infection prevention and control (IPC), which included good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The provider had upgraded the sluice facility with appropriate shelving and records confirmed the sluicing machine was serviced in accordance with manufacturers guidelines. There were improvements found in the segregation of items stored in the centre's store room with resident slings now stored in their rooms. Additional shelving was erected in the cleaners room and in the store room which facilitated items to be stored off the floor and allow for appropriate cleaning.

There was a system in place to monitor the cleaning of the centre and there were sufficient resources in place to maintain a clean environment. The provider had reviewed their preparedness plan following a recent COVID-19 outbreak in June 2022 and found that it worked well in managing the outbreak.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed and checks to ensure that fire equipment was accessible and functioning. The provider had carried out a number of simulated evacuations which had been held taking into consideration night and day staffing levels. Additional external lighting was installed to facilitate a night time evacuation. There were improvements found in relation to the fire stopping around utility pipes. The inspector spoke with a number of staff

who were familiar with the centre's fire procedures and all were able to describe the actions necessary to effect a safe evacuation.

### Regulation 12: Personal possessions

The majority of residents living in the designated centre were able to access and retain control of their clothing and personal belongings, however residents living in five twin occupancy rooms did not have sufficient space available to them to be able to access these items without impinging on other residents personal space due to the size and layout of these rooms.

Judgment: Substantially compliant

### Regulation 17: Premises

The inspectors were not assured that the layout of five twin-occupancy rooms that accommodated ten residents met the requirements of regulations. Two of the five twin rooms identified on the statement of purpose as rooms 23 and 25 did not provide the minimum space requirements as set out under Schedule 6 of the regulations. The registered provider has had the footprint of the designated centre re-measured and has re-submitted updated floor plans which now indicate that the dimensions of these rooms meet the minimum space requirements.

Access to residents' wardrobes in these rooms was hampered due to the storage of mobility equipment. Residents sharing these rooms did not have control over artificial lighting as some light fittings were located in one residents private space and not in the other. Furthermore, should a resident have their privacy screen in place in these rooms the other resident sharing this room would not have access to natural light as there was one window available. The inspector observed that there was an absence of available seating in some twin rooms such as rooms 2,3 and 24 however the provider has confirmed that residents living in these rooms required the use of their assistive chairs at the time of the inspection.

In addition there were two other twin bedrooms (rooms 22 and 26) which did not meet the available space requirements for individual residents to comply with Schedule 6 of the Regulations. Both these rooms were unoccupied at the time of the inspection. The suitability of these rooms are also discussed under Regulation: 12 personal possessions and under Regulation: 9 residents' rights.

There was an ongoing programme for redecoration and replacement of flooring in place at the time of this inspection which the provider was working through.

Judgment: Not compliant

### Regulation 26: Risk management

There was a risk management policy which met the requirements of the Regulations. Overall risks were well-managed in this centre, in instances where hazards were identified, appropriate controls were put in place to either remove or reduce the identified risk. A review of incidents and accidents was carried out by the provider in an attempt to identify learning opportunities to improve the service to the residents.

Judgment: Compliant

### Regulation 27: Infection control

The provider maintained effective oversight of infection prevention and control practices and ensured the centre was in compliance with the regulations and associated standards for the prevention and control of health care associated infections published by the Authority.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency, in addition the provider was found to have implemented actions to comply with the Regulations arising from the inspection held in August 2022. For Example:

- The inspector observed fire fighting equipment that was located throughout the designated centre and found it to be well-maintained and regularly checked by the centres fire engineers.
- All fire exits were clear of obstruction.
- Fire maps and information on evacuation were displayed in the centre.
- All staff had received fire safety training on an annual basis and were familiar with fire safety procedure.
- Resident personal emergency evacuation plans were well-maintained.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Assessment and care planning policies and procedures were in place to ensure that each resident's health and social care needs were identified and care interventions developed to meet those assessed needs. The inspector reviewed a sample of residents' care documentation and found the following;

- Records reviewed confirmed that care plans were completed for residents within 48hrs of their arrival in line with the regulations
- Residents who were at risk of falls had a falls risk assessment completed to inform the relevant care plan.
- Residents nutritional care plans gave clear instruction as to the dietary support the resident required.
- Careplans for residents using bed rails were well written and described the measures in place for when in use.

Judgment: Compliant

## Regulation 6: Health care

A review of the residents' medical notes found that recommendations from the residents' doctors and allied health care professionals were integrated into the residents' care plans. There was evidence to indicate effective oversight of residents' healthcare which resulted in positive clinical outcomes for residents living in the designated centre.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse. A review of Schedule 2 records confirmed that staff had a garda vetting disclosure in place prior to commencing work in the centre. Staff were familiar with the centres policy on safeguarding and were in receipt of regular safeguarding training.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the ability of residents residing in a number of twin-occupancy rooms to exercise choice in their daily routines was limited due to the current layout of these rooms.

For example:

- Residents who shared three twin-occupancy rooms could not undertake personal activities in private due to the current layout of these rooms.
- There was only one television provided for residents residing in these rooms which impacted on residents choice of viewing.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider maintained a resident information document, however this document had not been updated to incorporate the changes in Regulation 34 which came into effect on the 1 March 2023. This is discussed in more detail under Regulation 23, governance and management.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 20: Information for residents	Compliant

# Compliance Plan for Pilgrims Rest Nursing Home OSV-0000376

Inspection ID: MON-0041185

Date of inspection: 06/10/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The complaints policy has been updated with the relevant information and forwarded to the Inspectorate team. The Statement of Purpose and Residents guide have also been updated to reflect these changes.</p> <p>The residents' feedback has been gathered as part of the ongoing review of services provided and will be included in the Annual Report for 2023.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been updated to reflect the administrative error on room numbers and been forwarded to the Inspectorate team</p> <p>The complaints section in the Statement of Purpose has been updated and forwarded to the Inspectorate Team</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The Complaints policy has been updated as per regulation 34 and forwarded to the Inspectorate team</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  Review of the furniture used in the shared rooms to ensure space is utilised correctly. This was done by looking at the dimensions of the furniture used in the double rooms and using wall space, where necessary, to create additional floor space and easier access to wardrobes.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Following the inspection a review of the shared rooms was undertaken, looking at improving layout and functionality. As a result of the review the following areas are being addressed:</p> <ul style="list-style-type: none"> <li>• The repositioning of the dividing screen, where necessary, to allow for equal and adequate space for each resident.</li> <li>• Retrofitting of lighting points to provide each bed space with individual lights and controls in their own area, where necessary.</li> <li>• The use of mesh dividing screens is being looked at to enable better access to natural lighting for twin rooms.</li> <li>• Repositioning of the TV to the centre of the room with equal visual access for each resident, where necessary</li> <li>• Review of the furniture used in the shared rooms to ensure space is utilised correctly. This was done by looking at the dimensions of the furniture used in the double rooms and using wall space, where necessary, to create additional floor space and easier access.</li> <li>• Flooring has been completed in the rooms identified.</li> </ul>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the shared rooms was undertaken, looking at improving layout and functionality for residents by reviewing the furniture in use and increasing floor space in the rooms.</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.	Substantially Compliant	Yellow	31/12/2023
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	16/02/2024

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	16/02/2024
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	30/11/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/12/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	30/11/2023

	centre concerned and containing the information set out in Schedule 1.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	30/11/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	30/11/2023
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	31/12/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	31/12/2023



	that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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