



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Phelim's Nursing Home
Name of provider:	Flanagan's Nursing Home Limited
Address of centre:	Dromahair, Leitrim
Type of inspection:	Announced
Date of inspection:	18 April 2024
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0042993

About the designated centre

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

St Phelim's Nursing Home is a purpose-built centre which opened in 1996. The centre is located in a rural area approximately 1km outside the town of Dromahair in County Leitrim. It is currently registered for 76 residents. Most of the residents have lived in the surrounding area prior to their admission to the centre. The centre provides care and support for female and male adult residents mainly from 65 years of age. Respite and convalescent care may be provided to both under and over 65 years. The building has two floors with all residents accommodated on the ground floor. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms, in four units: Lough Gill, Railway View, Railway Court and Inisfree. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day and the management team are all based in the centre to oversee care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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
Thursday 18 April 2024	09:30hrs to 16:30hrs	Michael Dunne	Lead
Thursday 18 April 2024	09:30hrs to 16:30hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who expressed a view told the inspectors that they were "well looked after".

When the inspectors arrived to the centre, they were guided through the necessary infection prevention and control measures on entering the designated centre. These processes included hand hygiene and a signing in process. Following an opening meeting with the provider and person in charge, the inspectors were guided on a tour of the premises which gave them the opportunity to meet with residents and staff as they prepared for the day. The inspectors observed that many residents were relaxing in the communal areas where activities were taking place. Other residents were observed spending time in their bedrooms, reading the local papers and listening to the radio or watching television.

Residents were well presented and were supported by staff to attend to their personal care needs in a gentle and supportive manner. Observations on the day confirmed that residents were dressed in suitable clothing and footwear. Equipment used in the care of residents was well maintained and clean.

Residents who spoke with the inspectors expressed satisfaction with the care and attention provided by the staff team. Resident's told the inspector that staff were very helpful and hardworking. Those residents who met the inspector confirmed that they felt safe living in the centre and that they could discuss any concerns they had with any member of the team. Throughout the day inspectors observed 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.

There was a well planned activity schedule in place which provided residents with access to social care programmes across the entire week. Residents were observed attending activities throughout the day. There was effective support available for residents to engage in activities with staff observed to encourage residents to participate in the activities provided. The music session arranged on the day was attended by 30 residents who were observed dancing and singing along to the music provided.

There was good use of notice boards informing residents of key events that were happening in the centre. In addition, there was clear signage directing residents and visitors to key areas in the centre. Visitors were welcome and residents were observed receiving visitors throughout the day.

During the tour of the centre, the inspectors observed residents engaged in either group activities or following their own individual routines. There was a varied activity schedule in place which covered the entire week. A number of residents were observed waiting to get their hair done as the hairdresser was on site on the day of the inspection. Communal rooms were well set up to provide activities for the resident's, there was equipment in place to provide music and arts & crafts activities. The provider had rearranged the set up of tables and chairs in the second day room for the benefit of residents.

On the whole, residents bedrooms were personalised with items of significance such as soft furnishings, pictures and ornaments. However the inspectors observed that the layout of six three bedded rooms and one twin room was impacting negatively on the lived experience for the residents accommodated in those rooms. These findings are discussed in more detail under the relevant regulations.

Residents who expressed a view told inspectors that they enjoyed the food provided. The menu on the day of the inspection consisted of options for Gammon, Chicken kiev and Salmon. Residents told the inspector if they did not like the choice of food available then they could request an alternative meal. The inspectors observed a resident meal service. The dining room was spacious and the dining experience was observed to be unhurried and meal times were well organised to ensure sufficient staff were available to support residents.

The following sections of this report outline the inspection findings in relation to the governance and management in the designated centre and on how this supports the quality and safety of the service provided.

Capacity and capability

This inspection found that designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted.

An application to renew the registration of the designated centre was received by the Office of the Chief Inspector and was being processed in line with procedures.

This announced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on the compliance

plan actions that the provider had committed to take to address the findings of the previous inspection in August 2023. Following the last inspection the provider was found to have implemented the majority of their compliance plan however there were some regulations that required additional actions to ensure full compliance with Regulation: 3 Statement of Purpose, Regulation:23 Governance and Management and Regulation:34 Complaints.

The designated centre is operated by Flanagan's Nursing Home Limited who are the registered provider. There is a clearly defined management structure in place with the person in charge supported in their management role by a director of the company who was actively involved in the running of the centre. The person in charge is also supported in their role by two clinical nurse managers and a team of nurses and healthcare assistants. There is also a team of catering, housekeeping, maintenance, administration, and activity staff to support the delivery of care to the residents.

A review of incidents and accidents found that these records were well maintained by the provider. The provider was found to provide timely notification updates to the Chief inspector in line with the regulations.

There was effective oversight of staffing arrangements in this centre. There were no staff vacancies at the time of this inspection while gaps on the roster were filled by the existing staffing complement. Arrangements were in place for out of hours management support if required. A review of staff files found that they contained all the information required under Schedule 2 of the regulations and included a valid Garda vetting disclosure.

The inspector reviewed a sample of residents' contracts for the provision of services and found that contracts accurately described the service provided and the charges for the service.

The provider had completed a comprehensive report on the quality and safety of care for 2023 which also included an improvement plan for 2024. The provider actively engaged the views of residents in order to incorporate resident feedback into the report.

There was a comprehensive training programme in place which incorporated a selection of both face to face and online training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Discussions with staff members throughout the day confirmed that they attended regular training courses and found the training provided useful in their day to day support of the residents.

There was a well established and organised approach to monitoring the quality and safety of the service provided to residents. This included, a schedule of clinical, environmental and operational audits. Where improvements were identified, action plans were developed and actioned within defined time lines. There was ongoing monitoring and oversight of the service maintained by the provider. Monthly multidisciplinary team meetings along with local management meetings reviewed and analysed key aspects of the service such as risk, health and safety and resident

clinical indicators such as falls, wound care and nutritional status. However improvements were required in the oversight of Fire Precautions as set out in the findings under Regulation 28. The provider maintained a Statement of Purpose which was updated in February 2024, this document required some amendments to provide a clear account of the services provided, this is discussed in more detail under Regulation 3.

The inspectors reviewed the complaints log and confirmed that the provider had received a small number of service complaints which were resolved at an early stage of the complaints process. The provider had updated their complaints policy and procedure however upon review this document did not clearly set out the revised requirements of Regulation 34. This meant that there was a potential risk that formal complaints would not be managed in line with the regulations.

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 all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

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 23: Governance and management

The provider failed to action commitments made since the last inspection held in August 2023 whereby they committed to,

- Reducing the number of residents living in a number of three bedded rooms.
- The oversight of fire precautions did not ensure that all risks in relation to fire precautions were identified and managed effectively, For example:

A number of fire doors did not provide the required level of protection as they did not close properly and this had not been identified as a risk by the provider on the regular fire safety checks that were completed by staff.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place this document required updating to provide the following,

- The arrangements for day care services in the designated centre.
- The procedure for handling complaints, this is discussed in more detail under Regulation 34.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incident reports and care records showed that Schedule 4 incidents were notified to the Chief Inspector within the required time frames. Schedule 4 quarterly reports were also submitted in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints (may be received by someone other than the provider) however this policy and procedure had not been updated to incorporate all amendments made to this regulation by recent statutory legislation SI 628. For example:

- The policy did not include the provision of a written response to the complainant following an investigation into their complaint.
- The policy did not include provision of a written response to the complainant following a request for a review of the outcome of the provider's response to their complaint.

Judgment: Substantially compliant

Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard and met the assessed needs of the residents. Staff were knowledgeable about the residents' needs and preferences, with residents reporting that they felt safe and well cared for by the staff in the centre. However, further improvements were required to bring the centre's premises into full compliance with the regulations.

A review of residents care records confirmed that residents admitted to the centre had an assessment of their needs completed prior to being offered a placement. Upon admission care plans were developed to meet those assessed needs. There were robust arrangements in place to review residents care plans and update care interventions to cater for residents changing needs.

Residents clinical care was well managed with residents supported to access to a range of health care services, which included a general practitioner (GP) and psychiatry of later life. 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 designated centre is located within a two-storey building, with the residents accommodated on the ground floor across four units called, Lough Gill, Railway View, Railway Court and Innisfree. The designated centre was found to be decorated to a high standard with handrails located on all corridors which facilitated residents moving around the centre independently. Communal rooms were tastefully decorated and spacious. There was a range of suitable seating available for residents to use which was well maintained. The provider had arrangements in place for regular maintenance support to maintain the quality of the building. The centre was found to be clean and odour free. There were a range of storage facilities in the centre which were also well maintained and suitable for their intended purpose.

Residents were accommodated in a number of single, double and three-bedded rooms. The bedrooms were well-maintained and the majority were personalised by residents. Most residents in the centre had access to their wardrobes and personal storage areas. However, the size and layout of a number of single, double and three-bedded rooms did not meet the requirements of the regulations and some of these bedrooms did not meet the needs of the residents. These findings are set out under Regulations 17 and 9.

The provider had a fire safety management plan and emergency fire action plan in place. Staff were familiar and confident with evacuation procedures, and all staff members were up-to-date with fire training. The residents' personal emergency evacuation plans (peeps) were found to be clear and detailed. Regular fire safety checks were carried out in this centre, and staff maintained daily, weekly and monthly checks of fire doors and means of escapes. Service records were available for fire extinguishers and emergency lighting and inspectors found these records to be in order and all were up to date. The provider had also engaged with their competent person recently and carried out a review of the centre's fire precautions. However, some improvements were required to ensure that fire safety checks were effective in identifying any deficits and that they were addressed promptly. This is discussed further under Regulation 28: Fire precautions.

Residents' meetings were held regularly and inspector's found that residents were involved in the organisation of the centre. For example, residents were involved in decisions relating to their daily care and lives and a range of topics, such as choice of social care programmes and food choices in the centre. It was clear that residents were encouraged to maintain their independence and control over their daily routines.

The provider supported a number of residents with the management of their finances and acted as a pension agent for nine residents. A review of records found that this was well managed and that residents finances were safeguarded. The provider has arrangements in place for residents to access their finances seven days a week.

The residents had access to a range of social care activities that were in line with their choices and preferences. The inspectors observed residents accessing various meaningful activities, such as gentle exercise sessions and live music in the centre. During the live music session, the inspectors observed a mobile bar that was set up to cater to the residents. The bar was stocked with alcoholic and non-alcoholic beverages, and residents were able to enjoy their drinks while listening to the music, which created a festive atmosphere that added to the overall enjoyment of this live music session.

Residents' access to the outdoor garden areas was not restricted. Residents had access to television, radio, and newspapers. However, the layout of some rooms in the centre did not support residents' exercise of choice in their daily routines. This is further discussed under Regulations 12, 17 and 9.

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There were choices of the main meal every day, and special diets were catered for residents in line with their assessed needs. In addition to the main meals, residents were provided with refreshments at regular intervals throughout the day and consisted of a selection of hot and cold beverages, including tea, coffee, and juices.

Regulation 10: Communication difficulties

Residents' communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support from staff. Staff who spoke with the inspectors were knowledgeable about the communication needs of residents.

Judgment: Compliant

Regulation 13: End of life

The inspectors noted that the clinical practices of staff in the centre were providing appropriate care and comfort for residents who were approaching their end of life. For example, appropriate medicines were prescribed for residents to ensure pain relief and comfort, and staff were knowledgeable about various care interventions that were required to support residents when they approach their end of life.

Judgment: Compliant

Regulation 17: Premises

The inspectors were not assured that the layout of a number of single, twin, and multi-occupancy rooms was suitable to meet the needs of the residents accommodated in those rooms. This was evidenced by:

- The layout of some bedspaces in these rooms did not facilitate the safe manoeuvring of large equipment, such as hoists and was unsuitable for residents with higher dependency levels who needed to use this type of equipment.

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

- The inspectors found that the floor space available to residents in several bedspaces in the twin and three-bedded rooms was below the minimum floor space requirement of 7.4 square meters. Furthermore, the bedspaces were small and did not allow for a comfortable chair and a bedside locker for each resident.
- The inspectors observed that residents in several double and three-bedded rooms lacked sufficient shelving space to store their valuables, such as photo albums and headsets.

In some bedrooms, one resident's wardrobe was located in another resident's bedspace. As a result, the resident had to enter another residents' bed space to access their personal possessions in their wardrobes

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy which met the requirements of the regulations. 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 28: Fire precautions

The inspectors observed that several fire doors in the centre were ineffective in containing smoke and fire in the event of an emergency. This was evidenced by :

- Intumescent strips were missing in six fire doors.

- A fire door leading to a communal room was not closing properly.
- A kitchen fire door was not closing properly, and the inspectors found significant gaps between the door sections. One cross-corridor fire door and five bedroom fire doors had significant gaps between the floor and the door.
- Fire doors in two communal rooms were fitted with bolt lock devices to lock the door sections, and the inspectors were not assured that these fire doors were effective in facilitating emergency evacuation from these rooms.
- Additionally, the provider did not provide the correct fire floor plan to guide staff and residents in following the evacuation procedures in the event of fire. The fire floor plan on display did not accurately reflect the fire compartments and identified a fire sub-compartment near the centre's dining room however, one fire door was missing in this area which meant that staff would have to move residents beyond the next available fire door to protect them in the event of a horizontal evacuation procedure.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care files and noted that the assessments carried out following their admission into the centre were comprehensive. Each resident had a care plan, which was reviewed at appropriate intervals. The records indicated that the residents were consulted during care planning.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a restraint register in place and the records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialed prior to use. Staff spoken with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure the protection of residents, including facilitating all staff to attend safeguarding training. Staff files indicated that they were appropriately vetted before they commenced their employment in this centre. Staff who spoke with the inspector were knowledgeable about safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. There were robust measures in place to safeguard resident finances where the provider acted as a pension agent for those residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the layout of a number of twin and multi-occupancy rooms did not ensure that the residents accommodated in these rooms had sufficient private space to undertake personal activities in private. For example,

- the location of privacy curtain fittings did not ensure that there was sufficient space available when a resident was receiving personal care without encroaching on the other residents bedspace.
- In addition the proximity of the beds to each other meant that other residents and staff in the room could overhear any conversations in relation to each residents personal care.
- Additionally, there was only one television provided for residents residing in twin and three-bedded rooms, which impacted on residents choice of viewing.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as ordering, prescribing, storing, disposing of medicines, and administering medicines were safe. Controlled drugs were stored safely and checked as per local policy.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge did not ensure that all residents living in the designated centre were provided with,

- Adequate space to store and maintain their personal possessions and clothes.
- The current layout of multi-occupancy rooms meant that residents would have to enter the bedspaces of other residents to access their wardrobe facility.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for St Phelim's Nursing Home OSV-0000395

Inspection ID: MON-0042993

Date of inspection: 18/04/2024

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>Premises:</p> <p>We propose to reduce the occupancy in room 49 to a single room. Room 34 to a single room and room 27 to a twin room by October 31st, 2004.</p> <p>We also propose to reduce all three beds to twin in rooms 23, 28, 29,47,48, through gradual reduction in occupancy.</p> <p>We have a project workplan for extending the facility to have two household models extending our capacity by an additional 35 single ensuite bedrooms.</p> <p>The fire audit programme has been reviewed and revised to ensure all risks in relation to fire precautions are identified and managed effectively.</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 revised and now includes:</p> <ul style="list-style-type: none"> • The arrangements for day care services in the designated centre. • The Complaints policy has been revised to meet the requirements of SI 628, specifically the provision of a written response following investigation into a complaint. 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Complaints policy has been revised to meet the requirements of SI 628, specifically the provision of a written response following investigation into a complaint and following a request for a review of the outcome.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We propose to reduce the occupancy in room 49 to a single room. Room 34 to a single room and room 27 to a twin room by October 31st, 2024.</p> <p>We also propose to reduce all three beds to twin in rooms 23, 28, 29,47,48, through gradual reduction in occupancy. By reducing the occupancy this will address storage and position of wardrobes.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire</p> <ul style="list-style-type: none"> • Intumescent strips have now been replaced for the fire doors • The fire door leading to a communal room will be replaced. • The Kitchen fire door will be replaced. • The crossfire door and five-bedroom doors will be repaired. • The fire doors in two communal room will be replaced. • The fire floor plan has been updated and is now displayed in all zone areas. 	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We propose to reduce the occupancy in room 49 to a single room. Room 34 to a single room and room 27 to a twin room by October 31st, 2024.</p> <p>We also propose to reduce all three beds to twin in rooms 23, 28, 29,47,48, through gradual reduction in occupancy. By reducing the occupancy this will ensure sufficient private space.</p> <p>Where sensitive conversations are occurring with residents, their families or allied health professionals have access to multiple visiting rooms. Staff ensure that the privacy and dignity of every resident is safeguarded during personal care.</p> <p>All residents will have access to a television.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: We propose to reduce the occupancy in room 49 to a single room. Room 34 to a single room and room 27 to a twin room by October 31st, 2024.</p> <p>We also propose to reduce all three beds to twin in rooms 23, 28, 29,47,48, through gradual reduction in occupancy. By reducing occupancy this will provide adequate space to store and maintain personal possessions and address wardrobe facilities.</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	31/10/2024
Regulation 12(c)	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 he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	31/10/2024

	and other personal possessions.			
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	31/10/2027
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	31/10/2027
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	31/10/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(3)	The person in charge shall	Substantially Compliant	Yellow	27/06/2024

	ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/06/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	27/06/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	27/06/2024
Regulation 9(3)(a)	A registered provider shall, in	Not Compliant	Orange	31/10/2024

	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.			
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	31/10/2024