



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 September 2024
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0044964

## About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is a two-storey building which is registered with the Health Information and Quality Authority (HIQA) for 32 residential places. There is 24 hour nursing care provided. There is access to allied health services such as physiotherapy and dietitian. The centre also has free Wi Fi and residents may freely use mobile phones and have access to visitors at any time. The accommodation comprises all single full en-suite bedrooms. The centre also has assisted toilets and a bath, to afford choice to residents. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A lift is available to access the first floor of the centre. There is a secure outdoor garden area to the rear of the building and ample on site car parking.

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

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 25 September 2024	09:15hrs to 17:15hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in Ard na Ri Nursing Home were supported to enjoy a good quality of life by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy and safe living in the centre, and with the quality of care they received on a daily basis.

There was a warm and welcoming atmosphere which was apparent to the inspector on arrival to the centre. During the morning, staff were observed to respond to residents requests for assistance promptly. Residents were observed chatting with one another in the communal dining room over breakfast, and staff were seen to be attentive to their requests for assistance. Other residents were seen walking through the corridors and stopping along their way to chat to residents who were in their bedrooms.

The inspector met with the majority of residents during a walk around the centre and spoke with six residents in detail about their lived experience of the centre. Residents who spoke with the inspector were complimentary in their feedback about many aspects of the service. They described how they enjoyed engaging with all staff, and spent time chatting with them throughout the day. Residents told the inspector that their choices were respected and that they were encouraged to be as independent as possible. They described how staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Staff were observed to engage with residents in a person-centred manner, and there was a friendly relationship between staff and residents, who were seen to chat and interact with each other in a relaxed manner.

The premises was warm, bright, spacious, and appropriately decorated for residents. The centre comprised of 32 single bedrooms laid out over two floors and was accessible to residents through a passenger lift or stairs. Each floor had communal space for residents. Externally, a secure patio areas was observed to be appropriately maintained, furnished, and accessible to residents.

Resident bedrooms were clean, well-furnished, and found to be personalised by the residents with items of individual interest such as photos and soft furnishings. Residents told the inspector they were satisfied with their bedroom accommodation, furnishings and storage facilities for their personal belongings. Residents personal clothing was laundered off-site by an external service provider and residents told the inspector they were satisfied with this service.

The centre was observed to be cleaned in all areas occupied by the residents. While bedrooms, en-suites, communal areas and furniture were visibly clean, some areas of the centre were not subject to the same standard of cleanliness. This included ancillary storage areas and sluice rooms. The inspector observed a lack of facilities to support effective cleaning and infection prevention and control. Cleaning equipment such as a trolley, mops, and cleaning agents were stored in a sluice

room. This posed a risk of cross contamination, and therefore a risk of infection to residents.

Some fire safety risks were observed by the inspector on the walk around of the centre. This included the location of a makeshift office space, including electrical equipment, in a protected stairwell.

Residents were complimentary about the quality and quantity of food they received. During morning and afternoon snack rounds, staff were seen offering residents a choice of tea or juices with snacks. Lunch-time and tea-time meals were observed and residents were served and assisted in a relaxed and social manner. Residents were offered choice for their meals and gave positive feedback of the quality of the food served and the choice. Meals were well presented, including meals that were modified to an appropriate consistency. Residents told the inspector that their feedback was frequently sought regarding the menu, and adjustments were made to the menu to ensure variety in the meals provided.

The centre had a varied and engaging social activity schedule in place. Residents were seen enjoying activities throughout the afternoon, facilitated by activities staff who knew the residents interests and capacities. Residents told the inspector that while there was an activity schedule in place, the schedule was flexible according to their preferences on the day. For example, while bingo was planned for the afternoon, some residents said they would attend a knitting group that was held weekly by a staff member, instead.

Mass was celebrated in the centre monthly by the local priest. A Eucharistic Minister attended the centre weekly. Some residents expressed their appreciation of this service and other religious activities that were very important to them. Residents told the inspector that they were satisfied with this arrangement.

Residents views on the running of the centre were sought through monthly residents' meetings and from a review of minutes of these meetings, they were well attended by residents and action taken by the management team in response to their feedback. Residents told the inspector that management always 'followed through' to implement any suggestions they had on improving the service.

Residents who spoke with the inspector about visiting arrangements, confirmed there was no restrictions with regard to visiting. Visitors were observed coming and going throughout the day.

The following sections of this report detail the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services 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 action taken by the provider to address issues identified during the previous inspection of the centre in November 2023.

The findings of this inspection were that the centre had an effective management structure that was responsible and accountable for the provision of safe and quality care to the residents. However, this inspection found that there were some aspects of the management systems in place to oversee fire safety management, complaints and record management that were not fully effective.

Ard na Ri Nursing Home is operated by a partnership with both partners involved in the daily operation of the centre. One of the partners represented the provider in engagement with the Chief Inspector and attended the centre weekly to provide governance and support to the person in charge. Within the centre, the organisational structure had changed since the previous inspection whereby the role of person in charge was no longer shared between two persons. There was one person in charge working full-time in the centre and they were supported clinically and administratively by an assistant director of nursing and two clinical nurse managers. This management structure was found to be effective, as lines of accountability and authority were clearly defined to ensure the service was adequately resourced and that there was effective oversight of the quality of care provided to residents.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. A schedule of clinical and environmental audits were in place for 2024 to monitor key aspects of service. This included audits of infection prevention and control, medication management, restrictive practices, incidents and falls, and clinical records. A sample of completed audits were reviewed and were found to be effective to support the management team to identify some risks and deficits in the service. Where areas for quality improvement were identified, the actions were recorded on a quality improvement plan, assigned to personnel in their relevant departments, and subject to review to ensure the actions were completed. Records showed that the action plans from these audits were communicated to the relevant staff during staff meetings.

Risk management systems were guided by a risk management policy that had been reviewed in March 2024. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of residents. A risk register was maintained and contained clinical and operations risk that may impact on the quality and safety of the service provided to residents. Risks were categorised according to their level of priority and detailed the actions in place to mitigate risks to residents.

While there were systems in place to record and investigate incidents and accidents involving residents, the inspector found that the incident reporting system was not robust and there was inconsistent documentation of adverse incidents involving residents. Some recorded incidents of resident fall's or unexplained bruising were

poorly detailed and did not contain all the required information to identify possible contributing factors to the incident occurring, or identify learning so similar incidents could be prevented. In addition, some records did not confirm if an investigation was carried out, or did not include information that informed the conclusion and closing of the incident.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Record keeping and file management systems consisted of both electronic and paper-based systems. Staff personnel files contained the information required under Schedule 2 of the regulations. However, some records were not consistently maintained in line with the requirements of the regulations. This included records of the rosters worked by staff and complaints.

On the day of inspection, the staffing levels were appropriate for the size and layout of the building and to meet the assessed needs of the residents. There was adequate nursing staff on duty supported by a team of health care staff. A review of the rosters found that there were adequate staffing in place to support housekeeping, catering and social care activities. Rosters showed that staffing numbers were sufficient to respond to planned and unplanned leave in the service.

A review of staff training records found that staff had up-to-date training in safeguarding of vulnerable people and infection prevention and control. However, some staff had not attended refresher fire training in a significant period of time. In addition, some staff did not demonstrate an appropriate awareness of the actions to take in the event of fire alarm activation or the centres evacuation procedure.

Arrangements were in place to ensure staff were appropriately supervised and supported by the management team, and there were formal induction and performance appraisal processes in place to support staff.

The service did not engage volunteers. However, arrangements were in place to ensure that prospective volunteers would have a specific role and responsibility, and that they would be supported and supervised by the management team.

The policies and procedures, as required by Schedule 5 of the regulations, were reviewed by the inspector. The policies had been reviewed by the provider at intervals not exceeding three years and were made available to staff.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was displayed in the centre and residents and staff were aware of the procedure. A review of the record of complaints found that while all complaints were documented, the process of the management of some complaints was not always completed. For example, a small number of complaints did not have the outcome of an investigation documented.



## Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons, and worked full-time in the centre. The person in charge had the overall clinical responsibility for the delivery of health and social care to the residents.

Judgment: Compliant

## Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities staff and administration staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training such as safeguarding of vulnerable people, supporting residents living with dementia, and infection prevention and control.

Arrangements were in place to ensure staff were appropriately supervised to implement their training and ensure the safe delivery of care to residents.

Staff training and knowledge in relation to fire safety procedures is detailed under Regulation 28, Fire precautions.

Judgment: Compliant

## Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Some records of adverse incidents involving residents were incomplete and did not contain all the information required under Schedule 3(4)(j) of the regulations. For example, there was no documented results of an investigation, learning or action taken in a sample of records reviewed.
- Records of complaints did not always detail the action taken by the provider in response to a complaint, in line with the requirements of Schedule 4(6) of the regulations.
- Records of the roster that was actually worked by staff was not consistently maintained, in line with the requirements of Schedule 4(9).

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example;

- The incident reporting system was not robust to ensure effective oversight of incidents to identify opportunities for learning and improving the service.
- Record management systems did not ensure that all records were maintained in line with the requirements of the regulations. Records in relation to incidents and complaints were incomplete and did not always identify opportunities for learning and improving the service.
- Supervision of aspects of the service, particularly in relation to fire safety and infection prevention and control was not fully effective to ensure to ensure the quality and safety of the care environment.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were not always managed in line with the requirements of the regulations.

Records of complaints received by the centre did not consistently detail the outcomes of any investigations into complaints. Additionally, records did not clearly indicate that a written response of acknowledgment was issued to the complaint, in line with the requirements of the regulations.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

A review of the policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4.

Judgment: Compliant

## Quality and safety

Residents living in Ard na Ri Nursing Home received a good standard of care and support that ensured that they were safe, and that they could enjoy a good quality of life. The service prioritised the residents right to live as independently as possible and provide supportive and safe care that was underpinned by person-centred care plans. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. However, this inspection found that the management oversight of fire safety and infection prevention and control did not fully ensure that residents received care in an environment that protected them from risk.

A sample of resident's assessments and care plans were reviewed, and evidenced that the residents' health and social care needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents. Residents care and

support needs were monitored on a daily basis, and care plans were updated following an assessed change in their needs.

There was regular communication with residents' general practitioner (GP) regarding their health care needs, and residents were provided with access to their GP, as requested or required. Arrangements were in place for the referral of residents to access the expertise of health and social care professionals for further expert assessment and treatment. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise. The recommendations made by health care professionals were incorporated into the residents' care plan and implemented by staff to ensure the best outcomes for residents.

The provider had infection prevention and control management and monitoring systems in place. Staff spoken with were knowledgeable of the signs and symptoms of infection and the procedure to escalate concerns to senior management personnel. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the risk of cross infection. A single use, colour-coded, mop systems was in operation. Cleaning agents were appropriate for health care settings and housekeeping staff demonstrated the procedure for cleaning the centre. Cleaning records viewed confirmed that the majority of areas were cleaned on a daily basis. However, the inspector observed some areas of the centre that were visibly unclean. This included the kitchen cleaning store and sluice rooms. The inspector found that the inappropriate storage of equipment in ancillary areas such as the sluice room, and toilet facilities posed a risk of cross contamination.

A review of fire precautions found that the provider had addressed issues identified on the previous inspection with regard to the integrity of fire doors and potential impact on fire containment measures. There were arrangements in place to ensure the fire detection and emergency lighting systems were serviced and maintained at regular intervals. However, staff spoken with were not always knowledgeable on the fire evacuation procedure or aware of some potential fire safety risks in the centre. In addition, the day-to-day management of fire did not fully ensure potential fire risks were identified and managed. For example, the inspector noted that electrical equipment was used in an office space located within a protected escape stairs. This had the potential to impact on the means of escape from the first floor in the event of a fire in this area.

The centre had arrangements in place to safeguard and protect residents from abuse, underpinned by a policy and procedure. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with detailed their responsibility in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre did not act as a pension agent for any of the residents.

There was a rights- based approach to care in this centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Advocacy service were displayed on a notice board in the centre.

Each resident was provided with an information guide that provided information on key aspects of the service such as the layout of the centre, management personnel, complaints procedure, advocacy services, visiting, and information about their residency in the centre.

Residents has access to daily newspapers, books, televisions, and radio. There was a programme of activities available in the centre and residents appeared to enjoy music, chats, and bingo with an activities co-ordinator. Residents told the inspector that they were satisfied with the activities on offer and enjoyed the social aspect of group activities.

There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. Satisfaction surveys were carried out with residents with positive results. Residents confirmed that their feedback was used to improve the quality of the service they received.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or a communal areas, if they wished.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control procedures were not fully consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by:

- Some areas of the premises were not appropriately cleaned. This included areas such as store rooms, and sluice facilities that were visibly unclean on inspection.
- There was inappropriate storage of equipment and items within sluice rooms located on the ground and first floor. This included a cleaning trolley, and a stock of toiletries for residents. This increased the risk of cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The oversight and management of fire safety systems was inadequate and did not fully ensure the safety of residents against the risk of fire. For example;

- Simulated evacuation drills did not reflect if full compartment evacuations took place and did not reflect the dependencies of residents. In addition, drill records did not reflect that vertical escape routes were tested during simulated drills.
- A number of staff had not completed refresher fire safety training since 2022. Some staff demonstrated a poor awareness of the centre's fire evacuation procedure, and the arrangements in place for the safe and timely evacuation of residents in the event of a fire emergency.
- There was an office space located within a protected stairs used as an escape route in the event of a fire emergency. Electrical equipment was also in use in the area. This had the potential to impact on means of escape, and the safe and timely evacuation of residents from the first floor in the centre.
- While the floor plans on display by the fire panel, used to delineate escape exits in the centre, represented the current layout of the building, the floor plans displayed along corridors were not accurate and gave conflicting information with regard to escape routes. This had the potential to cause confusion during a fire emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

Services, such as physiotherapy, were available to residents weekly and services including tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

There were facilities for residents to participate in a variety of activities such as knitting groups, bingo, exercise classes and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received.

Residents were provided with information on the service that were available to support them, if needed. This included details of independent advocacy services and safeguarding.

A variety of daily national and local newspapers were available to residents. Religious services were facilitated regularly.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0044964

Date of inspection: 25/09/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> <li>1. Incidents and complaints will be documented in line with regulatory requirements and will clearly detail the action taken in response to a complaint and document results of an investigation and learning outcomes. This will be done by way of regular auditing and monthly KPI’s and learning outcomes will be discussed in staff meetings. This will all form part of our Annual Review.</li> <li>2. The roster will be under daily review to ensure it reflects the actual roster worked.</li> </ol>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. As per Regulation 21, Incidents and complaints will be documented in line with regulatory requirements and will detail the action taken in response to a complaint and document results of an investigation and learning outcomes. This will be done by way of regular auditing and monthly KPI’s and learning outcomes will be discussed in staff meetings.</li> <li>2. Clinical staff involved in documentation of incidents and complaints have had further training in relation to completion of incidents, complaints and learning outcomes to further improve the service provided to our residents.</li> <li>3. Systems have been put in place to ensure effective supervision in relation to fire safety and infection control and prevention such as the introduction of fire marshalls and IPC champions. Further training has been scheduled to include fire warden training.</li> </ol>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> <li>1. Records of complaints will be more robust to include details of any investigations carried out, what actions were taken to resolve the complaint, list of activities, interviews, findings of investigation, actions and improvements required, learning outcomes and will indicate whether a written response of acknowledgment was issued to the complainant.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. The Centre has reviewed the cleaning processes and frequency of cleaning to ensure compliance with the National Standards.</li> <li>2. Non related sluice room equipment and any other items have been removed from the sluice.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The recording of simulated drills will be reviewed to capture all relevant details to include dependencies of residents, evacuation aids and vertical descent if above ground level.</li> <li>2. All staff have received up to date fire training and will continue to be educated through fire drills and evacuations. The Centres fire evacuation strategy and arrangements around fire safety are reinforced during fire drills and daily handover.</li> <li>3. The protected area has been decanted and the office space has been relocated to the meeting room.</li> <li>4. The floor plans in the centre have been reviewed following the inspection and are in the process of being updated. All fire alarm zone plans will be upgraded to A1 size.</li> </ol>	

## 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	26/09/2024
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	30/11/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	26/09/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	26/09/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	31/12/2024

	of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2024
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	26/09/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any	Substantially Compliant	Yellow	26/09/2024

	investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
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