



**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:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	11 July 2024
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0044272

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides residential accommodation for 18 long term-care residents and two residents requiring short-term care/respice. The philosophy of care is to provide a quality residential service to older people who have a diagnosis of dementia and who are mobile. The ethos, culture, practices and procedures of the centre reflects a person-centred approach that promotes independence and functioning to the residents' highest potential. Meaningful expression is facilitated by occupational, recreational, physical and sensory stimulation. Management and staff aspire to these values by being open to new ideas and ways of working, demonstrating a commitment to effective communication, teamwork and developing practice to reflect a shared vision of residents' care. The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 11 July 2024	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, completion of the final phase of refurbishment works involving the residents' communal sitting and sensory rooms and upgrading of the paintwork in the residents' lived environment since the last inspection in March 2024 supported the residents to enjoy a good quality of life and ensured that their rights were respected. Residents were able to access their private and communal accommodation and could come and go into the two outdoor gardens as they wished. The inspector found that there was a warm, unhurried and happy atmosphere in the centre and this was reflected in the the residents' relaxed and content dispositions. Staff were observed to be attentive to residents' needs and were respectful, kind and patient in their interactions with individual residents.

Staff and residents knew each other well and obviously enjoyed being in each others company. It was evident that residents trusted staff and were enjoying the positive and personal interactions with staff caring for them. Some residents sought individual staff to spend time with and the inspector observed these staff to patiently respond to these residents' wishes for company.

On arrival to the centre, the inspector met with the clinical nurse manager who was deputising for the person in charge on the day. Following an introductory meeting, the clinical nurse manager accompanied the inspector on a walk around the centre. This gave the inspector opportunity to meet with residents and staff and to gain some insight into residents experiences of living in the designated centre. The clinical nurse manager demonstrated the improvements that had been recently made in the residents' lived environment.

The inspector observed that residents were going about their day with purpose and staff mingled among them providing gentle assistance and encouragement as necessary. Many of the residents were resting in the sitting room and the residents' social activity programme was starting with staff reading the newspapers for some residents while others preferred to read the newspapers themselves. The residents' social activities were tailored to suit residents needs in small group as one-to-one interactions. The inspectors spent periods of time in the communal areas throughout the day and observed that residents were enjoying positive and therapeutic interactions with staff. Some other residents preferred to walk along the corridors or go into the garden. Residents who spoke with the inspector commented 'I wouldn't want to be anywhere else', 'this is a great place' and 'staff are smashing'. Residents told the inspector that they always felt safe in the centre.

Sullivan Care Centre is a single-storey building with residents' accommodation on ground floor level throughout. Residents' bedroom accommodation comprises of 20 single rooms, two of which have en-suite toilet and wash basin facilities. The residents communal environment was observed to be clean, free of any clutter, bright and spacious. However the inspector observed that unsightly damaged and worn floor covering on the corridors, the residents' dining room and a sitting room

had not been replaced. This was an outstanding action from the previous inspection in March 2024. The inspector was told by members of the centre's management that all floor coverings were scheduled for replacement by the end of August 2024.

Residents' bedrooms were colourfully decorated and were personalised as they wished with their family photographs and other personal possessions including soft toys and colourful throws on their beds. Residents had adequate storage space for their clothes and personal possessions. The walls on some parts of the circulation corridors in the centre had been colourfully decorated with wallpaper and tactile flower and butterflies and staff spoke about the plans in place to do further decoration in collaboration with residents. This gave residents visual variety and points of interest in their lived environment as they walked along the corridors. The windows on one side of two circulating corridors looked out on one of the two outdoor gardens.

Both outdoor gardens were accessible to residents as they wished and provided residents with interesting and therapeutic outdoor spaces. The footpaths were covered with a specialist soft surface designed to protect residents from injury in the event of them falling. Raised flower/shrub beds were available in one garden and a glasshouse was available to residents in the second garden. The glasshouse was located in the garden to the side of the centre premises and the raised flower/shrub beds in the garden in the middle of the centre premises facilitated residents with an interest in gardening to continue to pursue and enjoy their gardening interests. A variety of garden ornaments and other memorabilia created points of interest for residents as they walked around the gardens. The lawns and flower beds were well maintained. Murals painted on the walls around the internal garden had been repainted and were based on the residents' past interests and occupations including farming, music and dancing.

The inspector spent some time in the dining room and observed that residents looked forward to their meals and enjoyed this social occasion. The residents' dining room was adjacent to the centre's kitchen. Residents' mealtimes were unhurried and was well organised. There was sufficient staff available to support and assist residents with eating their meals as necessary. Residents told the inspector that 'the food is lovely' and 'is the best'.

The corridors were wide and handrails were in place along all the corridors to support residents with their safe mobility. Grabrails were in place on both sides of the toilets and handrails were available in communal showers. The inspector observed that there were adequate communal showers and toilets provided within close proximity to residents' bedrooms and communal rooms to meet their needs.

The inspector observed that each resident had a functioning call bell in their bedrooms. Staff remained with residents in the communal areas at all times to ensure their needs were responded to without delay.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service and present the findings under each of the individual regulations assessed.

Capacity and capability

Overall the designated centre was being well managed for the benefit of the residents. The inspector found that improvements were continuing to be made to bring the centre into compliance with the regulations since the last inspection in March 2024 and that this was having a positive impact on the lived experience of the residents living in the centre. In addition, it was clear that residents' needs and preferences were now kept central to the service provided.

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and considered the provider's application to renew the registration of the designated centre.

Due to the risks to residents' safety found on the inspection in July 2023, the Chief Inspector attached a condition to the designated centre's registration ceasing the admission of new residents until the centre is in compliance with Regulations: 17: Premises, 23: Governance and Management, 27: Infection Control and 28: Fire precautions. The inspector found that the provider was complying with this registration condition and had carried out significant refurbishment and improvement works over the past 12 months. This included an extensive fire safety improvement project and refurbishment of a large area of the premises. The provider submitted satisfactory assurances to the chief inspector that the designated was now in compliance with the fire safety legislation and standards. Notwithstanding the refurbishment works completed, there were some outstanding actions yet to be completed. These included the conversion of an office and a file room to increase the storage areas available and the replacement of floor coverings in a number of areas. As a result Regulation 17 remained not compliant. Actions to bring Regulation 27: Infection Control were completed on this inspection. Although, improved systems were now in place to ensure the provider's oversight of the quality and safety of the service, the impact of these improvements had not been fully realised due to the ongoing delays in completing all of the refurbishment works in the centre. This finding is discussed under Regulation 23; Governance and Management.

The provider of Sullivan Centre is the Health Service Executive who is a national provider for healthcare in Ireland. The provider was represented by a senior manager on the day of the inspection. The inspection was facilitated by the clinical nurse manager who was deputising for the person in charge. Both managers worked in the centre on a full time basis and were well known to staff and to residents and their families. The management team were knowledgeable about individual residents and the day-to-day events and incidents that were happening in the centre. Staff told the inspectors that managers were approachable and that they were very well supported in their work.

There were enough staff on duty on the day of the inspection to meet the needs of residents and to support residents to spend their day as they wished. Staff demonstrated accountability for their work and were clear about their roles and responsibilities when they were speaking with the inspector. Staff worked well together to ensure residents needs and requests for support were met in a timely manner. Staff were seen to greet all residents as they passed by name and spent time talking with residents about their day. Staff interactions with residents were empathetic and respectful. This helped to create a welcoming and pleasant atmosphere for residents and visitors.

The provider's management and oversight systems had improved since the last inspection. The person in charge was now supported in their role and audits were up to date and were being followed up to ensure improvements were effectively implemented. However, not all deficits as found on this inspection were been identified in the audits of residents' care plan documentation.

An annual review report of the quality and safety of the service and residents' quality of life in 2023 had been prepared in consultation with the residents and their feedback was incorporated into the review and the quality improvement programme for 2024

Registration Regulation 4: Application for registration or renewal of registration

All prescribed information was forwarded as required to inform the provider's application to renew the designated centre's registration. However, the floor plans and statement of purpose submitted did not reflect the layout of the designated centre on the day of this inspection as follows;

- A staff office and a file room had not been converted to storage rooms as referenced in the floor plans and statement of purpose and as committed to by the provider in their compliance plan from the last inspection in March 2024.

Judgment: Substantially compliant

Regulation 15: Staffing

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

There were 2.0 staff nurse and 3.5 care staff vacancies on the day at the time of this inspection and these were being covered by the provider's own staff working additional hours and regular agency staff. This helped to ensure continuity of care for residents from staff who knew them but was not a sustainable staffing model

and required review. This finding is repeated from the last inspection in March 2024 and is discussed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

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

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 21: Records

The records as set out in Schedules 2, 3 and 4 were held securely in the centre and were made available to the inspector for inspection. The inspector review a sample of four staff files and found that they contained all information as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although, management and oversight of the service was strengthened to ensure that deficits were identified and addressed without delay, additional focus and oversight by the management team of the planned refurbishment works was necessary to ensure that the remaining works were completed within the revised time frame of August 2024. The inspectors findings are discussed under Regulation 17: Premises

The current staffing model did not ensure that staffing levels were maintained as set out in the provider's statement of purpose against which the centre was registered. For example, the provider had not recruited to 2.0 staff nurse and 3.5 care staff positions. Although these vacancies were being covered by the existing staff team this was not a sustainable model going forward.

The provider had effective systems in place to monitor the quality and safety of most areas of the service. However, the care plan audits were not effectively identifying improvements needed to ensure some residents' care documentation was completed to a high standard.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents' nursing and social care needs were met to a good standard on this inspection. Residents' care and supports were person-centred and residents' needs and preferences were key to how the service was organised and managed.. This inspection found that residents rights were respected and that residents were supported to make decisions regarding their daily lives in the centre. Residents' quality of life was optimised with unrestricted access to all areas of the centre including the outdoors as they wished. Residents were supported to access and participate in social activities that enabled them to continue to pursue their past interests, enjoy new interests and engage in positive risk taking and to live their best lives in line within their individual capacities.

The significant works completed to upgrade fire safety in the designated ensured effective measures were now in place to protect residents from risk of fire and to ensure their emergency evacuation needs would be met in the event of a fire in the centre.

The provider had effective measures in place to protect from risk of infection including staff training. Cleaning schedule were in place for all parts of the premises and were consistently completed. Arrangements were in place to ensure there was effective oversight of cleaning procedures and staff practices.

Sullivan Centre is a dementia specific service and the provider had ensured that staff in the centre had the necessary skills and competencies to effectively care for residents with dementia. Residents who intermittently experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or

physical environment.) were well supported by staff. This inspection found that positive person-centred supports and care provided by staff to residents who experienced responsive behaviours optimised their health, well-being and their quality of life.

Residents received good standards of nursing care and they had access to timely health care from their general practitioner (GP) who attended the centre on three days each week. There was also good access for residents to a range of allied health professionals and psychiatric services including a regionally based advanced nurse practitioner in Dementia care who supported staff with residents' care procedures and practices in the centre. Although, residents' care plan documentation was continuing to improve, some further actions were needed to ensure that the information clearly directed staff on residents' care delivery in line with residents' usual routines, preferences and wishes.

Residents were protected by safe medicine management practices and procedures.

Measures were in place to ensure residents were safeguarded from abuse, the systems in place were found to be effective and robust monitoring processes were in place to ensure that risk of abuse to residents was mitigated.

Regulation 17: Premises

The designated centre did not conform to all of the matters set out in Schedule 6 of the regulations as follows;

- The floor surfaces in parts of the corridors, the dining and one of the sitting rooms used by residents were damaged and stained. Some parts of the flooring on the corridors was not laying flat on the floor underneath and was raised up. This posed a risk of fall to residents. The provider had scheduled replacement of these floor coverings by 31 August 2024.
- Storage of residents' equipment and supplies were not appropriately organised and segregated. For example, mattresses, residents' assistive equipment and supplies were stored together in the newly refurbished storeroom and as a result posed a risk of cross infection to residents. This is a repeated finding from the last inspection.
- There was a crack across the glass in a large window in the ante room to the sluice and laundry rooms. The inspector was told that replacement was scheduled but a date for completion was not confirmed.

Judgment: Not compliant

Regulation 27: Infection control

The provider ensured that the requirements of Regulation 27: infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from risk of infection. The centre environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed significant fire safety works and had arrangements in place to ensure their oversight of fire safety in the designated centre. The provider had submitted certification for the works completed to the office of the Chief Inspector.

Fire safety checks were consistently completed and an effective process was in place to address any defects identified were addressed without delay.

Fire safety equipment was serviced as required to ensure effective operation of this equipment at all times.

All staff had completed up-to-date fire safety training and had participated in simulated emergency evacuation drills.

Assurances were available regarding residents' timely evacuation to a place of safety in the event of a fire occurring in the centre. Each resident's emergency evacuation equipment and staffing resource needs were regularly assessed and this information was accessible to staff. One of the emergency exit doors to the centre's car park was locked with a key. Appropriate and satisfactory measures were in place to ensure this door is accessible in the event of an emergency. For example, a key for the door was available in a glass box unit secured on the door and each staff member carried a key to this door when working in the centre. A number of staff demonstrated use of the key on their person as requested by the inspector.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and standards. Residents' medicine

prescriptions were signed by their general practitioners and residents' medicines were administered by nursing staff as prescribed.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Balances of a sample of controlled drugs checked by the inspector were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although standards of residents' care documentation was improved since the last inspection, further actions were necessary to ensure that residents' behaviour support care plan clearly directed staff on the care and supports they must provide for residents who experienced responsive behaviours. For example, one resident's responsive behaviour care plan did not reference a number of effective person-centred strategies that staff were currently using to support this resident. This posed a risk that this information would not be effectively communicated to all staff providing care for the resident including staff supplied by an external agency.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured that arrangements were in place for alternative access to allied health professional services if any delays were experienced by individual residents. An on-call medical service was accessible to residents out-of-hours, as needed. Residents had appropriate access to national health screening programmes and were supported to safely attend out-patient and other appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support and residents responded well to the care and supports provided to them by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The person in charge and staff were committed to minimal restraint use in the centre and their practices reflected the national restraint policy guidelines. There was minimal use of restrictive equipment and alternatives to this restrictive equipment were risk assessed and were appropriately used in consultation with individual residents and their representatives.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to protect and safeguard residents from abuse. All staff had attended up-to-date safeguarding training. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents confirmed that they felt safe and secure in the centre.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sullivan Centre OSV-0000494

Inspection ID: MON-0044272

Date of inspection: 11/07/2024

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The provider will come into compliance with Regulation 4: Application for Registration or renewal of registration by:</p> <p>The conversion of the Nurses station and filing room on the back corridor of the Designated Centre into equipment storage rooms was completed on 30th July 2024. Photographic evidence of the new storage rooms were submitted to the Authority via email on 30th July 2024. The updated floor plan and Statement of Purpose were submitted to the Authority on 11th July 2024.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will come into compliance with Regulation 23: Governance and Management by:</p> <p>1. A detailed Review of the staffing and staff rosters within the Designated Centre has been completed. The review has resulted in all vacant posts being covered by regular Agency staff, taking cognizance of bed occupancy and resident's individual assessed needs. This will ensure consistency and continuity of care for our residents. The</p>	

Registered Provider Representative and the Person in Charge will continue to monitor and review rosters and skill mix so as to ensure that resident's assessed needs are met.

2. All vacant posts have had the required paperwork completed and have been forwarded been escalated in line with the HSEs Pay and Numbers Strategy which has been issued following detailed discussion with the HSE the Department of Health and the Department of Public Expenditure, NDP Delivery and Reform. Once approval/recruitment has been received the HSE will continue to recruit posts in line with the HSEs Recruitment Processes.

3. As an Interim measure, the Provider Representative and the Maintenance Manager have secured an External Contractor to repair the floor covering in the corridor, the dining-room and one of the sitting-rooms. Works to repair the floor covering will commence on Monday 2nd September 2024 and will be completed by close of business 3rd September 2024

4. The Clinical Nurse Manager II conducts monthly audits of Residents care plans. Quality Improvement Plans are developed to address any deficits identified which include corrective actions, responsible person and time bound actions. The Clinical Nurse Manager II subsequently reviews the Residents care plans to ensure all action plans have been fully completed, person centered and implemented. All residents have a behavioral support plan in place that clearly identifies behaviors, triggers, and de-escalation techniques. 30th July 2024.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the actions will result in compliance with the regulations

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider will come into compliance with Regulation 17: Premises by:

1. As an Interim measure, the Provider Representative and the Maintenance Manager have secured an External Contractor to repair the floor covering in parts of the corridor, the dining-room and one of the sitting-rooms. Works to repair the floor covering will commence on Monday 2nd September 2024 and will be completed by close of business on 3rd September 2024.

2. A larger schedule of works will commence in the centre to replace all floor covering. This will be completed by the 30th of December 2024.

3. The conversion of the Nurses station and filing room on the back corridor of the

Designated Centre into equipment storage rooms was completed on 30th July 2024. Photographic evidence of the new storage rooms were submitted to the Authority via email on 30th July 2024. The updated floor plan and Statement of Purpose were submitted to the Authority on 11th July 2024.

4. An External Contractor will be on-site to replace the cracked window. This will be completed on the 2nd of September 2024.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The provider will come into compliance with Regulation 5: Individual Assessment and Care Plan by:

The Clinical Nurse Manager II monitors and reviews the drawing up and implementation of Person-centered, individualized Care Plans for each resident within forty-eight (48) hours of their admission to the Designated Centre.

The Clinical Nurse Manager II conducts monthly audits of Residents care plans. Quality Improvement Plans are developed to address any deficits identified which include corrective actions, responsible person and time bound actions. The Clinical Nurse Manager II subsequently reviews the Residents care plans to ensure all action plans have been fully completed, person centered and implemented. All residents have a behavioral support plan in place that clearly identifies behaviors, triggers, and de-escalation techniques – 30th July 2024.

This minimises the risk of information not being effectively communicated to all staff who provide care to the Residents, including staff supplied by an Agency staff.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/07/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	30/07/2024

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/07/2024