



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

Issued by the Chief Inspector

Name of designated centre:	Shannagh Bay Nursing Home
Name of provider:	Shannagh Bay Healthcare Limited
Address of centre:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000095
Fieldwork ID:	MON-0036632

About the designated centre

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

Shannagh Bay is located on the seafront in Bray, Co Wicklow. The designated centre is a short distance from the sea front, DART train and bus stations, shops and other amenities. The centre provides accommodation for both female and male residents over the age of 18 years. Residents' accommodation is provided over four floors serviced by a mechanical lift. Residents' bedroom accommodation consists of 14 single bedrooms, five of which have full en suite facilities and nine have en suite toilet and hand basin facilities. There are 13 twin bedrooms, six of which have full en suite facilities and seven have en suite toilet and wash basin facilities. One bedroom with three beds and full en-suite facilities is also provided. The centre's reception area, residents' dining room and a quiet room/relatives' room is located on level one. A sitting room and a conservatory for residents' use is located on level two. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

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 18 May 2022	09:30hrs to 17:00hrs	Catherine Furey	Lead
Tuesday 17 May 2022	13:10hrs to 18:00hrs	Catherine Furey	Lead
Wednesday 18 May 2022	09:30hrs to 17:00hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

From the observations of the inspectors and what residents told us, it was clear that the residents received a good standard of quality care in this centre. The overall feedback from residents and visitors was that the staff were very kind and caring and that despite the various levels of restrictions imposed during the COVID-19 pandemic, they were happy living in the centre. However, there are challenges in providing high quality care presented by the building design and layout.

This was an unannounced inspection, taking place over two days. On arrival to the centre, inspectors were met by the general manager. A system of reporting symptoms associated with COVID-19 was required prior to entering the premises. Inspectors held a meeting with the person in charge and general manager, and toured the premises. Inspectors greeted all of the residents during both days and spoke to five residents and two visitors in more detail to gather insights into the lived experience of residents in Shannagh Bay Nursing Home.

The centre is located on the Bray seafront and rooms to the front of the centre had beautiful views out to sea. The centre is laid out over four levels. Bedroom accommodation is spread out over all four levels and comprises single, double and one triple room. Some rooms are en-suite. Communal space in the centre was observed to be limited. The dining room was located on level 1 and was not used by all residents. There was two communal sitting rooms and a sun room on level 2, which were bright and welcoming. These areas were used by a number of residents, for activities and relaxation. There is no communal areas on levels 3 and 4. Residents can use the lift to access all levels of the centre. Inspectors observed that many residents spent long periods of time in their rooms. For example, at 12:15pm on the second day of inspection, 18 residents were in their rooms. The management team outlined that historically, many residents did not enjoy attending the dining room or group activities, despite encouragement and explanation. There was a very mixed profile of residents living in the centre; the person in charge outlined that almost all residents had a cognitive impairment and a number of the residents were less than 65 years old. Many of these residents were unable to voice their opinions and feedback clearly to the inspectors, however they appeared content and comfortable in their environment.

The centre was nicely decorated and some design aspects of the old house remained, such as original fireplaces and plasterwork. Residents' artwork and collages of photographs were displayed in the centre, along with positive and inspiring quotes. Bedrooms were seen to be personalised with resident's belongings. Some multi-occupancy rooms required reconfiguration to ensure residents' privacy was maintained. There was good camaraderie between residents and staff. Staff were seen to communicate with residents in a respectful and kind manner. It was evident that the staff knew the residents well and were familiar with their needs and preferences for care and support. Residents were observed watching TV, listening to music and reading newspapers and magazines. One resident loved to spend the day

in the sun room watching people come and go on the busy seafront. There was a programme of activities in place, led by dedicated activity coordinators. The schedule included taking some residents for walks outside in the morning. During the inspection, residents were seen to partake in arts and crafts and Bingo. However, the activities schedule required further development to ensure that those residents who could not attend the communal areas had opportunities to participate in activities in accordance with their interests and capacities.

Inspectors observed that limitations in the communal space meant that lunch could not be served to all residents in the dining room at one sitting. Many residents remained in their room for meals. A number of other residents remained in the sitting room for lunch. Staff did move the tables in this room, and laid cutlery and condiments out for residents. Residents were offered choice at all mealtimes and were complimentary of the food. Inspectors observed that residents were offered hot and cold drinks and snacks during the day. Staff were seen to discreetly assist residents who required assistance with eating and drinking. Residents confirmed that they were able to receive visitors in the centre, and residents could have visitors in the dedicated visitors room or their bedroom. One resident stated that the visits were not long enough. This was confirmed when inspectors observed a staff member telling a visitor that their allocated time was up.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Inspectors found that there were good management systems in the centre and that, overall, the registered provider demonstrated good compliance with the regulations. However, continued actions were required to strengthen the systems in place in relation to the premises, fire safety, visiting procedures and residents' rights. These are detailed throughout the report.

The registered provider of this centre is Shannagh Bay Healthcare Limited. The company has one director, who is involved in the day-to-day organisation and running of the centre. There is a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. The person in charge commenced her role in January 2022 and works full time in the centre. She works in tandem with the general manager, supported by a team of nursing, health care, household, catering, activity, administration and maintenance staff. A non-clinical duty manager also oversees some of the daily operations of the centre including the supervision and induction of new staff. There was a system in place to ensure that the service was consistently monitored, including the collection of key weekly clinical data to inform a regular schedule of audits. The audit schedule

in place covered a range of clinical and environmental practices including audit of falls, nutrition, and hand hygiene. The person in charge explained that a new audit schedule was being explored and there was evidence that this was discussed and actioned at management meetings.

This unannounced inspection was carried out over two days, following receipt of an application by the registered provider to vary restrictive condition 4 on the centre's registration. This condition had been attached to the centre's registration in 2020 and refers to a refurbishment plan submitted to the Chief Inspector in 2019 which includes a plan for the provision of a safe accessible garden and a six-bedded extension to the back of the premises, which was to be completed by 31 September 2021. This plan has been ongoing since 2017 and the registered provider had not completed the refurbishment. To date, there remains no appropriate accessible outdoor garden space for residents. The previous inspection in February 2020 focused on fire safety in relation to the construction works and the impact this had on the residents' safety. It was found that improvements were required to ensure full compliance with Regulation 28: Fire precautions and Regulation 17: Premises. Inspectors found similar findings during the current inspection, and these are detailed in the Quality and Safety section of the report.

The centre is registered for 43 beds, and there were 34 residents living in the centre on the day of inspection. Inspectors found that there was sufficient staffing resources in place, and there was a minimum of two registered nurses on duty at all times. A review of the staff rosters showed that there was adequate numbers of staff on duty daily, across all departments. Additionally funded one-to-one staffing hours were in place for a small number of residents who required additional care and supervision. Management and staff confirmed that these hours were consistent and were not absorbed into the total staffing hours. Inspectors observed dedicated staff with these residents during the inspection.

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. The training records confirmed that all staff had received appropriate and mandatory training aligned to their specific role. Online and face-to-face training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of personal protective equipment (PPE). Training was planned throughout the year for new and existing staff.

A computerised record keeping and file management system ensured that all records required by Schedule 2 of the regulations were well maintained, securely stored and accessible. There was a log of incidents and accidents which occurred in the centre and this was seen to detail the factors contributing to the incident and included follow up actions to minimise the same type of incident occurring again. A review of the complaints log showed that complaints were investigated and well-managed and that records of complaints were maintained in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge commenced the role in January 2022 and worked full-time in the centre. She had the required experience and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

Having regard for the design and layout of the centre, and the varied dependency levels of the residents, inspectors found that there was an adequate number of staff on duty with the appropriate skill mix to meet the health and social care needs of the 34 residents currently residing in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the centre's training records and found that all staff had completed the required mandatory training courses, including safeguarding of vulnerable adults and fire safety. There was an ongoing training schedule to support staff working in the centre.

Judgment: Compliant

Regulation 21: Records

Inspectors examined a sample of staff files which were well-maintained, accessible in the centre and met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, were not sufficiently robust.

Oversight arrangements to ensure all risks in relation to fire safety and the overall premises had been addressed were not managed promptly. This had a negative impact upon the rights of the residents, as discussed under Regulation 9.

The registered provider had not prepared an annual review of the quality and safety of care delivered to the residents, as required by the regulation. This meant that there was no structured quality improvement plan in place for the coming year. The management team was in the process of restructuring their audit schedule to ensure all aspects of care and service provision were appropriately and effectively monitored.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of residents' contracts of care found that they did meet the regulatory requirement to specify the terms relating to the bedroom to be occupied, in that the contracts did not state the number of other occupants in the room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed the centre's accident and incident records. All notifiable incidents as outlined in Schedule 4 of the regulations had been submitted to HIQA within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place which was displayed in a prominent position in the main reception area. Complaints were seen to be well-managed in line with regulatory requirements and included details of any investigation into a complaint, the outcome of each complaint and whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

The centre was a four-storey premises with bedroom accommodation on all floors, comprising single, twin and triple bedded rooms. Communal accommodation was provided on the ground floor and first floor only. The registered provider had not completed the refurbishment of the premises as referenced in condition 4 of the registration of the centre. There was considerable maintenance required to bring the centre up to a good standard and the inspectors identified a number of areas of the premises that required maintenance, upgrading and repair. Overall the premises did not meet the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland, 2016 Further findings are discussed under Regulation 17: Premises.

There was a fire safety register in place and this included a log of the in-house checks of escape routes and fire safety equipment. There was an L1 type fire detection and alarm system. The main fire alarm panel was located near the main entrance, with a repeater panel at each level throughout the height of the building. This meant that staff response to the fire alarm would be more effective. The centre was also provided with emergency lighting and fire fighting equipment such as fire extinguishers, and fire blankets. Evacuation routes are through the extended area which was under construction. There was no active construction work taking place and the routes were clear and unobstructed. The secondary escape route from each level of the building was through the extended area. The routes consisted of concrete walls and floors. Windows and doors in the extension were not fitted and the roof was not yet in place. The handrails to the stairs were temporary in nature. There was exit signage and emergency lighting along the full length of the routes. The evacuation routes to the rear consisted of evacuation across level, stepped and ramped routes and a dedicated purpose built evacuation lift. The evacuation lift provided an alternative means of escape from each level. The upper levels required bringing residents into the extension to access the evacuation lift or down the new concrete stairs. The primary escape route from each level was through the existing central stairway. Each of the upper levels were sub-divided into small compartments with a maximum of five residents in any one compartment. The largest compartment in the centre was at the lowest level and this had capacity for seven residents, from which alternative escape routes were available.

Since the previous fire focused inspection in February 2022 the following areas of improvement were noted:

- There were floor plans and fire instructions displayed around the centre.
- There were instructions displayed explaining the procedure for the use of the evacuation lift.
- The store under the stairs at ground floor which was now adequately enclosed in fire rated construction.
- Service penetrations through fire resisting construction had been sealed up.

Inspectors identified that the challenges associated with the overall premises impacted negatively upon the rights of the residents. Improvements were required to ensure that all residents had equal opportunities for activation and engagement, and to ensure that privacy and dignity was promoted and maintained in shared bedrooms. This is discussed further under Regulation 9: Residents' rights.

Overall, the centre was maintained to a good level of cleanliness throughout. Cleaning schedules were in place and there were two cleaning staff on duty each day. Staff were knowledgeable about the specific products, equipment and methods required to ensure the centre was adequately cleaned and decontaminated. All staff were observed to be wearing PPE such as surgical face masks correctly. Hand hygiene sinks and alcohol hand gel dispensers were available for staff at convenient locations throughout the centre. These sinks were of a high specification and met best-practice criteria for clinical handwashing. Hand hygiene and other important infection control notices were displayed throughout the centre. The centre has an external laundry facility which is not currently used for residents' clothing or linen. Domestic equipment such as mops and cloths were laundered here. Inspectors found that there was no responsibility assigned for the cleaning of the laundry and as a result it was cluttered and dirty. The management team conducted regular audits of hand hygiene practices and infection control procedures, however the audit tool in use did not include an audit of the laundry.

Residents' health, social care needs were generally well-met in the centre. Residents were supported to access appropriate health professionals, their needs were regularly reviewed, and recommendations were implemented. Residents were comprehensively assessed using clinical assessment tools, and care plans were developed to meet residents' identified needs. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. The inspectors reviewed wound management and documentation and found evidence of good practice that ensured healing of wounds had occurred. The provider had systems in place to monitor restrictive practices in the centre and found that all restraints were documented clearly and subjected to regular review. There was a small number of residents who displayed behaviours that challenge. Inspectors saw that advice was sought from appropriate professionals such as consultant psychiatry, who reviewed residents' behavioural patterns and made necessary adjustments to the residents plan of care as required.

Visitors were seen to arrive at the centre for indoor visiting and some residents went out for short visits with family. Inspectors found that the the provider was cautiously exploring a return to normal visiting, however the requirements placed on visitors were not in line with current national guidance and were overly restrictive, as outlined under Regulation 11: Visits.

Regulation 11: Visits

Inspectors found evidence that the current visiting procedures posed unnecessary

restrictions on residents. For example;

- There was a time limit on the duration of visits
- Visits were generally required to be booked in advance
- A visitor had been denied a visit at a preferred time, as there was another visit scheduled at that time

Judgment: Substantially compliant

Regulation 17: Premises

The overall premises did not meet the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland, 2016 as follows:

- The registered provider had not fully completed the refurbishment of the premises as referenced in condition 4 of the registration of the centre. While works had been completed, works to complete the refurbishment and development of the premises in the provision of new doors and flooring in some areas of the premises, as required by the condition remained outstanding.
- Multi occupancy bedrooms in the centre were found to comply with the minimum floor space requirements of 7.4 metres squared per person, as set out in the amended regulations SI 293 (2016). However the configuration of a number of multi occupancy rooms did not afford residents the necessary privacy to conduct personal activities in private in that the floor space, area did not include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom.
- The size and layout of a number of the multi occupancy rooms on did not meet the needs of residents who required assistive equipment such as hoists and comfort chairs.
- Residents did not have access to safe outdoor space.
- Several surfaces, finishes and flooring in the centre were worn and poorly maintained and as such did not enable effective cleaning and infection prevention and control.
- Walls, grabrails, doors, skirting boards and window sills were damaged, with paint chipped.
- Gaps between the floors and skirting boards resulted in a build up of debris.
- There was no handwashing facility in the laundry room
- The provision of communal space on only Level 1 and Level 2 presented a challenge to residents of Level 3 and Level 4 in that these areas were only accessible via the lift. Many of the residents required staff assistance to use the lift to access the communal areas.

Judgment: Not compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services. This was evidenced by;

- The centre's laundry facility was used to launder cleaning equipment such as mop heads and cloths. This area was not part of any cleaning schedule and was observed to be used to store maintenance items and broken equipment. Floors and surfaces were visibly dusty and dirty and there was no clear unidirectional flow of laundry in place.
- The centre's sluice room did not have a dirty to clean flow; for example, the cleaned equipment was stored directly above the bedpan washer, which could potentially lead to contamination of cleaned equipment.
- Wooden shelving in the sluice room required review as it was unsuitable for storage of cleaned equipment and could not be effectively cleaned

Judgment: Substantially compliant

Regulation 28: Fire precautions

Similar to the previous inspection in February 2022, improvements were required to come into full compliance.

- The door leading to the extension at each level was not a fire rated door. Before construction work recommenced, a comprehensive risk assessment would be required to ensure adequate containment of fire between the construction site and the occupied nursing home, to protect residents safety. To date this was not completed.
- There was a ramped route leading from the extension and this formed part of the secondary escape route for levels two, three and four. This route hadn't been tested as part of the practiced drills. There was also another route through the extension at level two leading to a place of safety, depending on the residents assessed evacuation requirements. This was referenced in the fire focused inspection in February 2022. The General manager told Inspectors that this had not been completed to date but was scheduled for late June 2022.
- There were drill records to show that evacuation techniques were well practiced and staff were informed and guided through the evolving evacuation procedure. Notwithstanding the good practices noted, full compartment fire drills had not been practiced in line with the centres own Fire Safety Policy and Strategy document, to ensure adequate arrangements

- were in place to evacuate and for the safe placement of residents.
- The inspector saw gaps to some of the older fire doors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

It was evident from a review of a sample of care plans, that the standard of care planning was good and described person-centred interventions to meet the assessed needs of residents. A comprehensive pre-admission assessment was carried out for each resident which included various clinical risk assessments including risks of malnutrition, pressure ulcers and falls. Corresponding care plans were developed based on residents' identified needs which were regularly and routinely updated.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre had good access to a general practitioner of their choice and a doctor attends the centre regularly. The registered provider ensured that the centre had a pharmacy service to meet the need of the residents. There was evidence of referral to speech and language, dietetics, chiropody and physiotherapy as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff. Staff spoken with knew each residents triggers and outlined the person centred interventions all of which were reflected in the personalised responsive behaviour care plans reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents did not have appropriate opportunities to participate in activities in accordance with their interests and capabilities as follows;

- A number of residents were observed in their bedrooms all day. Care plans reflected that some residents preferred to stay in their rooms, however no scheduled one-to-one activities were provided for these residents. Staff confirmed that they had limited time to spend with these residents as they were busy with larger group activities.

The registered provider did not provide sufficient facilities for occupation and recreation as follows;

- Due to the ongoing building works in the centre, there was no enclosed outdoor garden space for residents' use. While some residents were assisted to go for regular walks nearby with staff, other residents did not have any access to the outdoors.
- The provision of communal space on only Level 1 and Level 2 presented a challenge to residents of Level 3 and Level 4 in that these areas were only accessible via the lift. Many of the residents required staff assistance to use the lift to access the communal areas

Inspectors found that residents were not consistently consulted about the organisation of the service as follows;

- Residents meetings were held every three months in the centre. These were attended by a number of residents who gave their feedback on the service. However, the large number of residents with a cognitive impairment did not have a formal mechanism to voice their feedback, for example through regular family surveys or questionnaires.

Residents who were accommodated in twin bedrooms could not always undertake personal activities in private. The configuration of some of these bedrooms required review, for example;

- Residents' wardrobes were not always easily accessible as they were located across the room within another residents bed space. This is also referenced under Regulation 17 above.

Judgment: Not 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not 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 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Shannagh Bay Nursing Home OSV-0000095

Inspection ID: MON-0036632

Date of inspection: 18/05/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Over the last 6 months we have been communicating with the contractors and project managers in gaining comprehensive risk assessments for the building works in relation to Health and safety and fire. We have confirmed verbal plans that are to be completed prior to any further building works, again we are waiting on the written plans. No building works has been or will be scheduled until written risk assessments have been received and reviewed by the management team. We have written to all parties citing previous inspection reports and actions we require from them.</p> <p>It was identified prior to the inspection that an annual review had not been completed for 2021. The PIC commenced employment on 04/01/2022 and immediately started a review of policies, procedures, previous actions from audits in 2021, lessons learnt arising from incident/accident trends, outbreak lessons and KPIs in 2021. From the PIC review and post management meeting, the management team put in place actions for improvements and systems to be implemented. This is assisting and positively impacting on the operational and clinical governance of the nursing home. Our actions are short and long term and are monitored monthly through audits and meetings. The PIC will complete an annual review on 2022 identifying actions going forward for 2023.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p>	

The contract of care template has been amended to include where applicable that the room the person has been assigned is a multioccupancy room.

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
On the day of the inspection, we removed all covid-19 specific forms that visitors were asked to complete on arrival. We updated our guest book template to include two yes/no questions

- 1- Any symptoms of Covid/ Symptomatic
- 2- Advised to self-isolate/restrict movements

There was already an area for temperature to be noted on the template.

We updated our visiting policy, and we sent a message to all the NOKs to inform them of the updated visiting guidelines. These included:

- 1- No time limit to visits, but to be respectful of protected times such as personal care and mealtimes and residents wishes to cease the visit
- 2- Immediately ceased the requirement for antigen testing prior to visits as per inspectors' comments
- 3- We continue to ask visitors to contact us prior to a visit to ensure residents are aware of the visit, agree to the visit and are ready for when visitors arrive. This also ensures that everyone can be accommodated.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Residents in twin rooms have privacy curtains which gives each resident the ability to undertake personal activities in private. Within this personal space, is a bed, a chair and personal storage area. Additional personal storage is provided in all rooms, and this is outside of the privacy curtains and therefore does not impede on another residents bed space or personal. We will review the layout and ensure all staff leave the rooms in a way that the chair, bed and personal storage is behind the privacy curtains. HCAs and RGNs assist any residents who are not mobile and unable to walk to their additional storage space. All residents have a call bell and can ring for assistance at any time.

We will review our multioccupancy rooms and the residents who reside in them to ensure there is sufficient space for their needs to be catered to. If required, and with the resident's permission and a risk assessment, residents will be moved to an alternative room.

As part of our extension and grounds to the rear of the building there will be a garden available when all works are done. In the meantime, we organize daily walks along the seafront and encourage family visits outside.

We are creating a maintenance schedule which will review each level of the building and the works that are required. This will include works to bedrooms, flooring, skirting, walls, grabrails, windowsills etc. These will then be scheduled for completion over the coming months

A handwash sink has been ordered and we are waiting delivery for the laundry area.

Level 3 and 4 have bedrooms and bathrooms only. There is a lift that goes to all levels of the nursing home which all residents have access to. All residents can move to the communal areas using this lift.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Centre's laundry facility remains in use to launder cleaning equipment such as mop head and cloths. Following the inspection and feedback, this area was added to the daily and weekly cleaning schedule and housekeeping staff were informed of the duties and documentation to be completed. Notices alerting staff to clean area and dirty area have been created. The Housekeeping Standard Operating Procedures was reviewed by the General Manager and conjunction with the PIC to ensure it reflects the routine and tasks expanded. This is supervised by the Duty Manager and checked daily. Audits will continue monthly on Infection Prevention and Control incorporating the Environmental and use of PPE.

Environmental cleaning audit involves checking of the documentations kept and maintained in the nursing home. Other areas audited include General environment, clinical stores, bathrooms and washrooms, sluice, laundry area, housekeeping trolleys and storeroom, linen storeroom. PIC reviews findings and recommendations and actions implemented within timelines or immediately depending on the situation.

As part of the maintenance review, the sluice room has been reviewed and new layout for shelving addressed to reduce potential contamination of cleaned equipment. Extra equipment that is not needed has been removed to reduce clutter.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Over the last 6 months we have been communicating with the contractors and project managers in gaining comprehensive risk assessments for the building works in relation to Health and safety and fire. We have confirmed verbal plans that are to be completed prior to any further building works, again we are waiting on the written plans. No building works has been or will be scheduled until written risk assessments have been received and reviewed by the management team. We have written to all parties citing previous inspection reports and actions we require from them.</p> <p>Our scheduled fire drills and trainings have been postponed due to an outbreak, and the Company would not complete any training or drills while there were positive cases. The trainings and drills have been postponed until early August. In the meantime, inhouse training will be undertaken once there are no further positive cases and all staff have returned to work.</p> <p>Fire doors have been reviewed and those needing attention have been identified and the company notified. We are waiting on a date for service.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents are invited and welcome to join in the sitting rooms in the activities that are held each day. HCA and RGNs each morning and afternoon ask residents if they wish to attend. If they wish to join they are assisted to the sitting rooms. A list has been created of residents who do not wish to leave their room. The PIC and the activity coordinators will be meeting with these individuals to hear what they would like and if they would like some 1:1 time. Care plans will then be updated to reflect the residents wishes.</p> <p>It has been reinforced that on a daily basis a group of different residents get outside for a walk and fresh air. The Duty Manager and RGNs will oversee that HCAs facilitate residents who wish to go out. Some family members also come daily to bring people out for walks.</p> <p>Level 3 and 4 have bedrooms and bathrooms only. There is a lift that goes to all levels of the nursing home which all residents have access to. All residents can move to the communal areas using this lift.</p> <p>We have devised a questionnaire that will be given to all residents to complete. The Duty Manager will assist any residents who need assistance. Those who have cognitive impairments, this questionnaire will be sent out to the NOKs to complete and a note to explain how to complete it and the reasoning behind the questionnaire. The PIC will</p>	

review all questionnaires that are received back and identify any areas for improvement.

Residents in twin rooms have privacy curtains which gives each resident the ability to undertake personal activities in private. Within this personal space, is a bed, a chair and personal storage area. Additional personal storage is provided in all rooms, and this is outside of the privacy curtains and therefore does not impede on another residents bed space. We will review the layout and ensure all staff leave the rooms in a way that the chair, bed and personal storage is behind the privacy curtains. HCAs and RGNs assist any residents who are not mobile and unable to walk to their additional storage space. All residents have a call bell and can ring for assistance at any time.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	19/05/2022
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	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/07/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	22/07/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	23/05/2022
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/07/2022

	ensure that procedures, consistent with the standards for the prevention and control of healthcare 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		31/07/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2022
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	Substantially Compliant	Yellow	31/08/2022

	procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means 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.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/05/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	19/05/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/07/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	31/07/2022

	practical, ensure that a resident may undertake personal activities in private.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	15/07/2022