



**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:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0032906

About the designated centre

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

Bethany House is a purpose built family run nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 57 residents, both male and female aged over 18 years. They provide 24 hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age related dementia care. They also care for young chronic sick residents including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 57 residents. A new extension was added to the premises in 2017, all accommodation is provided on ground floor level with a mixture of single and twin bedrooms, a number with ensuite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, church to mention a few.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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 27 May 2021	09:00hrs to 18:00hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

Residents living in this centre were supported and empowered to lead meaningful and engaged lives and it was evident that they received a high standard of quality care. The provider worked hard to ensure residents were safe and protected and that staff were skilled and supervised to provide a person-centred culture that promoted residents' rights and dignity. There was a real sense of wellbeing in the centre and all the residents who met with the inspector on the day said how happy they were to live there and that they were cared for by an 'exceptional team'.

The provider was increasing the size of the designated centre with the addition of 31 beds, communal facilities, staff quarters and additional storage and laundry facilities. The extension had been built to a very high standard and the design and layout of the building promoted residents' independence and safety. The additional bedroom accommodation consisted of two twin rooms and 27 single bedrooms with en-suite facilities. Two of the single bedrooms had their own front door, own kitchenette and en-suite facilities and were specifically designed to support independent living. All bedrooms were bright, spacious and furnished to a high standard. The twin rooms had two television sets and wireless headsets so that each resident had access to their own television without disturbing the other resident. The communal areas were spacious and beautifully decorated and included two lounges with fireplaces and comfortable armchairs, a large bistro restaurant that could accommodate all the residents in one sitting and a therapy room. A large safe internal courtyard was accessible from various points in the building and was furnished with raised flower beds, a water fountain and other stimulating points of interest.

Although modern and sophisticated in quality and appearance, the design was dementia-friendly and supported orientation and way-finding. The communal areas had a beautiful street like appearance, replicating the road and included streetlamps, station clock, shops and restaurants façade, parked bikes and real size cottage like houses with specific slanted roofs. The design of the new extension fitted well with the older part of the building, which used the same street view model and had a restaurant, a tavern with a bar, a parlour and snug facilities. The provider discussed with the inspector their plans to further develop and enhance the older part of the designated centre and upgrade the smaller twin bedrooms to include en-suites; these works were due to start within one month and included the relocation of some residents to the newly built area. Residents had been invited to see the new building and had already chosen their new bedroom, out of the four different bedroom designs available.

The provider had a clear vision of their service and the inspector observed how staff implemented that vision in their day to day practices. It was evident that the residents were at the heart of all the decisions in how the service was run and that they were actively consulted and informed.

During the inspection, residents were observed carrying on with their day with minimal impact to their preferred routine as facilitated by staff. Residents could go out to the garden, get involved in activities, relax in the living rooms or their own bedrooms or chat among themselves or with staff. One resident said to the inspector that it was 'fierce good and brilliant' living in the centre because they could do their own thing and 'nobody comes to push you around and check on what you are doing'.

Residents looked well dressed and groomed to their own style and preferences and were seen mobilising freely around the centre throughout the day. Residents appeared relaxed and at ease and were keen to tell the inspector how they went about their days, which were filled with purpose and lots of fun and social engagement. Staff and residents used every opportunity for celebration and party with lots of creativity and new ideas. For example the inspector heard about the a mock wedding that took place the previous week for which the residents had baked a large fruit cake and dressed up for the occasion. In the previous months the majority of the residents were taken for a helicopter ride organised by the provider. The flight took them over their own homes and the local community. This had made a long lasting impression and created great excitement as for some residents it was their first ever flight.

Residents also told the inspector about various competitions that took place such as taking part in talent shows or The Great Irish bake sale for charity, wearing an odd sock day, the knitting group and other fund-raising activities for local charities in which they were taking part on a regular basis.

For the month of May in addition to gardening activities and planting peas and potatoes, the residents were celebrating the Bealtaine Festival and were taking part in focused arts projects such as painting a Community Map: a mural of the village of Tyrrellspass across four canvasses. Each week one of the residents were designated their turn as the artist of the week and their photograph was published on the weekly newsletter together with their achievements.

To complement their communication strategy during the COVID-19 restrictions, the provider was issuing all residents and families a weekly newsletter showing photos of the residents taking part in the activities during the previous week and providing updates on birthday celebrations and what was happening in the centre. The newsletter also included information in respect of changing COVID-19 guidelines and how they impacted on visiting arrangements as the restrictions were gradually easing off.

The inspector observed residents attending mass in the centre, enjoying a live guitar music and singing together or having their meals. There was a genuine sense of community and independence.

There were hen coops in the garden and the excitement was building towards the arrival of the spring chicks within the next two weeks. Furthermore, two of the residents had brought in their own pets to live in the centre with them.

The atmosphere was lively but homely and the inspector observed respectful and

friendly interaction between staff and residents. Staff had a good rapport with residents, encouraging them to stay busy. Any assistance delivered was done discreetly. Staff were patient and did not rush residents, allowing people to go at their own pace. Where residents were less dependent and did not need assistance with certain actions, this autonomy was respected, and staff were observed asking residents if they needed help instead of doing things for them.

Residents were offered choices in their meals and recreational activities. For those who did not participate in group activities or who needed a quieter space, the inspector observed pleasant individual sessions in progress, including story telling, sensory stimulation and reminiscing. Monthly resident meetings took place and suggestions and feedback contributed to the planning of events and seasonal activities.

There were no restrictive practices used in the centre; a keypad lock was at the main entry and residents who were independent knew the code so that they could come and go without restrictions.

The inspector observed good examples of how residents were encouraged and facilitated to stay in contact with their families and loved ones through safe and scheduled visiting arrangements, phone calls, and video messaging using tablet computers.

The inspector also met three visitors on the day who all described their experience of the centre in very positive terms and 'outstanding', and said that they could not think of anything more that the provider could have done throughout the COVID-19 pandemic. One relative said, the management team were 'forward thinking in how they looked out for the residents and that they were always on top of things' in how they communicated with families. Visitors on the day were very grateful and relieved that the centre did not experience an outbreak and had remained COVID-19 free throughout the pandemic. They expressed great confidence in the staff and management team and said that it was very assuring to see their loved one thriving and enjoying a good quality of life.

There were sufficient staff available to support the residents and ensure their needs were met. Staff had the required skills and were appropriately supervised and supported. In their conversations with the inspector all staff said they felt very supported and praised the leadership of the management team. They said this was a happy and rewarding place to work.

The centre was spotlessly clean throughout, however some improvements were required to ensure that the fire safety management and all infection prevention and control practices were in line with best evidence as detailed under Regulations 27 and 28. There were no immediate risks identified during the inspection.

Feedback received from recent residents and relatives survey showed consistently high levels of satisfaction with all aspects of care and service, including communication during the visiting restrictions. Any suggestions for improvements were listened to and followed up by the registered provider.

The next two sections of the report will provide further detail in respect of inspection's findings in relation to the capacity and capability of the service and the quality and safety of care and support for the residents.

Capacity and capability

This was a capable and progressive provider who understood their regulatory responsibilities and ensured they provided a well-governed service that prioritised safety and quality of life while respecting residents' rights. The inspector observed that the centre lived up to its mission statement as per the statement of purpose, which was to deliver life enhancing care and support residents to make the centre their home. In line with previous findings, this inspection identified high levels of regulatory compliance across most regulations with some minor improvements required in respect of premises, fire safety and infection prevention and control.

As the provider was increasing the bed capacity of the designated centre by 31 beds, this was a short-term announced inspection in order to ensure that the relevant people such as the fire estate manager and the registered provider representative were available on site to discuss the new building. The inspector reviewed the proposed revised management structure and staffing for the centre after the addition of the 31 beds and was satisfied that it supported continued oversight and safe staffing levels to maintain residents' safety and quality of life.

A new person in charge had been appointed since the last inspection, and in the interview with the inspector they were found knowledgeable and proactive. They were well supported in their role by the governance team and minutes of the management meetings showed that the provider maintained good oversight of service. The person in charge carried out weekly walkabouts and spot checks of staff knowledge and practices in infection control.

There was a strong quality improvement ethos in the centre and a proactive approach to service delivery. Staff were appropriately communicated with and the inspector saw records of the daily briefing sessions on various topics from infection prevention and control to fire training or updates on the new building.

There was a designated COVID-19 lead in the centre and six of the staff had completed train the trainer course in infection prevention and control. The centre had remained COVID-19 free throughout the pandemic and staff and residents had been vaccinated against the virus.

There were sufficient staffing levels with the right skillset and knowledge to meet residents' assessed needs and there were no staffing vacancies at the time of inspection. Staff were complying with self-monitoring of symptoms and regular temperature testing. The provider was availing of regular staff testing, with nurses on site trained to conduct swab testing for swift identification of potential cases.

The inspector reviewed a random sample of personnel files for staff members and found them to contain the information required under Schedule 2 of the regulations, including employment references and vetting by An Garda Síochána. There was evidence of staff appraisals and induction process and staff were up-to-date in their mandatory training as well as other relevant courses. Human rights training was a mandatory course for staff working in the centre and all staff had completed this training, which enabled them to implement a rights-based approach to care.

There were very low levels of complaints and a review of the records showed that they were appropriately investigated and followed up. Residents were empowered to express their wishes, and staff advocated on behalf of the residents who were unable to complain themselves.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted an application to vary two conditions of the registration of the designated centre to the Chief Inspector and had provided the associated documentation and fees required under the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the experience and accredited management qualification as per regulatory requirement and was a registered nurse working full time in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a suitable number and skill mix of staff available to support residents, and the inspector observed residents being assisted and supported in a prompt but unhurried fashion. There were at least two nurses on duty at all times of the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in safeguarding vulnerable adults and fire safety, as well as manual handling. In addition, they had also completed a suite of other relevant courses to enable them to deliver the highest standards of care to the residents living in the centre. In their conversations with the inspector staff were found to be knowledgeable and confident.

Staff told inspectors that they felt supported in their respective roles. Daily talks and regular staff meetings took place to keep staff updated on national guidance and precautions. In addition records showed that staff were attending weekly training sessions on specific infection prevention and control topics such as contingency plan, hand hygiene, waste management, donning and doffing PPE, visiting guidelines, etc. Staff were appropriately supervised.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were well-maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was good evidence of routine audits and oversight by the person in charge to ensure that the environment was safe and that staff were implementing the centre's policies and procedures including good practices to protect themselves and others from COVID-19.

The management structure and lines of accountability were clear and allowed for good provider oversight of the operation of this designated centre, which was a standalone service and not part of a provider group. Arrangements were in place should the person in charge be unable to attend work so that the operation of the centre and care and support delivery could be continued through deputising arrangements. Weekend and out of hours management cover was in place.

The provider had completed their annual review of the quality and safety of care in the service, and this included consultation with residents and families.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the services and facilities provided by the designated centre. This document contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which had been reviewed in 2021 and which met the requirements of the regulations. There had been two complaints received in 2020 and two in 2021, which had been promptly investigated and closed off to the satisfaction of the complainant.

Inspectors spoke with residents and staff who also confirmed they were aware of the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were available and had been reviewed in 2021. Relevant policies had been updated to include COVID-19 guidance.

Judgment: Compliant

Quality and safety

There was an open and supportive culture in the centre which promoted person-centred care and respect for residents' rights. The inspector observed good examples of how residents were supported to keep themselves safe while at the same time encouraging residents to be independent and maintain as much of their usual routine as possible. This resulted in a service in which residents were relaxed

and were being kept entertained and occupied in line with their interests and preferences.

Residents' health and safety was proactively promoted, however this inspection identified that improvements were required in relation to infection control, fire safety and premises. These findings are discussed under the relevant regulations.

Based on observations on the day, conversations with residents and staff and a review of the care records, the inspector was assured that residents' health and social care needs were fully met. Staff had a good knowledge of residents' support requirements, interests and personalities to deliver effective care and support. The quality indicators showed that there were no pressure sores in the centre and any wounds were appropriately followed up with input from tissue viability nurse, occupational therapy and dietetic services. The incidence of falls was very low, and there had been no notifiable incidents of adverse events of residents requiring hospitalisation in the previous year.

A restraint-free environment was promoted and residents living in the centre reported they felt safe and protected. Visiting were facilitated in line with current public health guidance and residents' rights were promoted and respected. The inspector observed the dining experience and saw residents being offered choices and meals being served hot. Where residents required support to have their meals, this was done in a respectful manner which allowed the resident to go at their own pace.

Throughout the inspection staff observed good hand hygiene practices and wore face coverings, and promoted social distancing as far as was practical. Staff were diligently self-monitoring their symptoms and were undergoing routine temperature recording and swab testing to ensure that they, their colleagues and the residents could stay safe. The centre was appropriately resourced with supplies of PPE.

Risk was well-managed and robust accidents and incident reviews were carried out following any incident that took place in the centre. There were suitable fire management arrangements to promote residents' safety and weekly fire drills were carried out to ensure staff had the required skills to safely evacuate the residents in the event of fire. However, some improvements were required as further discussed under Regulation 28.

Regulation 11: Visits

The visiting policy had been updated in line with current guidance (*COVID-19 guidance on visits to long term residential care facilities*, Health Protection and Surveillance Centre) and was seen to be implemented on the day.

A system of online booking had been put in place to support visitors pick and choose the dates and times available. The relatives met on the day commented on how positive and easy the communication with the provider had been throughout the

pandemic and the long months of restrictions.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in size and layout for the number and needs of residents, and had sufficient private and communal areas for use by residents. Bedrooms and communal areas were nicely decorated and residents had access to safe and secure garden areas.

The designated centre consisted of a single storey building which was clean, well-maintained and decorated and had plenty of natural light and fresh air. The new extension also included a lower ground floor where the laundry and additional storage areas were to be located.

Some improvements were identified as follows:

- Lockable cupboards and a drying rack were required in the sluice room in line with *National Standards for Residential Care Settings for Older People in Ireland, 2016*.
- While suitable grabrails were in place throughout the premise, they were obstructed by furniture in a few areas; this required review to ensure residents had unrestricted access and could independently and safely navigate the corridors.
- A review of the newly installed clinical handwashing sinks in the new building was required to ensure they met the required standards.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the centre which included all relevant details in respect of the service and facilities available for the residents.

Judgment: Compliant

Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified

risks.

The risk register was a live document which was maintained up-to-date to reflect risks related to the environment and people in the designated centre. A comprehensive contingency plan was in place which included strategies that were specific to the centre, its staff, management and resident profile to ensure that risks related to COVID-19 were mitigated.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and had robust contingency arrangements and infection prevention and control strategies to keep residents and staff safe from COVID-19. While infection prevention and control practices were generally safe, some further opportunities for improvement were identified as follows:

- A review of storage and segregation practices throughout the centre to minimise the risk of cross contamination.
- A clear protocol for reprocessing of spray bottles for cleaning was required.
- A review of all residents' equipment to ensure it was intact and supported effective cleaning and disinfection.
- Additional alcohol gel points throughout the building.
- Specialist infection prevention and control input in the design and layout of any new building and refurbishment projects as per *National Standards for Infection prevention and control in community services, 2018*.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Staff were trained and knowledgeable in fire safety and took part in weekly fire drills to practice evacuation of the residents as part of their fire safety preparedness. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor and records to evidence that were available.

Fire safety management in the centre was good, however it needed to be further enhanced as following issues required improvement:

- Additional evacuation sledges were required in the new building to support stairways evacuation when needed.
- A review of escape routes in the older part of the centre to ensure they were free from all obstructions.

- A small number of bedrooms did not have operational self-closing devices to the bedroom doors.
- Some of the emergency lighting evacuation signs were not working
- While evacuation plans were located near the fire panels, they were not consistently clear and legible to aid orientation in the event of fire

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of the plans created to support residents with their health, personal and social care needs. These plans were initially created through assessments conducted before and following admissions, and a collection of the biography and health history of the person. They were reviewed four monthly or if the resident's needs changed.

The care plans provided clear and detailed guidance on how to most effectively support residents with their assessed needs. For example, there were clear nutritional planning arrangements which identified who required their food to be modified or supplemented, and where residents preferred smaller snacks to full size meals.

There was documentary evidence that care plans were developed and reviewed following consultation with the resident and /or their family. The care planning process could be further streamlined as some care plans were unnecessarily duplicated and this was discussed with the person in charge on the day.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to the general practitioner (GP) as well as specialist treatment and expertise in line with their needs. Two local GPs visited the centre weekly or more frequently if required and out of hours medical support was also in place. Specialist expertise was available via referral and included access to physiotherapy, occupational therapy, dietetic services, audiology, chiropody, optician and dentist who visited the centre when required.

Records showed that residents received a high standard of evidence-based nursing care. Staff actively monitored and recorded residents' temperatures twice daily in order to identify any potential signs of COVID-19 infection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low incidence 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) in the designated centre, and they were appropriately managed. Residents' medication was reviewed regularly and there was evidence of efforts to reduce the use of psychotropic medications, in line with best practice.

A restraint-free environment was in place for the benefit of residents. None of the residents living in the centre were using bedrails.

Judgment: Compliant

Regulation 8: Protection

Staff had attended training in safeguarding of vulnerable adults, and were aware of how to identify and respond to alleged, suspected or actual incident of abuse. Where an allegation had been reported, it was investigated by the provider in an appropriate and timely fashion.

For the few residents whose pensions were handled by the provider, appropriate measures were in place to ensure that the person's finances were safeguarded, separated from the business income, and accessible to the resident if requested.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the day the inspector observed residents being offered choice and staff speaking with and assisting residents in a positive and friendly manner which respected people's privacy, dignity and independence.

Resident committee meetings had continued through recent months to ensure that residents were kept up to date on news and events related to the pandemic and how it was being managed in the centre, as well as suggestions and feedback related to events and seasonal activities.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0032906

Date of inspection: 27/05/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Lockable cupboards and bedpan racking have been ordered due for completion date 18/07/2021 • A review of furniture lay out with a view to restricting access to handrails will be carried out and actioned due date for completion 02/07/2021 • We have carried out a review of the relevant IPC guidance documents in relation to non-clinical handbasins located on corridors and following that review we have ordered three handwash basins with a larger bowl as per guidance 30/07/2021 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • As part of our ongoing IPC audits we will be including a weekly walk around in order to identify any issues and include these actions in our corrective action procedure start date 23/06/2021 and will be ongoing weekly there after • A review of storage and segregation has been carried out and actioned date completed 16/07/2021 • A clear protocol for the refiling of spray bottles has been implemented completed 30/06/2021 • All resident equipment will be reviewed to ensure full cleaning and disinfection can be carried out. Completion date 09/07/2021 • Additional alcohol sanitizing points have been added along the corridor identified on inspection and a review of all other areas of the building has been Completed. Completed 10/06/2021 • Our plans for renovating the existing building have been sent for review and we have 	

sought advice from HSE IPC specialists. Completed 10/06/2021

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Evacuation sledges have been purchased and are in place date completed 4th June 2021
- All escape routes / exits are checked daily to ensure no obstructions completed 28th May 2021 and ongoing
- The 2 door closing devices that were not operating on the day of inspection had been notified to our maintenance company on May 19th for repair these works were carried out. Completed 28th May 2021
- 2 emergency exit signs not lighting were repaired completed May 28th 2021
- A new plan of escape in A3 have been put in place to clearly highlight routes of escape completed 28th May 2021

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 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.	Substantially Compliant	Yellow	30/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	16/07/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	04/06/2021

	lighting.			
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