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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Melview
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 August 2023
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0041255

About the designated centre

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

Sonas Nursing Home Melview is a three-storey facility located within the urban setting of Clonmel town. The centre can accommodate 49 residents. There is a lift close to the reception area and stairs on both sides of the house to enable easy access to the all floors. Bedrooms comprise 49 single bedrooms with full ensuite facilities. There is a day room and sitting room on each floor. A quiet room, hairdressing room and a visitors room is also available to resident. Residents have access to a safe outdoor courtyard area to the back of the centre. Sonas Nursing Home Melview provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), those with a physical disability, mental health diagnoses and people who are under 65 whose care needs can be met by Sonas Nursing Home Melview. Long-term care, convalescent care, respite and palliative care is provided to those who meet the criteria for admission. Maximum, high, medium and low dependency residents can be accommodated in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58

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
Monday 28 August 2023	10:45hrs to 17:30hrs	John Greaney	Lead
Tuesday 29 August 2023	09:30hrs to 16:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Residents living in Sonas Nursing Home Melview told the inspector that they were well looked after and their needs were met to a good standard. Residents were complimentary of staff and of their responsiveness. Residents told the inspector that they felt safe living in the centre.

The inspector arrived to the centre unannounced on the morning of the inspection and was met by the person in charge. Following an introductory meeting the inspector completed a walk around of the centre in the company of the person in charge.

Sonas Nursing Home Melview has undergone significant development and renovations over time. It is essentially divided into three wings, with each wing representing a stage of development of the home. Melview House is the original wing, it has three floors and predominantly comprises communal space such as sitting and dining rooms. Orchard Wing has two floors and is the second stage of the development, predominantly comprising bedroom accommodation for 29 residents in nineteen single en suite bedrooms and five twin en suite bedrooms. The new wing has three floors and a basement, and is the most recent development. There are sixteen single ensuite bedrooms on the ground floor of this wing with eighteen single en suite bedrooms on each of the first and second floors. There is capacity for a further twelve bedrooms in this wing following the conversion of the temporary sitting and dining rooms to bedrooms when the sitting and dining rooms in Melview House are ready for use. This is discussed further in the next paragraph of this report. The basement houses the main kitchen and staff facilities. There are no residents on the basement level.

On the day of the inspection there were 58 residents living in the centre and most of these were accommodated over the three floors of the new wing. A small number of residents were accommodated on the first floor of Orchard and there were no residents on the ground floor of Orchard. Residents continued to predominantly use the temporary communal space in the new wing. While the renovations in Melview House had been completed and it was registered for use, a problem developed with the floor covering in some of the sitting rooms. Repair works had commenced and the inspector was informed that this was due to be completed on the day after this inspection. Some of these sitting rooms were used for large group activities throughout the day but residents were then returned to the sitting rooms in the new wing or to their bedrooms when the activity was over.

Due to the age of the older sections of the premises, the inspector was informed that it was considered a protected structure and therefore impacted on what structural works could be completed. It also meant that navigating from one wing to another wing could pose a challenge. Access to Melview House from the Orchard Wing is either via a sloped corridor from the Ground Floor or via a platform lift on the first floor, as the floors are not on the same level. Additional signage is in place

since the last inspection to assist residents to navigate from one part of the centre to another. A further review of the signage is required to ensure it is dementia friendly and supports residents navigate their way around the newly reconfigured centre. For example, the navigation signage in one area was not visible when the fire door was open, which is its normal position.

The furniture in some of the twin rooms was rearranged following the findings of a previous inspection to make the rooms more accessible and to ensure there was adequate space for residents' possessions. In one of the twin rooms, there was a single wardrobe allocated to a residents with no chest of drawers. The provider was requested to ensure that any proposed new resident to this bed had adequate space to store their possessions.

The front door is controlled by a push mechanism from the outside allowing visitors free access to the centre. From the inside, a key fob or code is required to exit. The inspector was informed that a number of residents have a key fob. These are predominantly residents that smoke, as the external smoking area proximal to the entrance can only be accessed with the key fob. The inspector observed residents freely move about the centre and saw residents independently access the smoking area. Residents were risk assessed for the level of supervision required and whether or not it was safe for them to have access to cigarettes and lighters.

Residents had access to secure outdoor space on the ground floor. This was readily accessible to residents and had a large grass area and suitable footpaths for residents to walk. There was also garden furniture for residents to sit and spend time here when the weather was suitable. There was also a smoking area in the courtyard. There was a third smoking area on the first floor. This was a covered balcony. There was suitable fire fighting equipment and call bell facilities in all of the smoking areas.

Throughout the inspection, the inspector noted that the person in charge and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. Residents appeared to be comfortable in the presence of staff. The inspector observed staff assisting residents in a respectful and engaging manner. Staff were observed to be kind and patient in all their interactions with residents. Residents spoken with said they were happy with the care provided. The centre had an activities programme in place and activities were seen to take place over the course of the two days of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure

in place, with effective management systems to support the delivery of quality care to residents. The management team were proactive through the identification of areas for improvement based on the results of audits. Improvements were required in relation to governance and management, staffing and records management.

This was an unannounced inspection, which was conducted for the purpose of assessing the provider's level of compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).

Sonas Nursing Services Limited, a company comprising four directors are the providers for Sonas Nursing Home Melview. The directors are involved in the operation of eleven other nursing homes throughout Ireland. The governance structure reflects the size of the organisation.

The person in charge is an experienced nurse responsible for the care and welfare of residents and the oversight and supervision of clinical care. Recent changes to the governance structure meant that the provider was not operating in accordance with commitments given to the Chief Inspector in relation to oversight of the centre. Previously, the person in charge reported to a Quality Manager that in turn reported to a Director of Quality and Governance. The Quality Manager had resigned and this position was now vacant. In their absence, the person in charge reported directly to the Director of Quality and Governance. The Director of Quality and Governance reports to the Board of Directors through the Director of Operations. This is further discussed under Regulation 23 of this report.

The person in charge worked full time and is supported by three clinical nurse managers (CNMs), dividing their time between management duties and nursing duties. CNMs were supernumerary for a total of two whole time equivalent positions. Management were supported by a team of nurses and healthcare assistants, an activities co-ordinator, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities.

Action was required in relation to staffing. Commitments on staffing levels given in the Statement of Purpose, against which the centre was registered, were not fulfilled. For example, the provider had committed to having two activity staff once capacity reached 54 residents but there continued to be one activity staff even though there were 58 residents in the centre on the day of the inspection. This was not adequate given the complex design and layout of the premises and the difficulty for one member of staff to meet the social care needs of residents throughout the building. Additionally, the provider had committed to a hospitality supervisor to oversee cleaning and laundry services but this post remained vacant.

Staff members spoken with by the inspector were knowledgeable of residents and their individual needs. Staff were also respectful of residents’ wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. A suite of mandatory training was available to all staff in the centre and training was up to date. Staff

were knowledgeable regarding safeguarding procedures, such as how to identify abuse and how to respond if they suspected abuse.

There were good oversight arrangements in place to monitor the quality and safety of care delivered to residents. There a comprehensive suite of audits, including audits of key areas such as medication management, accidents and incidents, infection control and care planning. Audits were objective and identified areas for improvements. Records of management and local staff meetings indicated that quality and safety was an agenda item and meetings were used to share information between management and staff.

All paper based and electronic records were organised, stored securely but readily accessible and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the days of inspection. Staff files reviewed contained most of the requirements under Schedule 2 of the regulations. Areas for improvement are outlined under Regulation 21 of this report. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

The management team had a good understanding of their responsibility in relation to te management of complaints. The complaints policy and notice on display was updated to reflect recent changes to regulation relating to complaints. The inspector reviewed the records of complaints raised by residents and relatives. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available at the reception area. Residents spoken with confirmed that they would have no problems in making a complaint should the need arise.

Regulation 14: Persons in charge

he person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that he was involved in the day to day operation of the centre and was familiar with individual residents care needs. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre were not in accordance with that set out in the Statement of Purpose against which the centre was registered. For example:

- there was one person assigned to oversee the programme of activities. Given the design and layout of the centre, this was not adequate to meet the needs of the residents over a number of floors and three buildings
- a hospitality supervisor had not been appointed as committed to in the Statement of purpose, once the number of residents accommodated in the centre exceeded 54

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding vulnerable adults, management of responsive behaviour, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Improvements were required in recruitment practices to ensure that all of the requirements of Schedule 2 of the regulations were met. For example:

- the verification of references did not extend to ensuring that the referee was the appropriate person to provide the reference. For example, one reference was submitted from a personal email account and it was not possible to ascertain that the referee supervised the person in their previous employment
- there were gaps in employment for one staff member for which a satisfactory explanation was not recorded

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems to ensure that the service provided was adequately resourced, safe, appropriate, consistent and effectively monitored were not sufficiently robust. This was evidenced by:

- the governance structure outlined in the statement of purpose was not implemented in practice. For example, there was a commitment to a 0.25 WTE quality manager post. This post was vacant at the time of inspection
- the post of assistant person in charge and hospitality manager were vacant
- the status of a fire safety risk assessment, focused on fire safety management, was not available to the inspector on the day of the inspection
- while an outdoor area on the first floor is included in the risk register, a further review is required to ensure that the mitigation measures are adequate due to ridge on a low wall that could make it easy to scale the glass bannister.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of services available for inspectors to view. These were in line with the regulations and included details of the room to be occupied by each residents and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed near the entrance. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Feedback from residents was that the staff were responsive to their needs. The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to interact with residents in a respectful and friendly manner.

The inspector reviewed a sample of residents' care plans and spoke with staff regarding residents' care preferences. Care plans were based on a comprehensive nursing assessment, using a variety of validated clinical assessment tools which were completed within 48 hours of admission to the centre, in accordance with regulatory requirements. In general, care plans were person-centred and reflected the assessed needs of residents and guided staff in the delivery of care to residents. The care plan template used for short-stay residents, such as those on respite, differed than that used for long-stay residents. The inspector found that for one resident that had been admitted for respite/convalesence, the care plan template did not allow for adequate detail to be recorded to guide care for this resident. The provider was requested to review care plans for short-stay residents to ensure that it captured the care needs of these residents, particularly for residents with complex needs and for those residents whose stay extends beyond a few weeks.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Residents THAT were eligible for national screening programmes were also supported and encouraged to access these service, should they so wish.

Action was required in relation to fire safety. Following the completion of renovation works to Melview House and The Orchard wings, an inspection by an Inspector of Social Services (Estates and Fire Safety) in August 2023 had identified significant deficits in fire safety that required action prior to the wings being fit for use by

residents. The inspector had identified a number of issues to be addressed and also requested the completion of a fire safety risk assessment to ensure that all potential risks were identified. Further inspections with a specific focus on fire safety were conducted in January 2023 and May 2023. Over the course of these inspections, significant improvements with fire safety management and the physical aspects of fire safety were identified. Some further areas of action are required in relation to fire safety and these are outlined under Regulation 28 of this report.

The centre was clean throughout and adequate arrangements were in place for cleaning and decontamination. The centre was cleaned to a high standard, alcohol hand gel was available in all bedroom corridors. Storage areas were observed to be clean, tidy and organised. Bedrooms were personalised and residents in shared rooms had privacy curtains. A review was required of one of the unoccupied twin bedrooms to ensure that, when occupied, there would be adequate space for the resident's clothes and personal possessions. Grab rails were available in all corridor areas, toilets and en-suite bathrooms. While Melview House had recently been renovated, issues had arisen with the floor covering and communal space was only used for organised group activities. The inspector was informed that the floor covering was due to be repaired on the day following this inspection. Residents continued to use the temporary communal rooms in the new wing in the interim. The inspector was informed that the interim communal rooms would be converted to bedrooms in accordance with the original plans, once the flooring was repaired. While the Orchard wing was open, only a small number of residents were accommodated in this wing on the days of the inspection. Required improvements in relation to the premises are outlined under Regulation 17 of this report. Adequate arrangements were in place for the management of laundry. Residents laundry was laundered in the centre's laundry and bed linen was sent to an external laundry. There was an adequate system in the laundry to minimise the risk of cross contamination through a work flow that segregated clean and dirty linen. Arrangements were in place for monitoring antibiotic use and incidence of multi-drug resistant organism (MDRO) infections.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change. A pharmacist was available to residents to advise them on medications they were receiving.

There was a policy and procedure in place for the prevention, detection and response to allegations or suspicions of abuse. Staff were familiar with the procedure for reporting suspected abuse. All interactions of staff with residents observed by the inspector were seen to be respectful. Staff called residents by their preferred name and appeared to be familiar with residents' interests. The registered provider was not pension agent for any resident.

Resident's rights were protected and promoted in the centre. A resident forum takes place approximately every three months. The forum facilitated residents to actively

participate in decision-making and provide a feedback in areas regarding social and leisure activities. Minimal areas for action were identified in meeting minutes reviewed.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

A review was required of a twin bedroom in Orchard Wing to ensure that residents had adequate space to store clothes and personal possessions, as one of the beds was allocated a single wardrobe and no chest of drawers. This bedroom was unoccupied on the day of the inspection.

Judgment: Substantially compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example:

- sections of the floor covering in a number of communal rooms in Melview House had been removed in order to remedy previous problems with the floor covering
- while improvements were noted in navigational signage, there continued to be a need for dementia friendly signage to support residents navigate from bedrooms to sitting rooms and dining rooms due to the complex design and layout of the centre
- there were a large number of chairs stored in a bedroom
- the outdoor area on the first floor remains inaccessible to residents as remedial works to make the area safe have not commenced

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

A wash hand basin designated for staff use in a housekeeping room did not comply with infection control guidance.

There were taps on a wash hand basin on a corridor that could ne be effectively cleaned due surface damage.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure that adequate systems were in place for the management of fire safety. For example:

- the preventive maintenance of the fire alarm and emergency lighting extended beyond the required quarterly intervals
- fire detection had not been installed in an electrical cupboard

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications. Appropriate systems were in place for the management of medicines that requires special control measures and for those that required refrigeration.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans for short-stay residents required review to ensure they provide adequate detail on the care to be delivered to residents with more complex needs.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in the centre. Residents had regular access to both GP services, allied healthcare services and other specialist services. Residents were supported where appropriate to access national screening services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were arrangements in place to ensure that restrictive practices were implemented in line with national policy and residents with responsive behaviours were supported by staff in a manner that was not restrictive.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made
Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting

Residents spoken with stated that they felt safe in the centre. All staff had attended training to safeguard residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents’ rights and choice were promoted and respected in the centre. Activities were provided in accordance with the needs’ and preference of residents and there were daily opportunities for residents to participate in group or individual activities.

Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre through regular residents meetings, satisfaction surveys, and from speaking with residents on the days of inspection.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0041255

Date of inspection: 29/08/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A second recreational therapist has been job offered and we are awaiting the completion of the final paperwork in order for the employment to commence. A hospitality supervisor has now been appointed and has commenced induction.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files have been reviewed and all now meet the requirements set out in Schedule 2 of the Health act.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have recruited a quality manager and they will commence in the role on the 16/10/2023. A hospitality supervisor has now been appointed and has commenced induction.	

We are actively recruiting for an additional CNM 1 or CNM 2 or an APIC.

The fire safety risk assessment has been provided to the chief inspector.

A further risk assessment of the outdoor area on the first floor has been conducted and a protective rail will be fitted as an additional control measure. 31/10/2023. In the interim residents are supported to use the ground floor outdoor areas if they wish to do so.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Additional furniture for storage of personal possessions e.g. chest of drawers and wardrobe will be purchased for this bedroom prior to admission of residents to same.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Floor covering remedial works are now fully complete.
• Additional signage will be added throughout the facility by the 31/10/2023.
• All surplus chairs have been removed and distributed to the sitting and dining rooms in Melview House.
• An additional protective rail to increase the height at the outdoor area on the first floor will be fitted by the 31/10/2023. In the interim residents are supported to use the ground floor outdoor areas if they wish to do so.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The handwash basin in the housekeeping room will be replaced by the 31/10/2023.
• Taps on the wash hand basin on the corridor will be replaced by the 31/10/2023.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• All quarterly service and maintenance records are now up-to-date and available for inspection. Two inspections have been complete for the centre this year with Q3 inspection due in October and Q4 inspection due in December. We will ensure that these do not extend beyond their scheduled timeframes.
• Smoke head for fire detection in the electrical cupboard has been scheduled for installation by the 21/10/23.

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:
All short stay residents will have a comprehensive assessment and care plan in place. The PIC will report that this is completed to the Director of Quality & Governance in the weekly report and this will be verified through the remote access to same.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/12/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2023

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	31/10/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	04/10/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/10/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/10/2023

	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)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	21/10/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	21/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	04/10/2023