



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

## Issued by the Chief Inspector

Name of designated centre:	Beach Hill Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0034832

## About the designated centre

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

The designated centre is a 48 bedded purpose built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available and spacious communal areas, including foyer/ reception and dining facilities. Residents have access to outdoor facilities. The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

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

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 15 June 2022	19:13hrs to 21:25hrs	Nikhil Sureshkumar	Lead
Thursday 16 June 2022	10:40hrs to 17:30hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

Overall, the inspector noted that the centre provided good quality care and support for the residents. The residents who spoke with the inspector on the two days of inspection highly praised the care provided by the staff, and the feedback was overall positive about the service provided in the designated centre.

The inspector met and spoke with several residents and visitors. Some residents commented that this was a good centre and they had a choice of food, it is close to home and staff are good in the centre. However, one resident commented they were concerned about their privacy in the twin bedroom.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the centre and residents' accommodation. Hand sanitisers were available at appropriate locations, and staff were found practising appropriate hand hygiene.

The centre is located near Lisfannon and Buncrana beach and is close to local amenities. This was a two-day unannounced inspection. The first day of the inspection was carried out in the evening to follow up on information that had been received by the Chief Inspector. The centre was sub-divided into two separate units. There were two nurses on duty with responsibilities for each unit.

On the first evening of the inspection, the inspector saw the residents watching television programs and interacting with staff in communal rooms. Sufficient staff presence was available in the day rooms, and various refreshments were being offered to the residents during the evening hours. The inspector noted that staff vacancies were filled using agency staff, and there was a sufficient number of nurses rostered at all times in the centre.

However, on the second day of inspection, the inspector noted that sufficient care staff were not available in the afternoon hours, and as a result, several residents had to wait for staff assistance when they were in a communal day room. In addition, the inspector observed that during the afternoon one day room was occupied by a number of residents with high cognitive needs and fall risks. One member of staff was supervising the residents in the day room while supporting all residents in the room to engage in activities. The inspector observed the activity staff member being constantly interrupted away from providing activities to managing residents' responsive behaviour and preventing other residents from falls as they mobilised around the room.

Furthermore, the inspector noted that in the second-day room of the centre there was very little in the way of activities or social interactions for the residents. Care staff were focused on providing care interventions for the residents with limited evidence of person-centred interactions and conversations between the residents

and staff.

The inspector noted that the residents' bedrooms were personalised, and had sufficient space available for residents to store their personal belongings. However, the privacy curtains in some twin bedrooms could not be completely closed around the residents' personal space to ensure their privacy. In addition, some residents in twin rooms did not have access to a television for them to watch their preferred programmes in private.

Lunch time meals were served in an unhurried manner and the food served was nutritious. There was a sufficient quantity of food available in the centre, and the residents' choices were respected. A weekly menu was available to the residents in the centre, and the person in charge informed the inspector that they had plans to display a picture menu at each table to support residents during dining. The meal times were social occasions for residents.

Overall during both days of the the inspection staff interactions with the residents were observed to be kind, and staff supported residents with their needs. This was confirmed by those residents who spoke with the inspector who said that the staff attended to their needs. However, the inspector noted that the some residents were rushed when the nursing staff administered their night time medication and the the explanation provided to the residents about what their medication was for was insufficient. In addition, the inspector noted that un-prescribed food supplements were used to administer medications. This was brought to the attention of the person in charge, and they assured the inspector that the practice would be reviewed.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

Overall, the inspector found that this was a well-managed centre and that the residents in the centre generally received good quality care in line with the centre's statement of purpose. The centre had a good regulatory history, and improvements were noted from the last inspection. The governance and management structures were found to be effective in improving the quality of the care and services provided for the residents living in the designated centre.

There was a clear management structure in place, and staff were clear about their roles and to whom they reported. However, improvements were required to ensure that the number and skill mix of staff in the afternoon hours and during the weekend are adequate to meet the needs of the residents. This is discussed under Regulation 15.

This risk-based unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information received by the Chief Inspector in relation to the designated centre.

The provider of the designated centre is the Brindley Manor Federation of Nursing Homes Limited, and the provider is involved in operating several other designated centres in Ireland. The centre benefits from access to and support from centralised departments such as human resources, information technology and finance.

The person in charge and the representative of the provider facilitated the inspection and assured the inspector that they had plans to recruit additional staff to provide social care programs for residents in the centre.

The inspector observed that the person in charge was well known to the residents and was knowledgeable about the residents' needs. Residents were able to recognise the person in charge and told the inspector that they would approach the person in charge if they had any concerns. Deputising arrangements were in place for when the person in charge was absent.

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Staff were found knowledgeable about the residents and their care needs. The staff spoke with the inspector had a good understanding of the centre's safeguarding arrangement to protect residents from abuse.

A centre-specific complaints policy was in place and available to all staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed on the notice board at the centre's reception. However, the provider had not nominated a person other than the complaints officer who is available in the centre to ensure that the complaint officer responds to all complaints and maintains the records of all complaints.

#### Regulation 14: Persons in charge

The person in charge of the designated centre has the appropriate experience and a management qualification as required by the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre required improvement. For example:

- There was insufficient care staff rostered during afternoon hours between 13:45 and 16:00 to support residents' care needs, and the residents had to wait for the staff assistance to meet their care needs.
- In addition, the staff rostered to provide opportunities to engage in social care activities was insufficient. For example, one staff member was allocated for 41 residents during weekdays. In addition, the staff rostered for social care programs had to supervise the day room between 13:45 and 16:00. As a result, several residents did not receive opportunities to engage in activities that were meaningful to them and the social care activities provided to the residents were interrupted at times.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles.

Judgment: Compliant

### Regulation 21: Records

The inspector noted that the records mentioned under Schedule 2 and Schedule 3 of the Regulation were generally well maintained in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels. The inspector noticed that the provider had implemented the action plans from the last inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had not nominated a person to oversee the complaints management process so as to ensure that the complaints were responded to appropriately.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

Policies and procedures on the matters set out in Schedule 5 were reviewed at appropriate intervals and were made available to staff in the centre.

Judgment: Compliant

## Quality and safety

Overall, the inspectors observed that residents were well-cared for in the centre by a staff team who knew them well and were familiar with their needs and preferences for care and daily routines. However, improvements were required to ensure that a high standard of care and service was consistently provided to the residents in the centre.

The centre had a comprehensive infection prevention and control policy which covered aspects of standard precautions, including hand hygiene, waste management, sharps safety, and environmental and equipment hygiene. However, even though the centre has a sufficient number of staff to facilitate the cleaning process, improvements were required to ensure that the centre's infection prevention and control measures met the national standards. This is further

discussed under Regulation 27.

The centre had systems in place to review the fire precautions and risks in the centre. However, the centre's arrangements were insufficient and did not demonstrate that the fire exit route was free of obstructions at all times and that the sub-compartment fire doors were effective. The inspector had to request immediate action to remove the obstructions, and the person in charge addressed the issue immediately on the first day of inspection and improvements were noted on the second day of inspection.

In addition, the inspector observed a car parked outside of the fire exit route near the centre's largest fire compartment on both days of the inspection. This arrangement created an obstruction at the fire exit route and did not support the timely evacuation of residents. The representative of the provider assured the inspector, following the inspection, that they would make immediate arrangements to ensure that the outside area of the fire exit route was kept free of obstructions at all times.

The inspector noted that clinical risks were well managed. For example, those residents who had skin breakdowns were repositioned at regular intervals, and a record of the same was kept in the centre. Staff were observed repositioning residents in line with their care plans and were found to be using appropriate manual handling techniques when carrying out these care interventions.

A record of wound assessments and wound care provided to the residents was maintained in the centre. Residents told the inspector that their wound dressings were changed regularly. Wound assessments were sufficiently detailed, and the photographic evidence of the wound kept in the wound records assisted in evaluating the wound healing process. The inspector reviewed the stock of wound dressing materials and found that there were sufficient quantities of dressing materials available for the residents.

Each resident had a care plan in place, however, improvements were required to ensure that the nursing assessments were comprehensive and contributed to the development of a person-centred care plan for residents.

The residents in the centre had access to general practitioners of their choice, and out-of-hours GP services were available. Some improvements were required to ensure that the arrangements in the centre supported residents to receive a high standard of nursing and health care in line with Regulation 6.

The inspector observed that the corridors were well lit, and there was adequate natural and artificial lighting throughout the centre. Overall the premises met the needs of the residents, however, storage of large items of equipment such as hoists along the corridors where they blocked access to the handrails was not appropriate as it hindered residents who were using the handrails to mobilise around the centre.

Overall, residents' rights were upheld, however, the privacy curtains and the television arrangements in some twin bedrooms did not ensure that residents could carry out personal activities in private and that they could choose what to watch on

television. In addition, the activities programme was compromised on the second day of the inspection as staff allocated to provide activities were busy supervising and reassuring residents who displayed responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The centres' arrangements were not sufficient to ensure the medication administration practices were in line with professional guidelines as required under Regulations 6 and 29. This is further discussed under the relevant regulations.

### Regulation 11: Visits

There were procedures in place to protect residents and visitors unfamiliar with public health guidelines on safe visiting. Alternative areas to residents' bedrooms were available and used to facilitate residents to meet with their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

### Regulation 17: Premises

The centre's arrangement to store the equipment such as hoists was insufficient. For example, on the first day of inspection, one hoist was stored near the handrails, and this arrangement prevented residents from accessing the handrails when they wished to. This was improved on the second day of the inspection, and the hoist was stored in a dedicated storage room.

While handrails were available in most parts of the corridor in the centre, one section of the corridor had an area without handrails. This arrangement created a risk of falls for those residents with impaired mobility when they were mobilising in this area.

Judgment: Substantially compliant

### Regulation 26: Risk management

A centre-specific risk management policy and procedures were in place. This information included a risk register which included assessment and review processes. Control measures to mitigate the levels of risks identified were described.

Judgment: Compliant

### Regulation 27: Infection control

The centre's arrangements to ensure surface cleaning were not effective and posed a risk of cross infection to residents and others. For example:

- Some soft furniture in the centre was damaged and did not support effective surface cleaning.
- One store room where linen was stored was not visibly clean, and dirt and dust accumulated on the sides of the floor
- There were gaps between the skirting board, and floor lining in several areas of the corridor, and dust had accumulated in some of the areas and did not ensure effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The centre's arrangements to review the fire safety risks and precautions were not effective, and records showed that the centre's weekly and daily fire checks had not identified these issues. For example:

- A hoist was stored at the fire exit door and had blocked access to the fire exit route.
- A car was parked outside of the fire exit door leading from the centre's largest compartment. The largest compartment accommodated residents with maximum dependencies and also accommodated residents who required evacuation sheets for emergency evacuation. The car parked at this location would make it difficult to evacuate the residents in the event of a fire emergency in a timely manner.
- Three sub-compartment fire doors were not closing properly, and three bedroom fire doors had gaps between the door and floor between 2cm and

2.5 cm. As a result, they were not effective in creating a fire and smoke seal in the event of a fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care records and found that some residents' assessments were not comprehensive. For example:

- There were several gaps in assessments in relation to a resident's preferences for daily routines, activities and past life. As a result, the care plans created for these residents were not person centred.
- One resident who was referred to a GP for depression has not had an appropriate mood and behavioural assessment carried out prior to the referral. In addition, the resident was not reassessed to evaluate the effectiveness of the intervention.

In addition some care plans did not address all of the resident's assessed needs. For example:

- Several residents who were at risk of pressure ulcers did not have a pressure ulcer preventive care plan in place. This was essential to ensure residents did not acquire pressure ulcers in the centre and also to ensure the continuity of care for the residents.
- A resident who was discharged recently from an acute hospital had been advised by specialist health professionals to monitor their blood levels for low sodium content. This information was not recorded in the resident's care plans, and as a result, the information about this blood monitoring for the resident was not available to the inspector on the day of inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

The centre's arrangements to ensure that the residents were provided with a high standard of care and in accordance with the professional guidelines at all times. For example:

- Night time medication round on the first evening of the inspection was rushed and the inspector observed that one resident was not given an adequate explanation regarding the purpose of their prescribed medication.
- While the residents had access to speech and language therapy assessments, these assessments were being done remotely. This remote type of

assessment did to ensure that effective assessments were carried out for residents with swallowing difficulty. The person in charge had informed the inspector they had made arrangements to address the issue at a group level. However, the outcome of the actions was unavailable at the time of inspection.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

### Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

### Regulation 9: Residents' rights

The layout design of some twin bedrooms in the centre did not ensure that the residents accommodated in those rooms could carry out personal activities in private. For example:

- Some bedrooms did not have privacy curtains that could be fully closed.
- In addition, the layout of several twin rooms meant that when the first resident pulled their privacy curtain, the second resident in the bedroom could not see out of the window. One resident who was accommodated in a twin bedroom who spoke with the inspector voiced that they did not like this arrangement and that did not want anyone encroaching into their private

space to try to look out of the window when their privacy curtains were closed.

Some residents in the twin bedrooms did not have access to a television in their room to watch their choice of television programs in private.

Several residents did not have access to meaningful activities in line with their preferences and abilities to participate as there was not sufficient staff made available to provide this aspect of the service in line with the centre's statement of purpose.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspected observed that a medicinal product was not administered in accordance with the directions of the prescriber of the resident concerned. For example, the inspector observed that a food supplement that was prescribed for some residents was used to administer medications for all residents with swallowing difficulties.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially 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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

# Compliance Plan for Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0034832

Date of inspection: 16/06/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>S: A full review has been undertaken in relation to staff rostering. At all times, the number and skill mix of staff is appropriate to meet the needs and dependencies of residents and the layout of the Centre.</p> <p>S: The allocation of staff has been reviewed to maximise the levels of supervision in the sitting room at all times.</p> <p>S: The staffing review ensures that an activity staff member is available to provide meaningful activities for residents over the seven-day period.</p> <p>M: By the PIC and in house management team.</p> <p>A: Through audit and review by the regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/8/2022</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>S: The complaints policy has now been updated to highlight the nominated person to oversee the complaints management process.</p> <p>M: By the Quality team and in conjunction with the PIC.</p> <p>A: Through audit and review by the regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/8/2022</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: A full review of storage areas within the home is underway which includes the storage of hoists.</p> <p>S: Update training has been provided to all staff on the importance of ensuring hand rails are kept clutter free.</p> <p>S: The provision of handrails throughout the home has been reviewed and additional rails have been installed as required.</p> <p>M: Through audit and review by the PIC and the maintenance team within the home.</p> <p>A: By the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/8/2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S: A full review of all soft furniture in the centre and items which do not support effective surface cleaning has been completed and an improvement plan is in place to remove and/or replace as needed.</p> <p>S: A deep clean of the linen store has been completed and a weekly deep clean has now been added to the cleaning schedule.</p> <p>S: All gaps between skirting boards and floor lining have been sealed to allow for more effective cleaning.</p> <p>M: Through audit and review by the PIC and the maintenance team within the home.</p> <p>A: By the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/8/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>S: A full review of storage of equipment is underway to ensure equipment is stored most appropriately. A daily check is in place to ensure all fire doors remain free from potential obstruction.</p>	

S: Signage has been updated in the car park to remove the risk of obstruction of fire exit doors.  
 S: A review of all fire doors is underway to ensure that all doors are closing properly and that gaps are minimised to promote good seals in the event of a fire.  
 M: Through audit and review by the PIC and the maintenance team within the home.  
 A: By the PIC and regional management team  
 R: Overview by the Regional Director in conjunction with the RPR.  
 T: 30/8/2022

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 S: A full review of the pre-admission assessment process is under way to enhance the person-centeredness of care planning in the Centre. This will include the collation of information on resident's past life experiences and preferences for daily routines and activities  
 S: Update training has been provided to staff on the importance of using an appropriate mood and behavioural assessment tool to better support the needs of residents. Staff have also been reminded on the need to re-evaluate the assessments to monitor the effectiveness of the intervention.  
 S: Care plan reviews are underway to ensure that all directions from specialist health professionals are documented and followed appropriately. A particular focus of the review was pressure ulcer intervention and prevention.  
 S: Update training has been provided to all nursing staff on assessment and care planning to enhance the quality of resident documentation maintained within the Centre.  
 M: Through a care needs review by the in-house nursing team.  
 A: Audited by the PIC and regional management team  
 R: Overview by the Regional Director in conjunction with the RPR.  
 T: 30/8/2022

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 S: To improve outcomes for residents, a full review of medication administration and interaction with residents is underway in conjunction with update training for registered nurses on their obligations with professional guidelines.  
 S: All services provided by allied health care professionals have been reviewed and all

assessments are now carried out in person.  
M: Through education and direction by the PIC.  
A: Through audit and review by the regional management team  
R: Overview by the Regional Director in conjunction with the RPR.  
T: 30/8/2022

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
S: A full review of shared bedroom layouts has commenced which will ensure that each resident's needs can be more readily accommodated.  
S: All privacy curtains are in place and additional are on order to maximise privacy within shared rooms.  
S: Additional televisions have been purchased as part of the improvement plan for shared rooms to ensure each resident can watch their television programmes in private.  
S: The staffing review ensures that an activity staff member is available to provide meaningful activities for residents over the seven-day period.  
M: Through audit and review by the PIC and maintenance team within the home.  
A: By the PIC and regional management team  
R: Overview by the Regional Director in conjunction with the RPR.  
T: 30/8/2022.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
S: Nursing staff have received up-to-date training on the use of supplements.  
S: Alternative administration routes have been identified to support residents with swallowing difficulties to take their medications.  
S: All nursing staff have now updated their Medication Management training which has reinforced their understanding of their responsibilities with professional guidelines.  
M: Through supervision and direction by the PIC.  
A: Through audit and review by the regional management team  
R: Overview by the Regional Director in conjunction with the RPR.  
T: 30/8/2022



## 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 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	30/08/2022
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.	Substantially Compliant	Yellow	30/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	30/08/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/08/2022
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	30/08/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/08/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that	Substantially Compliant	Yellow	30/08/2022

	resident's pharmacist regarding the appropriate use of the product.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	30/08/2022
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	30/08/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before	Substantially Compliant	Yellow	30/08/2022

	or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/08/2022
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	30/08/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued	Substantially Compliant	Yellow	30/08/2022

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/08/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/08/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/08/2022