



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

Issued by the Chief Inspector

Name of designated centre:	Arus Carolan Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Castle Street, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	30 September 2021
Centre ID:	OSV-0000656
Fieldwork ID:	MON-0033929

About the designated centre

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

The designated centre provides 24-hour nursing care to 36 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of two bedrooms with three beds, four twin bedrooms and 22 single bedrooms. Each of the two bedrooms with three beds shares a shower, toilet and wash basin with an adjacent twin bedroom. two twin and two single bedrooms have full en suite facilities. the remaining 20 single bedrooms have a wash basin in each. There are assisted communal showers and toilets. Communal facilities include a dining room, a sitting room, an oratory and a hair salon. Residents have access to a safe outdoor courtyard with sheltered seating. The provider states that the designated centre's aim is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
--	----

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 30 September 2021	09:30hrs to 17:15hrs	Nikhil Sureshkumar	Lead
Thursday 30 September 2021	09:30hrs to 17:15hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

Overall, residents' wellbeing and quality of life were kept central to the service provided in this designated centre. Residents were supported with a range of meaningful activities, and staff had implemented several measures to improve the lived experience of the residents in the centre. Residents were involved in choosing the centre's décor, and efforts were made to make the centre a comfortable and familiar environment for residents, including those residents living with dementia. However, the fabric of the designated centre was not maintained to a high standard.

On arrival, the inspectors were met by the person in charge. They were guided through the infection prevention and control checks before entering residents' accommodation. The signing in process was detailed, and all visitors were checked for signs and symptoms of COVID-19 infection. After the signing in process and an introductory meeting, the person in charge accompanied the inspectors for a tour of the premises. This gave inspectors the opportunity to meet with residents and gain insight into their experiences living in the designated centre. Inspectors observed that there was signage in place to promote frequent hand hygiene and wearing of face coverings. These measures were in place to support the infection prevention and control practices in the centre.

The centre was a purpose-built single storey building, and the residents were accommodated in single, twin and three bedded rooms. There was a spacious day room and a dining room in the centre. These communal rooms were well decorated with several artworks, including paintings created by residents. There was a large television in each of the communal rooms for residents' viewing. As an alternative to the televisions, background music played in these communal rooms during mealtimes and when various organised social activities occurred. Residents attended a Mass celebrated by a local priest in the centre on the morning of the inspection. Residents spoke very positively about this opportunity provided for them, and they told the inspectors how much they enjoyed the service.

The centre was nicely decorated and inspectors saw a number of art installations which were part of an art project to support residents with dementia and to improve their lived experiences in the centre. At the reception, inspectors observed a farm-themed display of animal models. Inspectors were told that this was an initiative to support and initiate conversations among residents from a farming background. Some residents who were sitting in the reception area reminisced on their own farming experiences with the inspectors.

Inspectors observed that residents had unrestricted access to a secure outdoor courtyard, accessible from the communal dining and sitting rooms. Residents were observed to access this outdoor area throughout the day of inspection. A large part of this outdoor area was sheltered with a perspex roofed construction, so residents were not deterred from accessing the outdoors by the weather. Outdoor tables and chairs were provided. This outdoor area was interesting and contained large farm

animal models, raised flowerbeds, and a large water feature. In addition, the garden shed door was painted to represent a stable with a horse looking out over a half door. Staff supported and encouraged residents to take ownership of the various art projects and the centre's décor. A resident told the inspectors that "we are asked for our opinion, and that makes me feel involved." Residents actively participated in the residents' forum meetings. Residents' suggestions were used to improve their quality of life in the centre. For example, a suggestion by residents for lights in the outdoor area at night was supported by the management team and put in place.

The inspectors observed a streetscape initiative with original shop fronts from a part of Mohill town centre on a wall in the centre. The person in charge told inspectors that this was part of a new project so that the residents could reminisce when they walked past this part of the building. Throughout the inspection, the inspectors observed that the residents enjoyed being in the communal areas in the designated centre, whether chatting with other residents and staff or participating in the varied social activities throughout the day.

The residents' lunchtime meal was observed to be a relaxed and social occasion. While some residents had their meals in the dining room, others chose to have their meals in their bedrooms, and their choices were respected. Residents' food was observed to be wholesome and nutritious. Residents who spoke with the inspectors were very complimentary in their feedback regarding the standard of the food provided in the centre. Menus were displayed on each dining table, and residents were offered two hot meal choices. Inspectors observed that appropriate numbers of staff were available to assist residents during mealtimes. Residents expressed their satisfaction with the food provided, and one resident said, "the food here is top-notch." Staff who spoke with inspectors had a good knowledge of residents' various dietary needs and preferences.

Residents were very positive in their comments regarding the staff caring for them in the centre. Their comments included, "staff are great here, I knew some of them before I came in here and that put me at ease," "you couldn't find better and more willing people in all of Ireland," "staff here know me better than I know myself" and "the kindness of some staff here is extraordinary."

The centre had a dedicated activity coordinator. The health care assistants supported the activity coordinator as part of their role to maximise opportunities for all residents to participate in meaningful social activities. The residents who spoke with inspectors were satisfied with their opportunities to participate in social activities. Their comments included, "I have plenty to do every day, and I am always willing to give new things a go," "I love the singing sessions best, I join in, and singing makes me feel happy."

Inspectors observed that the layout of the bedrooms with three beds did not ensure that residents had adequate shelf space to display their photographs and greeting cards. For example some residents' photographs and greeting cards were stuck on the wall and anchored in behind the over-bed light behind their beds because there was nowhere to display them. This arrangement meant that residents could not see their pictures or greeting cards whilst they were in bed. The resident in the bed

closest to the window in these bedrooms used the windowsill as a shelf. In addition, inspectors observed that the residents in these bedrooms could not control access to their wardrobes, as their wardrobes were located outside their bed-space. While those residents accommodated in single bedrooms had access to their own television, residents in twin and triple bedrooms shared one television. Inspectors observed that this meant that each resident's choice of television viewing and listening depended on the other residents' agreement in these bedrooms.

The inspectors observed that maintenance in the centre's premises required improvement. The floor coverings in several bedrooms and along one corridor had gaps near the wall and were scuffed, stained, and worn. Inspectors observed missing and chipped paint on parts of the walls in bedrooms, corridors, communal rooms and on wooden surfaces on skirting, doors and door frames. Inspectors observed a hole in the ceiling of the corridor used by residents. This gap in the ceiling was formed due to a water leak and had discolouration and staining around it. These findings show that the surfaces in the centre were not maintained to a high standard and did not ensure that all surfaces could be easily cleaned to reduce the risk of transmission of infection to the residents.

Although building maintenance works were required in the centre, residents who spoke with the inspectors commented positively about the centre's care environment. Feedback from residents was that "the centre is a lovely comfortable place," "wouldn't want to be anywhere else," and "my bedroom is the way I want it, and I have everything I need beside me."

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

This was an unannounced risk-based inspection completed by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on progress with the completion of the compliance plan from the last inspection completed in September 2019. The inspectors found that two of the three actions from the last inspection were satisfactorily completed. However, repeated non-compliance with Regulation 28 fire precautions was found on this inspection. The provider was required to take immediate action to provide assurances regarding effective containment of smoke, fire, fumes and residents safe evacuation in the event of a fire in the centre.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human

resources, information technology, staff training and finance. The person in charge works full-time in the designated centre and is supported by clinical nurse managers and a team of nurses, carers and support staff. There were 33 residents with varying levels of dependency needs accommodated in the centre at the time of this inspection. The organisational structure was clear, and each management and senior nursing team member demonstrated an awareness of their roles and responsibilities.

The provider had systems in place to monitor the quality and safety of the service. However, the oversight of these processes required review to ensure that areas needing improvement were identified and appropriately addressed. For example the inspectors found significant improvements were required to bring the centre into compliance with Regulation 28 and Regulation 17. These had not been identified and addressed through the provider's own quality assurance processes and had a significant impact on residents' safety and quality of life.

The provider had arrangements for recording accidents and incidents involving residents in the centre and appropriately notifying the Health Information and Quality Authority as required by the regulations. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for some residents, and robust procedures were in place to ensure this process was managed according to the legislation and best practice.

Inspectors found that there was adequate nursing and care staff to meet residents' care needs to a good standard on the day of inspection. However the staffing resources provided did not ensure that these staffing levels were consistent. This was a particular concern in relation to the housekeeping resource as inspectors found that staff absences were not adequately covered and on some days the housekeeping staffing was not adequate to maintain the cleaning and disinfection process at a high standard. In addition, on the day of inspection, inspectors found several gaps in the cleaning records, and staff confirmed that the gaps were due to compromised staffing. Inspectors also found that there was no designated laundry staff to carry out laundry duties, which was not in line with the statement of purpose of the centre. Rosters showed that on some days care staff had to cover laundry or housekeeping duties which reduced the amount of time they had to provide direct care for the residents.

Staff were facilitated to attend mandatory and professional development training, including COVID-19 infection prevention and control training to ensure they had the necessary skills to meet residents' needs. Staff who spoke with the inspectors and the inspectors' observations of their practices gave assurances that they were competent with carrying out their respective roles. However, staff training arrangements had not ensured that all staff had attended fire safety and safe moving and handling training as discussed under Regulation 16.

The clinical audit system in place demonstrated robust oversight of care of residents, and improvements identified were progressed. There was an emphasis on good communication of residents' assessed clinical needs at staff handover meetings

through a 'safety pause procedure'. This practice facilitated continuity in the care provided to the residents, and it fostered a culture of learning in the centre.

With the exception of annual emergency lighting certification, records including residents' information records were complete and were held securely.

There was a low number of documented complaints, and procedures were in place to ensure any complaints received were managed in line with the centre's policy.

Residents were facilitated and encouraged to feedback on aspects of the service they received, and this informed improvements in the service and an annual review of the quality and safety of the service delivered to residents in 2020.

Regulation 15: Staffing

The statement of purpose identified that there was a member of staff allocated to the laundry. However, there was no dedicated member of staff rostered for laundry duties on the day of the inspection. As a result laundry duties were completed by care staff who were also providing care for residents.

On the day of inspection, the inspectors observed that a member of the cleaning staff was absent and was not replaced on the staffing roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff were facilitated to attend required mandatory refresher training as follows;

- six staff had not completed fire safety training
- 12 staff had not completed safe moving and handling procedures training

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre had a directory of residents, which was well maintained and met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not provide adequate oversight to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- There was no follow up of a recent fire evacuation drill, which was not completed in a timely manner.
- Oversight of essential maintenance of the internal centre premises had not identified a number of areas for improvements identified by the inspectors on the day.
- Oversight of the staffing resource did not ensure adequate cleaning and laundry staffing resources were provided in the centre

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Inspectors reviewed the complaint log and found that all complaints were logged, investigated, and the outcome of the investigation was communicated to complainants. There were no open complaints at the time of this inspection, and an appeals procedure was in place for the referral of complainants not satisfied with the outcome of the investigation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The schedule five policies available in the centre were up-to-date, and had been reviewed in 2021.

Judgment: Compliant

Regulation 21: Records

A record of the annual emergency lighting certificate was not available in the designated centre on the day of inspection.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety of care provided to residents were found to be satisfactory, and residents' needs were met to a good standard. Inspectors observed a resident-centred culture in the centre, with residents reporting that they felt safe, involved and well cared for by the staff. Although the premises environment was poorly maintained, residents' experience of living in the centre was positive. Several examples of good practice and person-centred care were observed. However improvements were required to ensure residents' rights to privacy, dignity and choice were upheld in the three bedded bedrooms. In addition more focus and resources were required to ensure that the premises was well maintained and that all surfaces were intact and easy to clean.

While the provider had measures in place to ensure residents safety in the event of a fire in the centre, sufficient assurances were not available regarding timely emergency evacuation of residents and the effectiveness of fire/smoke/fume containment. The provider was required to take immediate action to provide these assurances to the Chief Inspector and ensure residents' safety in the event of a fire in the centre. The findings are discussed under Regulation 28.

A review of residents' meeting notes found that they were supported to speak freely, and issues brought to staff's attention were addressed. Residents had access to local and national newspapers and radios. However, the provision of one television in the multi-occupancy bed rooms did not optimise residents' individual choice of television viewing/listening.

There was an up to date infection prevention and control policy that provided guidance to staff about the standards of practice required to ensure that residents were adequately protected from infection. Staff responsible for housekeeping were knowledgeable regarding cleaning and decontamination procedures. Colour coded

mops were used for cleaning various areas in the designated centre. However housekeeping staffing levels were not consistent and did not ensure that the standard of cleaning in the centre was maintained at all times.

Although staff were diligent regarding hand hygiene and appropriate use of personal protective equipment, sinks used for hand-washing were not of the recommended specifications. The inspectors' findings are discussed under regulation 27 infection prevention and control.

Visiting was facilitated for residents in line with public health guidelines. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Staff were familiar with the residents, and they received good standards of nursing care and support. Residents' care plan documentation was comprehensive and completed to a standard that clearly guided staff with providing person-centred care in line with residents' preferences and wishes. The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals.

Residents were supported to participate in meaningful social activities that interested them and met their capability needs, and activities were organised to meet their interests and capabilities. Care staff supported the centre's activity coordinator to ensure residents were provided with opportunities to keep active. This level of support ensured that residents enjoyed a life in the centre that was rich in opportunities for meaningful engagement and interaction.

Overall the layout and design of the centre met residents' individual and collective needs. However, the layout of two bedrooms with three beds required review to ensure residents' privacy and dignity needs were met. Residents did not have access to appropriate shelf space to display their photographs and could not retain control over their clothing due to the location of their wardrobe space.

The inspectors observed that a programme of scheduled maintenance was not carried out in the designated centre to ensure that the premises were maintained to a good standard. While staff supported residents to make the centre homely and comfortable, their efforts were compromised by inadequate maintenance of the centre's environment.

Measures were in place to ensure residents were safeguarded from abuse. There was a positive approach to the care of a small number of residents who were predisposed to experiencing episodes of responsive behaviours, and a minimal restraint environment was promoted.

Regulation 11: Visits

Inspectors observed that the visits were facilitated according to the current public

health guidance and ensured residents had the opportunity to meet with their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in the three bedded rooms did not have their personal storage within their private bed space as their wardrobes were located along the wall opposite the residents' beds. In addition access to the wardrobe was hindered when the bedroom doors were open.

Judgment: Substantially compliant

Regulation 17: Premises

The arrangements for the upkeep and maintenance of the designated centre were not effective. For instance:

- The paint on internal walls, skirting, and door frames were chipped or missing, and radiators were rusted in a number of areas in the centre. Therefore, these surfaces could not be effectively cleaned.
- The floor covering on some corridors were observed to be worn and damaged. A part of the floor in one corridor was uneven and posed a fall risk to vulnerable residents.
- There was limited surface and shelf space available for residents to display their photographs and ornaments in bedrooms with three beds.

Judgment: Not compliant

Regulation 27: Infection control

The following required improvement to ensure residents were protected from the risk of infection;

- There were not enough clinical hand-wash sinks in the centre. Some of the available sinks did not comply with the current recommended specifications. Clinical hand wash sinks used by staff should be independent of residents' sinks.
- There were some gaps in the records of cleaning of frequently touched areas.

This finding did not provide assurances that cleaning procedures to mitigate risks of COVID-19 transmission were mitigated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurances regarding the measures in place to protect residents' safety in the event of a fire in the centre were not adequate due to the following findings;

Assurances regarding timely evacuation of residents to a place of safety and effective containment of smoke, fumes and fire in the event of a fire emergency in the centre were not available due to;

- The simulated emergency evacuation drill records available did not provide assurances regarding timely and safe evacuation of all residents from any of the compartments during night-time conditions.
- A cross corridor fire door did not close to create a seal, and intumescent strips and cold sealing was incomplete on several doors. A part of the ceiling was missing in one corridor, which may render compartmentation for the purposes of containment of fire, smoke and fumes ineffective in this area.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment carried out on their admission to the centre to identify their needs. Validated assessment tools were used, and the assessments were reviewed regularly in consultation with residents and their families, as appropriate. Care plans were of high quality, resident-focused, and reflected the current needs of the residents. Individual risk assessments were carried out, including falls assessment, restraints risk assessments and smoking risk assessments.

Judgment: Compliant

Regulation 6: Health care

Residents' nursing and health care needs were met to a good standard.

Inspectors observed that general practitioners made regular visits to review the

residents, and a full range of other health care-related services were available for the residents in the centre. These included speech and language therapy, physiotherapy, occupational therapy, dietetic services, tissue viability and community mental health services. Chiropody and optical services were also provided.

Treatment recommendations were clearly documented in residents' care plans and were implemented by staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a positive approach to the care of a small number of residents who were predisposed to experiencing episodes of responsive behaviours. Each of these residents had behaviour support care plans that identified triggers and effective person-centred de-escalation strategies.

Four residents were using full-length bed rails. Their needs were assessed, and procedures were in place to ensure their safety, and any restrictions posed by this equipment was minimised.

Alternatives to full-length restrictive bed rails were trialled, and the multi-disciplinary team were involved in the decision-making process.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from abuse. Staff who spoke with inspectors were clear and confident about the measures to prevent, respond and report suspicions or allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure residents' privacy and dignity and choice in bedrooms with three beds as follows;

- A lock was missing from a door in one of the shower/toilet rooms shared by

residents in two bedrooms. This meant that residents in one bedroom could not lock the shower/toilet door to ensure their privacy when using these facilities.

- Personal information regarding some residents' nutrition needs was displayed on the wall by their bedside in bedrooms with three beds. This did not ensure their privacy was protected.
- Three residents in each of the two bedrooms with three beds were required to share one television. This did not ensure they had individual choices of television viewing or listening.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant

Compliance Plan for Arus Carolan Nursing Unit OSV-0000656

Inspection ID: MON-0033929

Date of inspection: 30/09/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance 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.</p> <ol style="list-style-type: none"> 1. The PIC in partnership with the Provider Representative has carried out a review of the staffing levels, the need for an additional 1 WTE dedicated laundry staff member has been identified. As this is a new post a form A has been completed and forwarded to the Head of Older Persons Services for approval and recruitment. Currently agency is being utilised to provide the laundry service. 2. Daily review of staffing levels takes place and risks identified in relation to staffing are escalated to the Service Manager and actioned as required. 3. A review of the roster has now taken place and 3 WTE staff have been assigned household duties 4. The PIC has access to Agency to backfill the vacancy until recruitment is complete. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: To ensure compliance with Regulation 16(1)(a). The person in charge shall ensure that staff have access to appropriate training.</p> <ol style="list-style-type: none"> 1. The Person In Charge confirms that the remaining staff have received outstanding Fire Training on the 05/10/2021 and 20/10/2021. 	

2. All staff are now aware of fire procedures in place in the response to the activation of the Fire Alarm. All remaining staff have completed safe moving and handling procedures training on the 04/11/2021.

Regulation 23: Governance and management	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure compliance with 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.

To ensure compliance with 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.

Compliance will be met by the following:

1. A system has been developed to ensure there is timely follow up with any evacuation drills which were not completed in a timely manner. Support is provided to the Person In Charge by the HIQA Compliance officer and the Director of Nursing with responsibility for the unit.
2. The Person In Charge has met with the Maintenance Manager and has arranged an ongoing annual maintenance plan for the upkeep of the premises. Funding for maintenance of the unit will be secured through the Minor Capital funding stream.
3. The PIC in partnership with the Provider Representative has carried out a review of the staffing levels, the need for an additional 1 WTE dedicated laundry staff member has been identified. As this is a new post a form A has been completed and forwarded to the Head of Older Persons Services for approval and recruitment. Currently agency is being utilised to provide backfill the vacant laundry position.

Regulation 21: Records	Substantially Compliant
------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 21: Records:
 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:

1. To ensure compliance with Regulation 21(1) the Registered Provider has put in place a system to ensure the the annual emergency lighting certificate is held in the centre to

ensure it is available in the designated centre. This system also ensure that records set out in Schedules 2, 3 and 4 are kept in a designated centre.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure compliance with Regulation 12(a): Personal Possessions 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 a resident uses and retains control over his or her clothes

Compliance will be met by the following:

1. Funding has been approved by the Registered Provider to ensure Residents in the three bedded rooms have personal storage within their private bed space.

Reconfiguration of the residents bed space to include access to a personal storage within the confines of the residents bed space.

2. The Person In Charge is working with Maintenance to complete the reconfiguration and the personal storage space.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

To ensure compliance with Regulation 17 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

1. The PIC has met with the maintenance manager and has arranged a maintenance plan for the upkeep of the premises. This includes, painting on internal walls, skirting, and door frames that were chipped or missing, and replacement of radiators that were rusted in a number of areas in the centre. Funding has been approved for a painting program of the center to commence in 2022.

2. Funding for Floor covering is secured through Minor Capital to replace worn and damaged flooring on corridors. Works to be completed by end of Quarter 1 – 2022.

3. A review of the residents accomadated in the three bedded units is taking place. This review will identify areas that residents can display their photographs and ornaments in there bedrooms ensuring enhanced person centredness.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>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.</p> <p>To ensure compliance with Regulation 27 Infection Control</p> <ol style="list-style-type: none"> 1. The Person In Charge and Registered Provider having requested a review by the Infection Control Assistant Director of Nursing of the Clinical Hand wash sinks. The number of clinical hand-wash sinks in the centre have been reviewed by IPC on 18/11/2021. Works to replace existing non compliant sinks is scheduled to commence 6th of December 2021 to ensure they comply with the current recommended IPC specifications. 2. A review of the roster has now taken place and 3 WTE staff have been assigned household duties. Daily and weekly cleaning schedules are currently being revised for household staff <p>The household staff will be supported by an off-site domestic supervisor. External Clinical audits by the Infection Control Nurse Manager is scheduled for December 2021 and MEG Environmental Audits by the External Domestic Supervisor will be completed to ensure compliance with Infection Prevention and Control standards. Quality improvement plans will be completed and actioned.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure compliance with Regulation 28 (2) (i) The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires</p> <p>To ensure compliance with Regulation 28 (2) (iv) The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</p> <p>To ensure compliance :</p> <ol style="list-style-type: none"> 1. The Registered Provider has commissioned a Fire Safety consultant to carry out a full review of the fire safety management systems and an action plan has been submitted to HIQA Fire Safety Office. 2. The Registered Provider shall make adequate arrangements for detecting, containing and extinguishing fires by ensuring the following: 	

- On the 18th of October 2021 a fire safety risk assessment was completed on the premises. Following this a time bound schedule of completion for each of the areas identified in the fire safety risk assessment has been agreed. Risks, rated red which have a High risk rating will be completed by 30th of April 2022. Risks Rated Amber which have a medium risk rating will be completed by 30th October 2022.

3. Phase 1 consists of upgrading the existing fire doors with a planned commencement date of Monday 29th of November 2021 with a proposed completion date of 10th of December 2021.

4. All staff within the centre are now compliant with Fire Training. Outstanding Fire Training received on the 05/10/2021 and the 20/10/2021.

5. A night time simulated Fire Evacuation Drill was carried out on the 04/11/2021. The complete time for evacuating 9 residents was 8 minutes and 38 seconds.

6. Monthly simulated fire drills are carried out in the unit to ensure that all staff are aware of fire safety evacuation plans. These Fire Drills record the time in which it took staff to evacuate residents and by what means of evacuation. Following all Fire Drills a quality improvement plan is developed which identifies any areas of concern raised by staff and an action plan is developed to address these concerns. Simulated Fire Drill records are documentation in the centres Fire Register. Fire Drills carried out in the centre are reflective of both day and night time staffing levels.

7. Weekly testing of the Fire Alarm remains ongoing and is recorded in the units fire register. Weekly review of the emergency fire safety evacuation lightening is maintained and recorded in the units fire register.

8. All residents PEEPs have been updated and these are discussed at the daily safety pause which informs all staff to resident's dependencies and modes of evacuation in the event of a fire.

9. The Fire Safety Officer will commission an annual inspection of Fire Doors with accompanying report and funding will be made available to ensure fire doors meet the required standard.

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 To ensure compliance with 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

To ensure compliance with 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

The following will be implemented to ensure compliance with Regulation 9(3)(a) and 9(3)(b)

1. The lock missing from a door in one of the shower/toilet rooms shared by residents in two bedrooms has been replaced to ensure residents privacy when using these facilities.
2. Personal information regarding some resident' nutrition needs that were displayed on the wall by their bedside in bedrooms with three beds have been removed to ensure residents privacy and dignity.
3. The register provider has provided funding to ensure all residents have access to their own personal television so that they have choices of television viewing or listening. The Person In Charge to progress 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(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/03/2022
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	31/12/2021
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	04/11/2021

	ensure that staff have access to appropriate training.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2022
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	01/10/2021
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.	Substantially Compliant	Yellow	31/12/2021
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	Not Compliant	Orange	31/12/2021

	monitored.			
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	31/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/10/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/10/2022
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	31/03/2022
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	31/03/2022

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
--	---	--	--	--