



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

## Issued by the Chief Inspector

Name of designated centre:	Sheelin Nursing Home
Name of provider:	Sheelin Nursing Home Limited
Address of centre:	Mountnugent, Cavan
Type of inspection:	Unannounced
Date of inspection:	16 February 2023
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0037475

## About the designated centre

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

The designated centre provides nursing care and support over a 24 hour period to meet the needs of up to 30 older persons, male and female for both long term and short term care. The centre is a converted building, on three levels overlooking an expanse of water. It is situated in a rural area. The philosophy of care is to provide a caring environment that promotes residents' health, independence, dignity and choice. The holistic approach aims to provide a quality service with the highest standard of care.

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

Number of residents on the date of inspection:

28

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 16 February 2023	10:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, feedback from the residents on this inspection was positive regarding their experiences with living in Sheelin Nursing Home. Residents told the inspector they were happy and contented. One resident said they 'longed to be back in their own house' and explained to the inspector that this was no longer an option for them due to the decline in their mobility. Another resident told the inspector that they had chosen to live in the nursing home as they had been living alone in the community and were not able to manage. Many of the residents spoke highly regarding the managers and the staff caring for them. The inspector observed that staff interactions with residents were gentle, kind and respectful. Staff knew the residents very well and residents appeared comfortable in their company. The atmosphere in the centre was warm and the environment was homely and comfortable. Most of the residents spent their day going between the sitting and the dining room on the upper ground floor.

The centre premises was built over three floors in a split level design and was located in a rural area which overlooked Lough Sheelin. Residents' bedroom accommodation was arranged on each floor, in twin and single bedrooms, some with full en-suite facilities and some with en-suite toilet and wash basin facilities. There was a sitting room for residents located on each floor and the resident's dining room accommodation was located on the upper ground floor. Access between the floors was provided by a stairs and an elevator.

The sitting room on the upper ground floor opened out into a secure garden area which was laid out with small artificial grass lawns and sheltered outdoor seating. The inspector observed that most of the residents using this small sitting room had mobility needs. A number of residents were using wheelchairs and other assistive equipment.. The size of the room meant that, this room soon became overcrowded and residents' access was hindered especially in the narrower part of the room where residents in wheelchairs were sitting along both walls. The inspector spoke with a number of residents who were not aware that there were other sitting rooms available and said they 'didn't know they could use the other sitting rooms' and that staff had not offered them a choice of what sitting room they would prefer to use.

There was an activities schedule in place and residents were supported to participate, in line with their abilities and preferences. The inspector observed that after lunch some residents moved to the dining room including a resident with high dependency needs, so they could avail of the tables to play a large-scale snakes and ladders game together. Residents appeared engaged with staff and enjoyed each others company. Staff told the inspectors about events which had been held in the centre, and there were photographs of residents enjoying these events displayed throughout the premises. Residents' artwork was displayed in the dining room, corridors and the sitting rooms.

The garden accessible from the upper ground floor overlooked a neighbouring farm

and many of the residents who had come from farming backgrounds enjoyed watching the livestock in the field adjacent to the centre and the farmer tending to them. Many of the residents' bedrooms located at the front of the centre The sitting room at the front of the building on the first floor also had beautiful views of Lough Sheelin.

Most of the residents' bedrooms were viewed by the inspector and were observed to be brightly painted and cleaned to a good standard. Residents were encouraged and supported to personalise their bedrooms and their photographs and memorabilia were displayed around them and within their easy view. Residents' bedrooms were laid out to ensure they had sufficient space to meet their needs including suitable storage space for their clothing and personal items.

The communal rooms were supervised at all times when residents were in them by one or more members of staff and this ensured that staff were available at all times if residents needed their help and support. Staff were seen throughout the day to be regularly checking on residents who preferred to stay in their bedrooms.

The inspector observed the lunchtime meal for residents and saw that this was a social occasion for many residents and residents chatted together as they ate their meal. Residents told the inspection that the food was 'great', 'always really good' and one resident said that the food was 'five star hotel standard'. Staff were observed mingling among the residents and provided discreet assistance and encouragement as necessary.

Handrails were available along all the corridors to maintain residents' safety and independence. The inspector observed that residents with mobility needs were well supported by staff to move about the centre safely. However in some resident's en-suite toilets there was only one grab rail available. There was also only one grab rail available in the communal toilet on the upper ground floor.

Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. Staff wore face masks as recommended throughout the day of inspection.

From the inspector's conversations with residents, it was evident that they knew the person in charge and the management team well and the inspector observed the provider representative sitting down with a male resident to help them choose some clothes online. Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

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

This inspection found that the provider had made significant investment in completion of the fire safety works in the centre which included installation of an addressable fire alarm system. Not all of the actions from the last inspection had been completed in relation to the premises infrastructure and the inspector was informed that the provider had a plan in place to complete them by the end of 2023. This inspection also found that actions to bring Regulation 5: Assessment and Care Planning, 15: Staffing and 23: Governance and Management were not completed to bring the centre into compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 as amended.

Further to an inspection completed by inspectors of social services with particular knowledge and expertise in the area of fire safety in April 2021, the chief inspector attached a restrictive condition to the designated centre's registration to bring the centre into compliance with Regulation 28: Fire precautions by 31 December 2021. This inspection found that the requirements of this restrictive condition had been largely met. However the provider was awaiting a final sign off from their fire safety engineer to confirm that all fire safety works had been completed to the required standard.

The registered provider of Sheelin Nursing Home is Sheelin Nursing Home Limited. One of the two directors on the company board represents the provider and this director works on a full-time basis in the designated centre. The person in charge is a registered nurse and their management qualification and experience meets regulatory requirements. An assistant director of nursing (ADON) supports the person in charge with auditing activities, supervision of staff and clinical care. The ADON provided deputising arrangements for when the person in charge was not available in the centre. All staff working in the centre who spoke with the inspector were aware of their individual roles and responsibilities.

Monitoring and oversight systems were in place in the centre. Records showed that the quality and safety of care and services were regularly reviewed by the management team and that any areas identified as needing improvement had been addressed with plans for completion or were already completed. However further effort was now required to address the repeated non compliances found on this inspection to bring the centre into compliance with the regulations.

There was adequate staff available to meet the residents' needs on the day of the inspection. There was an activities schedule in place and it was evident that activities were taking place on the day of inspection, however the rosters showed that staffing levels reduced at weekends when there was no staff rostered to provide activities for the residents.

Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were

competent with carrying out their respective roles.

Staff were appropriately supervised according to their roles and were supported and facilitated to attend mandatory and professional development training, including infection prevention and control training to ensure they had the necessary skills to meet residents' needs.

Records were held securely in the centre and records as required by Schedules 2, 3 and 4, including required information in staff files were maintained and held in the centre.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief Inspector as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

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

It was evident that residents' feedback on the service was important to the provider and the centre's management team and residents were facilitated and encouraged to voice their views regarding the care and service they received. Records of resident and management meetings showed that this feedback was used to inform improvements that were required and the annual report on the quality and safety of the service delivered to residents.

### Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills to meet the needs of residents on the day of the inspection. However, further action was necessary to ensure that there were sufficient staff available at the weekends to facilitate residents' social activities. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff working in the centre had received up-to-date mandatory training which included fire safety training and safeguarding training. Staff were also facilitated to attend training in infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs. Most staff had completed training on care of residents with dementia and supporting residents who were predisposed

to experiencing 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).

All staff were appropriately supervised according to their roles. An induction programme was in place for new staff and the person in charge completed annual appraisals with all staff.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had completed significant fire safety and other improvement works in the designated centre since the last inspection. However a number of actions remained outstanding as sufficient resources were not provided to ensure that works to the premises were completed in a timely manner to ensure residents' safety and to bring the designated centre into compliance with Regulation 17: Premises and Regulation 28: Fire Precautions.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care and found that they contained the information required by the regulations. The residents' contracts were updated since the last inspection to state the part of the overall fee that was charged to individual residents and they were signed in agreement by the residents and/or their representative.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre 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

An up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. Satisfaction of complainants with the outcome of the investigation completed was recorded. The person in charge confirmed that there were no open complaints on the day of this inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

While, the inspector found that the centre's policies and procedures as outlined in Schedule 5 of the regulations were implemented in practice, some policies and procedures did not reference a review date. Therefore, the provider could not be assured that review was completed at a minimum of every three years of the centre's policies and procedures to ensure staff had access to up-to-date information.

Judgment: Substantially compliant

### Quality and safety

Residents nursing, healthcare and social needs were met to a good standard. Resident's rights were respected and staff were observed to be respectful and kind towards the residents. The provider had made a number of improvements since the previous inspection and it was clear that they were committed to bringing the

designated centre into compliance with the regulations. However further improvements were now required to address noncompliances, some of which were repeated from the last inspection.

There was good evidence that residents' needs were being met and that residents' health and well-being were regularly monitored using validated assessment tools including risk of falls, malnutrition and dependency levels. However, some improvements were required to ensure those residents who were at risk of developing pressure related skin damage were regularly re-assessed to ensure that any deterioration was identified promptly.

The inspector reviewed a sample of care plans and found that residents' assessed needs informed their care plans. The information in residents' care plans mostly reflected their preferences and wishes and this ensured their care was person centred. However, more focus was now required to ensure that residents' care plan documentation was up to date and sufficiently detailed to provide the information staff needed.

Residents had timely access to their general practitioners (GPs) and to specialist medical and health and social care services. Referrals were made promptly and followed up diligently to ensure that any care prescribed was implemented in line with specialist advice. However the inspector found that there were delays for residents accessing physiotherapy services which the provider was working to improve. Residents were supported to attend out-patient appointments as required.

Inspectors found that residents were encouraged to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. Actions from these meeting were progressed. Residents had access to local and national newspapers, television and radio. Residents also had access to religious services within the centre and wider community. Residents were supported to practice their religious faiths. Catholic mass was held every weekend and a Church of Ireland service was held monthly. Residents' quality of life in the centre was promoted with a meaningful social activity programme that positively impacted on residents' wellbeing.

Residents were protected by safe medicine management practices and procedures.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed safely into the centre.

The provider had comprehensive fire safety procedures in place. However further assurances were required from the provider in relation to fire drills carried out since the last inspection and the centre's evacuation strategy in the event of a fire emergency. The provider had completed the fire safety improvement works identified in their own fire safety risk assessment however, final sign off from their competent fire engineer was not available at the time of the inspection.

The inspector found that the provider had invested and completed refurbishment works to improve the lived environment for the residents. However, further actions, repeated from the last inspection in June 2022 continued to to be necessary to bring

the premises into compliance and are discussed under Regulation 17: Premises.

Infection prevention and control measures were in place and were monitored by the management team. While, there was evidence of good practices in relation to most infection control practices, some non-compliances were repeated from the last inspection in June 2022. These findings are discussed under Regulation 27: Infection Prevention and Control.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the procedures in place were regularly reviewed.

### Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents were protected from risk of infection.

Judgment: Compliant

### Regulation 17: Premises

The layout of the sitting room on the upper ground floor did not meet the residents' needs and a small number of areas did not conform to Schedule 6 of the regulations as follows;

- Although there was a communal sitting room on each floor, the sitting rooms on the lower ground and first floors were not used by residents on the day of this inspection. Residents access in one part of the sitting room in use on the upper ground floor was hindered as the room was overcrowded. This was a repeated finding from the last inspection.
- One part of the floor surface on the first floor was uneven and posed a risk of fall to residents.
- Grabrails were not in place on both sides of some residents' en-suite toilets and in one communal toilet. This posed a risk of fall to residents.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were provided with a varied diet and residents confirmed that they could have alternatives to the menu offered if they wished. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with residents' preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available throughout the day.

Mealtimes were facilitated in the communal sitting/dining room located on the upper ground floor in the centre. Some residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available in the dining room at mealtimes and residents were provided with discreet assistance as needed. The inspector observed that mealtimes were unhurried and was a social occasion for many of the residents.

Judgment: Compliant

## Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented, some further actions were necessary to ensure compliance with the national infection prevention and control standards and to ensure residents were protected from risk of infection;

- A designated clinical hand-wash sink located in the clinical room did not meet the recommended specifications for clinical hand washbasins. This is repeated finding from the last inspection.
- Hand hygiene sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose, as facilities for residents' personal hygiene needs and as hand hygiene facilities for staff. This posed a risk of cross contamination and did not support effective hand hygiene procedures. This finding is repeated from the last inspection.
- The centre's laundry did not support a unidirectional flow of used to clean laundry processes. This posed a risk of cross contamination.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Actions were required to ensure that the emergency evacuation drills completed

gave necessary assurances regarding the adequacy of the arrangements in place to evacuate residents in a timely manner in the event of a fire emergency. For example;

The information in the records of simulated emergency evacuation drills did not contain sufficient assurances as the following information was not clearly referenced;

- the compartment residents were evacuated from and the location they were evacuated to
- assurances that the evacuation reflected the personal emergency evacuation plans including the evacuation equipment used reflected the needs of the residents in the compartment evacuated.
- calling the fire brigade,
- if any delays/difficulties were encountered and areas identified for learning.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices and were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners and were administered by staff nurses as prescribed. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Although residents' nursing needs were met, the information in some residents' care plans was incomplete and therefore did not clearly direct staff on the care interventions they must complete to ensure each residents' needs were met in line with their preferences and wishes. For example;

- The interventions detailed in some residents' personal care plans were not person-centred to reflect their individual preferences, wishes and usual routines

- A small number of residents' behaviour support care plans did not reference the most effective de-escalation strategies that were being implemented by staff. Therefore, there was a risk that this pertinent information would not be communicated to all staff caring for these residents.
- One resident's care plan in relation to their diabetes did not provide full information to inform staff about key areas of care provision: the frequency of blood glucose level monitoring, the parameters that this resident's blood glucose levels should be maintained within and the actions staff should take if this resident's blood glucose measurements were reported to be outside of these parameters.
- Information regarding the repositioning needs of one resident with an increased risk of developing pressure related skin damage was not included in their care plan.
- Information regarding a resident's wound care was not readily accessible as it was included in the resident's skin integrity care plan.
- One resident identified as being at high risk of skin breakdown had not had regular four monthly reviews of their skin integrity to ensure that any deterioration was identified promptly.

Judgment: Substantially compliant

### Regulation 6: Health care

There was evidence that residents experienced delays in accessing physiotherapy professional expertise. For example, despite several communications with the health service executive (HSE) by the provider representative and person in charge, a resident referred for post fall physiotherapy assessment in August 2022 was not reviewed by a physiotherapist until 21 December 2022. In addition the inspector found that a response was not received from the physiotherapy department further to referral of another resident on 25 January 2023 for physiotherapy review and was also followed up by the provider representative and person in charge. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

A positive and supportive approach by staff was evident with their care of residents who were predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills in meeting the support and care needs of residents who experienced

responsive behaviours.

Inspectors found there was a commitment to minimal restraint use in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment used were assessed, and procedures were in place to ensure they, and any other arrangements did not pose inappropriate or prolonged restrictions on residents.

Judgment: Compliant

### Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents confirmed that they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' told the inspector that were not aware they could choose to spend time in the sitting rooms on the lower ground floor or first floors. It was evident on the day of the inspection that staff did not ask the residents which sitting room they would like to spend their time. As a result those residents with higher levels of mobility needs were congregated in one sitting room that became overcrowded. This was a repeated finding from the last inspection and had not been addressed by the provider.

Residents did not have access to appropriate meaningful activities at weekends. This was a repeat finding from the last inspection and is addressed under Regulation 15: Staffing.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Sheelin Nursing Home OSV-0000160

Inspection ID: MON-0037475

Date of inspection: 16/02/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The staff schedule is being reviewed to ensure there will be sufficient staff available at the weekends to facilitate residents social activities.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Although a certificate of compliance has been submitted by CRC fire consulting ensuring that works had been completed we are waiting on further clarification &amp; re issue of certificate.</p> <p>Residents are aware of all sitting rooms available to them &amp; their choice is being exercised.</p> <p>There is a maintenance plan in place which includes upgrading of floor coverings, installing grab rails where required and upgrading of existing clinical handwash sinks &amp; installation of new clinical hand wash sinks where required.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies are being reviewed with a review schedule included.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Residents are aware of all sitting rooms available to them, they are encouraged to make use of all communal spaces available &amp; their choice is being exercised. We have reduced the capacity of the sitting on the middle floor by removing some chairs. There is a maintenance plan in place which includes upgrading of floor coverings &amp; installing additional grab rails where required.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: There is a maintenance plan in place which includes upgrading existing clinical handwash sinks &amp; installation of new clinical hand wash sinks where appropriate. The dirty / clean laundry process has been reviewed &amp; the risk register has been updated to reflect the process. Alternative processes are also been researched.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drill documentation has been reviewed to include more information &amp; detail ensuring it reflects the compartment evacuated, outlines emergency procedures are followed, equipment used reflects residents PEEP &amp; areas of learning identified.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans are being reviewed to ensure they clearly direct staff on the care interventions of each resident ensuring they are person centered &amp; complete. Care plans are updated to ensure all relevant information is included for each resident such as blood sugar control and repositioning times. All care plans are person centered. De escalation strategies for residents with responsive behaviors added to care plans. Residents with wounds have a wound care plan separate to their skin integrity care plan</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>We will continue to send referrals to HSE, if residents experience delays in accessing services or the response is not within an appropriate time frame we will continue to use the services of a private Physiotherapist to ensure residents do not experience delays in accessing services. We will highlight inappropriate delays to HSE &amp; request referrals to be escalated.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Residents are aware of all sitting rooms available to them they are encouraged to make use of all communal spaces available &amp; their choice is being exercised. The staff schedule is being reviewed to ensure there will be sufficient staff available at the weekends to facilitate residents social activities.</p>	



## 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	01/05/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	01/04/2023
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/08/2023

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	31/07/2023
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	31/07/2023
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.	Substantially Compliant	Yellow	01/04/2023
Regulation 04(3)	The registered provider shall	Substantially Compliant	Yellow	30/04/2023

	review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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	01/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a	Substantially Compliant	Yellow	01/04/2023

	resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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	01/04/2023
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	01/05/2023