



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:	30 June 2022
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0035099

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:

21

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 June 2022	10:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Thursday 30 June 2022	10:00hrs to 17:00hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, feedback from the residents was very positive regarding their experiences with living in Sheelin Nursing Home. Residents spoke of the kindness of staff and expressed that they were very thankful to them for the care they received. Inspectors observed staff interacting with residents respectfully and it was evident that staff knew the residents well and wanted to ensure their needs were met. Residents appeared relaxed and content. The atmosphere was warm and peaceful and the environment was homely and comfortable.

The centre was a split level design building, located in a rural area which overlooks 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. Residents' dining accommodation was located on the first floor. There was a sitting room for residents located on each floor. Although accessible on the day of inspection, the sitting room on the second floor of the centre was temporarily not in use for residents, pending certification of fire safety works. Access between the floors was provided by a stairs and an elevator, accessible from the corridors adjacent to residents' bedroom accommodation.

Inspectors observed that the sitting rooms were bright and spacious. The sitting room on the first floor opened out to a secure garden area with artificial grass lawns and sheltered outdoor seating. The garden overlooked a neighbouring farm and residents could sit outside and observe the livestock and the farmer tending to their crops and livestock. Many of the residents grew up in the area and agriculture was their background and continued to be a source of great interest to them. One of the residents referred to the the surrounding farm to discuss their knowledge of farming with the inspectors. Views of the lake and surrounding countryside were also visible from other parts of the centre and some residents' bedrooms.

Inspectors observed that residents' bedrooms were very personalised. Their photographs and memorabilia were displayed around them and within their easy view. The bedrooms were laid out to ensure there was suitable storage space for residents' clothing and personal items. Bedrooms were brightly painted and cleaned to a good standard. Residents informed the inspectors that their bedrooms were comfortable and they had lovely views. One resident told the inspectors 'it's the nicest room in the house.'

Some residents were observed chatting to each other in the sitting room on the first floor, while others were participating in a lively local newspaper reading. Residents with high support needs spent time in the quieter communal sitting room on the ground floor with a staff member present at all times. A small number of residents spent most of their day in their bedrooms, as was their preference. A resident told an inspector that they felt ' very content ' in the centre and that they were ' very grateful for everything they had.'

There was an activities schedule in place and residents were supported to participate, in line with their abilities and preferences. The inspectors observed a game of bowls being led by a health care assistant and residents were eager to participate. Residents appeared engaged with staff and enjoyed each other 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. Many of the residents enjoyed painting and artwork and their work was displayed in the dining room, corridors and sitting rooms.

Whilst it was evident that activities were taking place on the day of inspection, a review of staffing resources was required to ensure that the activities programme was sustainable during leave by the activities coordinator and at the weekends. This is discussed further under Regulation 15.

All residents who spoke with the inspectors said that staff were kind and responsive to their needs. Residents also stated that the food provided for them was good. Inspectors observed that there was adequate staff to assist residents during mealtimes and that the sitting rooms were supervised at all times by one or more members of staff. Staff were seen to be diligently ensuring supervision of residents on all floors. Inspectors heard staff communicating regularly about this on the day of inspection.

Handrails were available along all the corridors to maintain residents' safety and independence. Inspectors observed that residents who required assistance with mobilising were well supported by staff.

The management team held safety pauses several times during each day to ensure residents needs were communicated among the team. These were informal health and safety meetings to encourage staff to communicate potential risks they observed and to put plans in place to mitigate those risks.

Inspectors observed that staff wore face masks as recommended during the provision of direct care to residents. 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.

Residents knew the person in charge and the management team and they told the inspectors 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 aspect 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 improvements in fire safety and had addressed most of the issues with the premises since the last inspection in October 2021. However, action by the provider was necessary to confirm that the actions taken to address fire safety concerns in the centre were satisfactory and adequately protected residents in the event of a fire emergency in the centre. This inspection also found that compliance had disimproved in some regulations and action was necessary to ensure the management and oversight systems that were in place were effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013.

Following an inspection completed by inspectors of social services with particular knowledge and expertise in the area of fire safety in April 2021, significant fire safety concerns were identified. 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 were not completed, as discussed in this report under Regulation 28: Fire precautions.

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 both directors work in management roles on a full-time basis in the designated centre. The person in charge changed in March 2022 and the new person in charge is a registered nurse and their management qualification and experience meets regulatory requirements. An assistant director of nursing (ADON) supported the person in charge with auditing activities and supervision of staff and clinical care. The ADON provided deputising arrangements for when the person in charge was not available. Staff working in the centre who spoke with the inspectors were aware of their individual roles and responsibilities.

Monitoring and oversight systems were in place in the centre and there was evidence of improvements made to ensure the quality and safety of the service and residents' quality of life in the centre. While, much of the inspectors' findings were already identified as needing further improvement by the centre's quality and safety monitoring systems, focused oversight and management by the provider and centre's management team is now necessary to bring the centre into compliance with the regulations.

While there was adequate staff available to meet residents needs on the day of the inspection, improvements were necessary to ensure that the person with responsibility for residents social activities was replaced while on leave and to ensure residents had access to social activities at weekends to meet their needs. The number of registered nurses also reduced at the weekend although there was no change in residents' needs. 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 COVID-19 infection prevention and control training to ensure they had the necessary skills to meet residents' needs.

Employment references were not available in one of four staff files examined by inspectors and minor improvements were required to ensure nursing records were in line with professional standards. However, records were held securely and the other records as required by Schedules 2, 3 and 4 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 very 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.

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review report on the quality and safety of the service delivered to residents.

Regulation 14: Persons in charge

A new person in charge commenced in the role on 21 March 2022. The new person in charge was a registered nurse and works full-time in the centre. Their clinical and management experience was also in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills to meet the needs of residents on the day of inspection. However, action was required to ensure that there was adequate staffing at the weekends to meet the health and social care needs of residents;

This is evidenced by;

- the number of registered nurses and on-site senior clinical support was reduced at the weekend as the assistant director of nursing was rostered to work Monday to Friday only. Although, senior on-call support arrangements

were in place at the weekends, this meant that senior staff were not available on-site during the weekends to oversee care and to respond to queries from residents or their relatives.

- a person with responsibility for coordinating and facilitating residents' social activities was not available at the weekends and the centre's activity coordinator was not replaced when on leave. This meant that residents' access to social activities was dependant on staff not been involved with meeting residents' care needs.

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, safe moving and handling and safeguarding training. Staff were also facilitated to attend training including infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs.

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

The inspectors found that the following information was not kept in the centre and available for inspection;

- Two references were not available in two of the four staff files examined as required by Schedule 2 of the regulations.

Although, a daily nursing record of each residents' health, wellbeing and care provided was maintained and signed by nursing staff, this information was not consistently referenced with a time of entry as required by Schedule 3 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to ensure that the service provided was safe were not effective. The provider had failed to provide assurance that upgraded fire safety works had been completed to an acceptable standard.

Although the provider had progressed actions to address the identified fire safety risks and to refurbish and upgrade the centre premises, confirmation from a person competent in fire safety that the actions taken ensured fire safety was not available for review. This included both, the safety of a communal room on the second floor and, that the L2/L4 fire detection and alarm system was of a satisfactory standard to ensure residents safety from risk of fire in the centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of resident's contracts for the provision of services. Contracts reviewed did not state the amount of the overall fee to be charged to individual residents.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were not always reviewed and updated in accordance with best practice. For example:

- The restrictive practice policy only referred to use of two specific types of restraint, this was not in line with national restraint policy and not was not an appropriate guide for staff .
- The policy for responsive behaviours was not being fully implemented. For example, the policy stated that observational behaviour assessment tools would be completed each time an incident of responsive behaviours occurred. This was not occurring in practice.

Judgment: Substantially compliant

Quality and safety

Overall, residents nursing, healthcare and social needs were generally met to a good

standard. Resident's rights were respected and staff were observed to be respectful and kind towards the residents. Action was required to bring the centre into compliance with Regulations 27: Infection control and 28: Fire precautions.

There was good evidence that residents' needs were comprehensively assessed and their risk of deterioration was regularly monitored using validated assessment tools including risk of falls, malnutrition, pressure related skin injury and dependency levels. These assessments informed residents' care plans in line with their preferences and wishes. Residents' comprehensive assessments were detailed and care plans were being completed in consultation with residents and their families. Action was required to ensure relevant and up-to-date information in residents' care documentation was updated in line with changes to residents' care needs. For example, wound care plans did not include the recommendations made by tissue viability nurse (TVN) specialists. This finding is discussed further under Regulation 5: Assessment and Care Planning.

Residents had timely access to their general practitioners (GPs) and with the exception of delays in residents accessing physiotherapy services, residents had access to chiropody, dieticians, speech and language therapy, optician and dental services. 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 meetings 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 weekly. Staff read the newspapers for a group of residents, as part of the centre social activity programme. Residents' quality of life in the centre was promoted with a meaningful social activity programme that positively impacted on residents' wellbeing.

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

The provider had fire safety procedures in place. Assurances were provided that the evacuation strategy in the centre ensured residents' safe and timely evacuation in the event of an emergency. Although the provider had progressed actions to ensure residents were protected from risk of fire in the centre, assurances regarding satisfactory completion were not available at the time of this inspection. This included confirmation of satisfaction by a person competent in fire safety and assurances that the fire detection and alarm system was adequate. Assurances regarding fire safety of a communal sitting room on the second floor were also not available. These findings are discussed under Regulation 28: Fire precautions.

The provider had completed refurbishment of the communal toilets and showers to a satisfactory standard and the decor in the centre had been upgraded since the last inspection in October 2021. Further action was found 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 monitored by the management team. Whilst there was evidence of good practices in relation to infection control, further action was necessary to bring the centre into compliance with Regulation 27: Infection control and these findings are discussed under Regulation 27: Infection control in this report.

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). However, record keeping procedures of incidents required improvement to inform the care and support residents needed and to inform their treatment plans. 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 measures were in place to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

At the time of this inspection, inspectors were informed by a member of the centre's senior management team that residents did not have access to the communal room on the second floor due to fire safety concerns. Although residents still had access to two communal sitting rooms, the overall communal space available to residents was reduced from 6.1m² to 4.4m² for each resident with not having access to the communal sitting room on the second floor.

Although, not occupied by any residents on the day of inspection, bedrooms numbered five and six on the ground floor were registered as single bedrooms but were configured as twin bedrooms. For example, services, over-bed reading lights, and call bells were configured for two beds.

There was inadequate storage for hoists in the centre and inspectors observed a hoist stored in a resident's bedroom and a hoist was stored in a storeroom with clean supplies that included personal protective equipment. This posed a risk of cross contamination and a significant tripping hazard in a bedroom.

The infrastructure and equipment within the laundry did not support functional

separation of the clean and dirty phases of the laundering process and as such posed a risk of cross contamination.

Grabrails were missing on one side of a small number of toilets and handrails were not fitted in some communal showers.

The following findings were not in line with Schedule 6 of the regulations;

- There was a small number of holes in the ceiling tiles following removal of bed screen rails in bedrooms numbered five and six on the ground floor.
- The floor covering on some parts of the floor on the second floor corridor was damaged and torn. This finding posed a risk to residents' safety and did not support effective infection prevention and control.
- Some parts of the floor on the second floor corridor were uneven and posed a risk of fall to vulnerable residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

There were adequate measures in place to ensure residents were protected from risk of malnutrition and dehydration. Residents' hydration and nutrition needs were assessed and closely monitored.

Mealtimes in the centre was a social occasion for residents and alternatives to the menu was available if they wished. There was sufficient staff available in the dining room to assist residents with drinking adequate fluids and with eating their meals. Staff were observed discretely assisting and prompting residents at mealtimes as necessary.

Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties were closely monitored and were referred for dietician and speech and language assessment without delay. Their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented, some further action ere required to ensure compliance with the national infection prevention and control standards and to ensure residents were

protected from risk of infection;

- Although there was a sink designated for hand hygiene by staff in the clinical room, a hand-wash sink that meets recommended specifications was not available to support effective clinical hand hygiene in the centre's clinical room.
- 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.
- Boxes of gloves were stored on the handrails in the corridor on the second floor and this increased risk of cross contamination and did not support effective cleaning of handrails.
- The area around the wheels were heavily rusted on a mobile cutlery storage unit in the dining room and therefore did not support effective cleaning.
- Assistive equipment used in the centre and examined by the inspectors appeared spotlessly clean, however, a system was not in place to ensure that this equipment was cleaned and decontaminated after each use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurances regarding the review of fire safety precautions, in place to protect residents from risk of fire, were not adequate due to the following;

- confirmation that the L2/L4 fire detection and alarm system was in compliance with the centre's fire certificate was not available for review.
- confirmation regarding fire safety in the communal room on the second floor was not available for review.
- sign-off by a person competent in fire safety to confirm their satisfaction with fire safety in the centre was not available for review.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Some residents' care plans were not formally reviewed in line with regulatory requirements. For example, the content of some care plans was not updated to ensure care plans that were no longer relevant were discontinued. Some care plans contained historical details and it was difficult to establish the residents' current

needs.

Records of episodes of responsive behaviours experienced by a small number of residents, triggers and the effectiveness of the de-escalation techniques used were not being consistently documented. For example; observational behavioural assessment tools were being used infrequently. Therefore, there was a risk that inconsistent recording did not ensure that staff had sufficient information to respond to and effectively support residents experiencing responsive behaviours

Assessments from allied health care professionals were not consistently used to develop some resident's care plans. For example, wound care plans did not include the assessment and recommendations from tissue viability nurse specialists and, as such, there was a risk that the care intervention would not be clearly communicated to all staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents did not always have timely access to allied health care professionals. For example, residents were not supported to access physiotherapy in a timely manner and one residents who had sustained repeated falls over a short period of time did not have assess to physiotherapy until several months later.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced 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). These residents had a person-centred behaviour support care plan in place to directed staff with taking a positive and supportive approach to managing any episodes of behaviours they experienced. 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

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre. Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities.

Residents were supported to practice their religions, and clergy from the different faiths were available and accessed as residents residents wished. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Compliant

Compliance Plan for Sheelin Nursing Home OSV-0000160

Inspection ID: MON-0035099

Date of inspection: 30/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: ADON is scheduled on the weekend roster with continued senior on-call support.</p> <p>Weekend activities include RC mass or Music Sessions both are arranged by the activities co-ordinator & facilitated by Senior / Lead carer.</p> <p>Arrangements are now in place in the event of activities co-ordinator been on leave.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files now have required references with a system in place to ensure references are secured.</p> <p>Daily nursing records is now referenced with a time of entry.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The safety of the communal upstairs sitting room has been verbally confirmed by Cavan</p>	

county council Fire officer, written confirmation will be submitted when final report is available from Fire consultant.

Ongoing consultation with Fire consultant & service provider in regards to L2/L4 fire detection & alarm system to confirm standard & any necessary upgrade.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Contracts will be reviewed starting the overall fee to be charged to individual residents, this will include the Fair Deal amount and amount payable by residents.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Policy & procedures are been reviewed & updated in accordance with best practice. All types of restraint to be referenced in policy. ABC charts are in place for all residents with responsive behaviors.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The second floor communal sitting room has been signed off for use increasing the overall communal space.
Bedrooms on ground floor are configured as single bedrooms.
Hoists are now stored in an equipment room or where a resident has sole use of a hoist it is securely stored in a dedicated area of their bedroom.
The dirty – clean laundry process has been reviewed and the risk register has been updated to reflect the process.
Additional grabrails have been fitted.

<p>All ceiling tiles have been replaced Plans are in place to replace flooring when clinical sinks in these areas are installed</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Plans are in place to install new clinical hand wash sink in clinical room & outside residents rooms in two locations. Gloves are stored in appropriate glove box holders secured to wall any excess boxes on hand rails have been removed. The wheels on the mobile cutlery storage unit in the dining room have been hourly cleaned. The "I am clean sticker" system that is currently in place has been extended to include the use on assistive equipment used</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Plans are ongoing to upgrade the fire detection and alarm system to an L1 system, currently we are getting quotes from three service providers with the expectation of commencing upgrade in September / October 2022. The fire safety of the communal room on the second floor has been verbally confirmed by Cavan County Fire officer, written confirmation and sign off by a person competent in fire safety will be submitted once this is available. We are experiencing a delay in getting this signed off with the Fire consultant as they are hesitant to sign off until the L1 system is in place. Every effort is been made to get the sign off as quickly as possible.</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: All care plans currently been updated and older care plans removed. All residents who</p>	

experience responsive behaviors have an ABC chart in place.
All updates from Allied Health Care professionals are now included in care plans

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Referrals for all allied health care services are now sent to both private & HSE service providers to ensure residents receive access in a timely manner.

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	22/08/2022
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.	Not Compliant	Orange	30/09/2022
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/12/2022

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	22/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	31/12/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/10/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/08/2022
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	Substantially Compliant	Yellow	31/08/2022

	designated centre concerned.			
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	31/10/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	22/08/2022