



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

Issued by the Chief Inspector

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0036889

About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 16 residents and the designated dementia unit, Lee suite accommodates 21 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and wash hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 December 2022	09:40hrs to 17:30hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspectors met with many of the 42 residents living in the centre and spoke with eight residents in more detail to gain an insight into their lived experience. The inspector also met a number of visitors who were visiting their relatives during the inspection. Residents and relatives were complimentary about the care provided and a number of residents told the inspector that staff were kind and caring and that there was plenty for them to do in the centre. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival, the inspector was guided through the centre's infection control procedures by the centre's receptionist. An opening meeting was held with the person in charge and following this meeting, she accompanied the inspector on a walk around the centre. During the walk around, it was evident to the inspector that the person in charge was knowledgeable about residents' care needs and that she was well known to residents, with them greeting her warmly on the walkaround.

Abbleylands nursing home is a single storey building and is registered to accommodate 50 residents in 16 single bedrooms and 17 double bedrooms. All bedrooms have en suite shower and toilet and hand wash sink with the exception of one single room which had a hand wash sink only. The centre was divided into three suites namely, the Funcheon, the Blackwater and the Lee suites. The Lee Suite had a finger print controlled access door and was designated for residents living with dementia. The Lee suite was bright and spacious and had walls covered in woodland and lavender scene murals which gave the centre a restful feel. The layout of the Lee Suite provided residents with an indoor circular walking area that was bright and spacious.

The centre was bright and clean throughout with a relaxed and welcoming atmosphere. The inspector saw that it had been decorated for Christmas with lots of Christmas trees and decorations through out the centre giving it a homely feel. A number of life size snowmen were also displayed in the centre that had been made and painted by residents and staff during activities from large tyre wheels. There was plenty communal spaces and rooms in the centre including two large dining rooms, two large day rooms, a library, an arts and crafts room and an oratory where mass was celebrated each Saturday by a local priest. One of the dining rooms had a bar area where the "Abbey Inn bar" was open every second Thursday night. Some of the residents told the inspector that they enjoyed these nights. The inspector saw residents using these spaces throughout the day of the inspection and saw that many of the rooms had a homely feel. The inspector saw that a lot of the seating in the communal areas had been replaced since the last inspection. The centre also had a well laid out hair salon in the centre for residents and was used by the hairdresser who attended the centre every week. The inspector observed that

residents had easy access to the enclosed well maintained garden area where there was several raised flower beds and garden seating for residents' use.

Bedrooms in the centre were observed to be personalised with residents personal possessions, photographs and memorabilia. Paintwork on some walls in a number of residents' rooms were chipped and required attention. The person in charge told the inspector that there was a programme of work ongoing and a number of rooms had been recently painted. The inspector saw that flooring had been replaced in a number of communal areas and carpets removed from the bedrooms since the last inspection. The inspector saw that privacy curtains in twin rooms required review as they did not ensure residents' privacy and dignity at all times. The inspector saw that storage in some of the shared rooms did not promote residents' dignity as clothes in some residents' wardrobes were not stored neatly and in some twin rooms, residents shared chests of drawers.

The inspector observed the lunch time and evening meal and noted that food served to residents appeared appetizing and nutritious. The inspector saw that residents were offered choice at meal times. The dining room tables were nicely decorated with flowers and condiments were available for residents' use. The inspector saw that there were sufficient staff available to assist residents and assistance was offered in a discrete manner for those who required it. The inspector saw that the mealtimes were a social dining experience with the majority of residents eating together. The inspector saw staff and residents chatting together and residents appeared to enjoy it. A number of residents who chose to eat in their rooms were facilitated to do so.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. Visitors were happy with the visiting arrangements in place. Visits were mainly in residents' bedrooms, or a designated visiting room.

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by two dedicated activity staff. On the morning of the inspection, one activity co-ordinator was assigned to the Lee Suite and the other to the rest of the centre. During the morning of the inspection, the inspector saw a number of residents participate in a lively game of cards in the main day room, while residents in the Lee Suite participated in a bingo session. Residents were also seen to have one-one sessions with staff. In the afternoon residents were seen to enjoy a sing along to Christmas carols with some of the residents leading out on the sing-song. One of the residents told the inspector that another resident was a great musician and enjoyed when they had evening music sessions in the centre. The inspector saw that activities were scheduled for each evening and every day and included chair exercises, relaxation therapy, crafts and creativity, brain games, bingo, ball games, board games and golf. Residents had access to TVs, radio and newspapers in line with their capacity.

Those residents who could not communicate their needs appeared comfortable and content. The inspector saw that residents were dressed to their own style. The inspector observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind,

compassionate and were familiar with residents' preferences and choices. Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff.

Residents views were sought on the running of the centre through regular residents meetings in the centre. From a review of these minutes it was evident that action was taken in response to their suggestions.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, to follow up on the non compliance identified during the inspection against regulation 27: Infection Control in July 2022 and to inform decision making for renewal of registration of the centre. Following the non compliance identified during the July 2022 inspection, there was engagement between the provider and the office of the Chief Inspector. It was evident to the inspector that the provider was responsive and had taken action to address the previous findings.

The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. On this inspection some improvements were required in relation to fire safety and management of personal possessions.

The centre was owned and operated by Abbeylands Nursing Home and Alzheimer Unit Limited who is the registered provider. The company had a board comprising three directors, one of whom was the person representing the provider and was actively involved in the operational management of the centre. The person in charge was an experienced nurse and was supported in her role by two assistant general managers, a clinical nurse manager, and a team of nurses and healthcare assistants. The centre also had a dedicated activities, catering and domestic team. The person in charge demonstrated good knowledge of their role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life. There were clear lines of authority and accountability, with each member of the team having their role and responsibilities defined. Staff had a good awareness of their defined roles and responsibilities.

A review of the rosters found that there were an appropriate number and skill mix of staff available to meet the needs of residents and for the size and layout of the centre. There was a minimum of two nurses on duty 24 hours a day. Staff were knowledgeable and demonstrated competence in their work. There was a programme of both online and face to face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and

infection control.

There were effective management systems in place in this centre, ensuring the delivery of good quality care to residents. The management team were proactive in responses to issues as they arose and used regular audits of practice to improve services. The person in charge monitored key clinical risks to residents such as restrictive practices, falls, antimicrobial usage, skin tears and pressure ulcers on a monthly basis. These were reported monthly and discussed with the centre's management team. There was a schedule of audits in place in the centre and the inspector saw that practices such as medication management, nutritional assessment, infection prevention and control and care planning were audited by the person in charge. Action plans were developed to address any areas that required improvement.

There were regular management team meetings to discuss key operational issues impacting on the management of the centre and quality of care at the centre. Staff were seen to be knowledgeable about residents and regular staff meetings took place.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre.

The inspector saw that from a review of the complaints log and from speaking with residents, complaints were investigated and managed in line with the centre's own policy and procedures.

A comprehensive annual review of the quality and safety of care provided to residents had been prepared in consultation with residents.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number and skill mix of staff working in the centre to meet the needs of the 42 residents living in the centre on the day of inspection. There was a minimum of two registered nurses rostered 24 hours a day, seven days a

week.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. The training matrix was examined and mandatory training such as fire safety training, manual handling and safeguarding vulnerable adults was up-to-date for all staff. Staff who spoke with the inspector were knowledgeable regarding residents' care needs. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

Regulation 22: Insurance

A current certificate of insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision. There were robust management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored. The provider was responsive to the findings of the previous inspection and action had been taken to bring the centre into compliance with Regulation 27: Infection control. Regular residents meetings and surveys of residents and relatives ensured residents views were taken into account in all aspects of the service. The registered provider had ensured that a comprehensive annual review of the quality and safety of care delivered to residents had been completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was amended on the day of inspection to reflect the sizes of some bedrooms and to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained a record of all incidents that occurred in the centre. Based on a review of incidents, the inspector was satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Both verbal and written complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Abbeylands Nursing home, where management and staff promoted residents' rights. There was evidence that residents needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that action was required in relation to fire precautions, personal possessions and the premises to ensure residents' safety and privacy were promoted at all times.

Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' health care needs were promoted through access to local general practitioner(GP) services. Residents were also provided with access to other health care professionals, in line with their assessed need. The centre employed a physiotherapist who was on site twice a week to provide care and assessments to residents. Access to other health and social care professionals such as a dietitian, speech and language therapist and podiatrist was available to residents who required these services. The inspector saw that residents appeared to be well cared for and residents gave positive feedback regarding life and care in the centre.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there were low numbers of residents allocated bed rails on the day of inspection, in line with reported quarterly notifications. Safeguarding training was provided and was seen to be up-to-date for staff. The centre acted as a pension agent for a number of residents living in the centre. Management of residents' finances and invoicing for care such as chiropody and hairdressing was managed in a robust manner.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance.

The inspector saw that a number of renovations had taken place in the centre since the previous inspection including nine bedrooms had been painted, and all carpets had been removed from bedrooms. Shower chairs had been replaced in 18 rooms and further replacements were planned. Flooring in one of the dayrooms and in one of the dining rooms had been replaced. However the inspector saw that some action was still required in relation to the privacy curtains in the shared rooms as discussed under Regulation 17: Premises. The inspector saw that a number of residents

wardrobes were untidy and some residents in twin rooms shared chests of drawers as outlined under Regulation 12 Personal possessions.

The inspector saw that the centre was clean and there were sufficient staff on duty to ensure that rooms could be cleaned daily and that rooms were deep cleaned regularly. Alcohol hand dispensers and hand hygiene signage had been replaced. The inspector saw that management systems for infection control had been enhanced since the last inspection. Single use cartridge hygiene dispensers had been installed throughout the centre. The provider had purchased new clinical hand wash sinks and plans were underway for installation of same.

Fire safety training had been provided to staff and was updated on an annual basis. The inspector found that staff were generally knowledgeable and clear about what to do in the event of a fire. The provider ensured that simulation of evacuation of residents with minimal staffing levels occurred to ascertain if residents could be evacuated in the event of a fire. The provider had recently sought an external expert to undertake a fire safety risk assessment of the centre and the provider was in the process of developing an action plan to address the issues identified in the assessment. The inspector saw that while new residents had updated personal emergency evacuation plans(PEEP) in place, a number of PEEPs had not been regularly updated for residents. The inspector identified that some action was required in relation to fire safety as there were gaps in the quarterly servicing of emergency lighting and the fire alarm and evidence of annual certification was not available. These are discussed under Regulation 28 Fire precautions.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome.

Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw numerous visitors attending the centre on the day of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that clothes were not stored neatly in some wardrobes in a number of residents' bedrooms. Residents in some twin rooms shared a chest of drawers which did not promote residents' dignity and autonomy and did not allow them easy access and adequate space for their personal possessions as required by the regulations.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector found that a number of the issues in relation to premises identified in the previous inspection had been addressed. The inspector observed the following issues in relation to premises, that did not conform to the matters outlined in Schedule 6 of the regulation, which impacted on the dignity and safety of residents:

- privacy curtains in the shared rooms did not ensure residents' privacy and dignity was promoted at all times as they did not completely enclose the resident's personal space when closed
- paintwork on walls in some residents bedrooms were chipped and required repainting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents spoken with were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector who saw that food was attractively presented, and residents requiring assistance were assisted appropriately.

Residents had a choice of meals at lunch and tea time and residents told the inspector that they were happy with the choices and quality of food provided and menus were clearly displayed. Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapists. The inspector saw there were adequate staff on duty to provide assistance to residents who required it. The inspector saw there were drinks and snacks provided to residents regularly throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide and found that it included all the required information.

Judgment: Compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation. The provider had an emergency plan in place for responding to major incidents should such an incident occur in the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective infection prevention and control procedures in place at the centre. The management team had ensured that the findings from the previous inspection had been addressed. Antimicrobial usage was closely monitored in the centre and improved oversight of residents with MDROS was evident. The inspector saw that the environment and equipment in use in the centre was clean on the day of inspection. Staff were knowledgeable on effective cleaning practices in the centre. Staff had easy access to personal protective equipment at the point of care and there were plenty alcohol hand rub dispensers throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required in relation to the following to ensure adequate precautions against the risk of fire;

- There were gaps in the quarterly and annual fire alarm and detection systems and emergency lighting certification, the provider sent in the annual fire alarm and detection system and annual emergency lighting certification for 2022 and assurances that systems were now in place to ensure servicing would occur in line with requirements in the future.
- PEEPS were not updated regularly as required to ensure that plans in place for residents met their current capacity and capabilities.

- the findings from the report issued by the external consultant needed to be actioned and implemented.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector saw that care plans were person-centred and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. General practitioners routinely attended the centre to assess and treat residents as required. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry as required. A physiotherapist was onsite two days a week to provide assessment and treatment to residents who required it. Resident's notes showed that residents had reviews by allied health professionals and community services with effective oversight of residents' condition.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns.

The provider acted as a pension agent for a small number of residents. There were robust systems in place for the management and protection of residents finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Residents gave positive feedback to the inspector regarding the social care programme and the staff providing same. On the day of inspection, the inspector saw a lively bingo session and one to one sessions with residents. A number of residents participated in a card game and in a sing along Christmas carol session that residents appeared to enjoy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. Restrictive practices, were managed in the centre through ongoing initiatives to promote a restraint free environment with a resultant low level of bedrails in use. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0036889

Date of inspection: 13/12/2022

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Staff have been allocated the specific task of maintaining and tidying all residents' wardrobes and storage drawers.</p> <p>Personalised drawer sets are being sourced and procured to ensure all residents have separate storage cabinets. This will be fully implemented by April 30th 2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will install curtain rails and curtains in accordance with the regulation to ensure dignity and privacy to the resident at all times, this will be complete by April 30th 2023</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire alarm service provider has invested in an automatic testing schedule diarized system to ensure we are not left with testing or certificates outside the prescribed quarterly and annual testing requirements. PEEPs are now updated and the Person in Charge will ensure they are reviewed and</p>	

updated as required.

We are in the process of implementing the recommendations of our appointed Fire Consultant to improve our fire safety standards and life safety systems.

We expect these works to be complete by July 31st 2023.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(1)(a)	The registered provider shall take adequate	Not Compliant	Orange	31/07/2023

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	17/01/2023
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.	Not Compliant	Orange	17/01/2023