



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

Issued by the Chief Inspector

Name of designated centre:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0035522

About the designated centre

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

Brentwood Manor Nursing Home is a purpose built single storey building located in a residential area a few minutes drive from the village of Convey in County Donegal. The building is organised into five units named Oak, Ash, Elm, Birch and Rowan. The residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 36 single and ten twin bedrooms and all have ensuite facilities that include a toilet, shower and wash hand-basin. There is extensive grounds surrounding the centre and a smaller safe garden space is accessible to residents.

The centre provides care to 56 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high quality health and social care for residents through a person centred care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Thursday 5 May 2022	10:00hrs to 18:15hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day. During the day, the inspector spoke with six residents and spent time in communal areas to gain an insight into the residents' daily lives and experiences living in the centre. Overall, residents' feedback was positive regarding their care and their experience of living in the designated centre.

Some residents commented that 'they were happy living in the centre, were well looked after, and the food was of a good standard.' However, two residents told the inspector they felt there was not enough to at times.

The inspector observed that staff were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents on the day of inspection. Residents reported they felt safe in the centre and were well cared for by a team of staff who were respectful of their needs and wishes.

On arrival at the centre, the inspector was guided through the infection prevention and control measures necessary for entering the designated centre. The systems in place at the reception area included hand hygiene and temperature monitoring. Following an opening meeting with the person in charge (PIC), the PIC accompanied the inspector for a walk around the premises.

The centre was registered for 56 beds, however, 55 beds were available in the centre on the day of inspection. One bedroom had recently been reconfigured into a nurses' station. The representative for the registered provider informed the inspector following the inspection that this was a temporary arrangement and the nurses' station would be reconverted to a bedroom. This change had not been notified to the office of the Chief Inspector.

There was adequate natural and artificial lighting throughout the centre, and the single bedrooms of residents were generally personalised and had sufficient space for personal belongings. However, the inspector observed that in some twin bedrooms, equipment was being stored which did not belong to the residents occupying these rooms. As a result, the space available for the residents in these rooms was reduced and the rooms appeared cluttered. For example, in some rooms there was not sufficient space to place the bedside lockers near the resident's bed which meant that residents occupying these beds could not easily access their belongings. Call bells were available in bedrooms and toilets to assist residents in seeking staff assistance if required. However, there were insufficient grab rails in some toilets and wash hand areas, and suitable adaptations were not made to some toilets to support residents to use the toilet safely.

During the walk around, the inspector noted that the centre has a male-only unit, which accommodated some male residents who were known to display 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). Residents' access to and from the male-only unit to the other parts of the centre was restricted with keypad access locks. The person in charge informed the inspector that this arrangement was in place to ensure the safety of other residents and also to separate the residents in the centre into two pods as part of their COVID-19 management plan. However, the criteria for admission into the male-only unit was not set out in the centre's statement of purpose and it was not clear what if any facilities were made available to meet the specialist needs of these residents.

The centre had spacious day room areas with sufficient seating for the number of residents who would be using these rooms. Television and newspapers were available in communal areas, and some residents were observed enjoying television or reading the newspapers. The centre has an inside garden, however, this was temporarily inaccessible to the residents on the day of inspection. The person in charge assured the inspector that the restriction was due to adverse weather conditions, and the residents would be permitted to freely access the garden area when weather permitted.

In addition to the inside garden, the centre had a large garden area to the front and side of the building. However, this garden area was close to the main road and was not secured and did not provide a safe outside space for residents. The person in charge assured the inspector that the residents utilised a shared outdoor garden, which was on the external grounds shared with another designated centre belonging to the same nursing home group. However, these arrangements were not in place at the time of the inspection and were not clearly set out in the centre's statement of purpose and the resident information booklet. No residents were seen using this area on the day of the inspection.

The inspectors observed residents' dining experience on the day of the inspection and noted that the food served was of high quality and attractively presented. Residents in all areas had access to snacks and drinks outside of regular mealtimes. There was adequate staff to support the residents during meal times, and mealtimes were social occasions. Residents who spoke with the inspector were complimentary about the food served in the centre and confirmed that they were always offered choices.

The centre was visibly clean on the day of inspection. There was an adequate number of cleaning staff working during the inspection, and the staff who spoke with the inspector were knowledgeable and demonstrated an awareness of the cleaning protocols in the centre.

Visits by family and friends were happening throughout the day of the inspection, and the visitors were welcomed by the staff. The staff ensured that visitors were signed in and completed safety checks in line with national guidance.

An activity programme was in place for the residents, and one staff member was allocated to support 55 residents in their activities. However, on the inspection day, the inspector noted some residents who had high levels of cognitive impairment

were not provided with opportunities to participate in meaningful activities in line with their ability to participate. A review of residents' records showed that several residents were not supported to engage in meaningful activities in the centre on a significant number of days. This was a particular concern during periods of planned staff absences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector noted that the centre provided good quality care and support for the residents. Residents' meetings were held regularly in the centre, and residents were involved in the organisation of the centre. However, the inspector noted that the centre's management systems were not always effective in identifying and managing risks.

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

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

There was an experienced person in charge who worked full time in the centre and who met the requirements of the regulation. The person in charge was supported at the group level by a regional director and a chief operating officer. The centre's management structure was clear. However, while deputising arrangements were in place for when the person in charge was absent, the staff fulfilling the role were not granted sufficient supernumerary hours and as a result, the oversight and supervision processes were not effective which was demonstrated in the number of non-compliances identified on this inspection.

The centre provided one staff member to provide activities for all the residents in the centre Monday to Friday. No activities were organised for the weekends. Furthermore, the centre accommodated several residents under 65 years old with higher dependencies and care needs, including residents with acquired brain injuries. The residents with a history of acquired brain injury received additional support from an external community-rehabilitation service provider for three days each week. These additional funded hours were in place to ensure that residents

had access to meaningful activities and social outings in line with their capacity and preferences., The residents who spoke with the inspector said that they enjoyed those days when the external support systems were available. However, the residents found the other four days quite long, and told the inspector they often got bored.

The inspector reviewed the training records of staff and noted that some staff were not up to date with their mandatory training. The person in charge assured the inspector that arrangements had been made to facilitate the mandatory staff training for those who were overdue.

The person in charge assured the inspector that plans were in place to revise the centre's statement of purpose and floor plan. The inspector found that some changes to the layout of the centre and variations to the service provided in the centre were not notified to the Chief Inspector and were not included in the centre's statement of purpose. This includes the use of an external garden outside of the centre's current floor plan and the provision of a unit which accommodates male residents with responsive behaviour in the centre.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a nurse on duty at all times in the centre. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff had their mandatory training, such as safeguarding and fire safety training, overdue. The person in charge assured the inspector that arrangements had been made to schedule the required training.

Judgment: Substantially compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 23: Governance and management

The staffing resources were not effectively allocated to ensure effective delivery of care and oversight of the service and in accordance with the statement of purpose of the centre. For example:

- There were insufficient staff rostered to provide opportunities for meaningful activities for residents with increased social care needs on the day of the inspection and at weekends. For example there was one staff allocated to provide activities for 55 residents on the day of the inspection. In addition, some residents who spoke with the inspector reported that their opportunities to go out for trips and activities outside of the centre were restricted to the availability of staff from external agencies who visited them in the centre. The residents also reported that their choice of activities was not always facilitated in the centre and that they often felt bored.

The current arrangements that were in place in the absence of the person in charge did not ensure that there was always adequate management oversight of the care and services provided for the residents.

The provider's risk management processes did not ensure that risks were effectively identified and managed. For example:

- Cleaning chemicals were being stored in the sluice room of the centre, and this room had a lock that did not close securely. As a result, this room was accessible to the residents and posed a risk.
- Bottles of hand sanitiser were placed along the centre's corridors which posed a risk of injury to the residents due to accidental chemical ingestion.
- The controls to manage fire safety risks in the centre were not being implemented. For instance, fire blankets and smoking aprons were not available in the residents' smoking room on the day of inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose, however, this was not up to date and did not include the following:

- The criteria for admission to a unit which accommodates male residents with responsive behaviour in the centre.
- The additional service required for those residents with increased care needs.

- An external garden, including a poly tunnel located outside of the centre's footprint, was not included in the floor plan and statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed on the notice board at the centre's reception.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's training and development policies were not consistently implemented. For example, some mandatory training listed under the centre's own policy, such as dementia and communications training, were not completed by all staff working in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in the centre. Residents' health care needs were generally met to a good standard and residents were positive about the care they received.

The inspector reviewed a sample of residents' care plans and found that some care plans were not sufficiently developed. In addition records showed that some residents had not been referred to allied health care professional such as a physiotherapist in a timely manner.

The living environment of the residents, including the corridors, was nicely decorated and well lit. However, improvements were required to ensure that there were sufficient handrails and specialist equipment available to ensure that residents' independence was maximised, especially when residents were accessing the toilet and hand wash areas. In addition, some residents' bedrooms were not sufficiently personalised, and there was no clear explanation as to why this was.

The storage of equipment did not support a clutter-free environment to ensure that the residents could mobilise safely around the centre and utilise the available space in their bedrooms.

The pharmacy arrangements that were in place did not ensure that there was robust oversight of medications to ensure they were stored safely, dispensed in line with the prescriber's instructions and unused medications were disposed of appropriately.

The centre's arrangement to dispose of hazardous waste was not in line with the current national guidelines. The centre had hand sanitisers provided at accessible locations but was decanting sanitisers from a bulk container. The person in charge had assured the inspector that they were in the process of replacing their hand sanitisers with a suitable alternative.

The centre had recently changed their carpet flooring in some areas, and this had created gaps between the floor and fire door in some bedroom areas. This created a risk that in the event of a fire smoke could pass through the gap. This risk had not been identified and there was no plan in place to mitigate the risk. While the centre had recently arranged for a fire safety risk assessment for the centre some fire safety risks were not being identified and managed to ensure the safety of residents in the event of a fire emergency.

The current layout of a double-bedded room in the Birch unit did not support residents' privacy. In addition, in some bedrooms the privacy curtains did not completely close to provide adequate privacy for residents when they were carrying out personal activities. In addition some bedrooms did not have a television that was accessible to all residents occupying the bedroom.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

Residents were not always supported to maintain control of their personal belongings. For example, a resident's bedside locker was placed at the bottom of the bed and was used to store television in a double-bedded room. This arrangement made it difficult for the residents to access their bedside cabinets when they were in bed.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the centre did not meet the requirements of Schedule 6 of the regulations:

1. There were no grab rails installed in a number of toilets and at wash hand basins.
2. Some toilets were not suitably adapted to support the needs of the residents. For example, raised toilet seats were unavailable in some of the toilets, and the height of the toilets was too low for residents' use.
3. Equipment that the residents used was not always kept in a good state of repair, and the damaged surface of the equipment did not support effective surface cleaning. For example, the soft furnishing of some assistive wheelchairs was damaged and needed repair.
4. Some of the wardrobes in residents' bedrooms were broken and had not been replaced or repaired in a timely manner.
5. There were not enough storage facilities to securely store equipment in the centre. For example:
 - There was improper storage of unused equipment such as furniture, mattress and assistive equipment in a double-bedded room. As a result, the residents who were in the bedroom were unable to utilise their sitting space effectively.
 - In addition, a linen trolley was inappropriately stored in the sluice room, and this had restricted staff access to a hand wash sink and from carrying out hand hygiene.
6. One bedroom on Birch unit was not of a suitable size to allow the resident in one of the beds to have a bedside chair beside their bed.

Judgment: Not compliant

Regulation 27: Infection control

Infection prevention and control in the centre required improvement to meet national standards and other national guidance. For example:

- Appropriate hazardous waste bins were not provided in the sluice room, and did not support the safe disposal of hazardous waste.
- The hand gel dispenser containers throughout the centre were refilled from a bulk container, and appropriate measures were not taken to reduce the risk of cross-contamination, leading to bacterial contamination with resistant organisms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector noted that the provider did not sufficiently review the centre's fire precautions and did not take adequate precautions against the risk of fire in the centre to ensure the safety of residents. For example:

- Several bedroom fire doors had gaps between the door and the floor. As a result, the fire doors did not ensure that they were effective in creating fire seal to prevent the spread of toxic fume, smoke and fire in the event of an emergency. The inspector measured the gap between several fire doors and the floor, and this was approximately between 2 cm and 2.5 cm. The person in charge had informed the inspector that this gap was created following the installation of new carpets and floor coverings in a number of areas.
- Appropriate smoke detectors were not available in the medication storage area in one unit.
- Fire retardant aprons were not available in the resident's smoking area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had not ensured that a pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations to the residents in line with their regulatory requirements and professional guidance. For example, the inspector noted that the centre's pharmacist had not visited the centre for the last two years.

Therefore, the medicine storage procedures were not monitored by a pharmacist.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' current care needs were not accurately reflected in the nursing assessments and care plans, and the care plans did not provide sufficient detail and up-to-date information to serve as a guidance document for staff to provide appropriate care for the residents. For example:

- Two residents who had a history of responsive behaviour did not have appropriate behavioural support and a safeguarding care plan.
- Some residents with indwelling urinary catheters did not have an appropriate care plan.
- Some residents who had recurrent falls and reduced mobility were not reviewed in line with their changing needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices. However those residents with increased falls risks were not consistently referred to physiotherapy or other specialist services in a timely manner.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

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

trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Not all staff were up to date with their mandatory safeguarding training, and as a result, the inspector was not assured that the provider had taken all reasonable measures to protect residents from abuse. The person in charge assured the inspector that the safeguarding training was scheduled for those staff who were overdue for their training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents in the centre did not always receive sufficient opportunity to participate in activities of their interests and capabilities. For example:

- A review of the record of activities for seven residents indicated that there were several days of gaps in the provision of activities.
- Some residents told the inspector that they were often bored when there were no activities available.

The arrangements for one resident in some twin-bedded rooms were not sufficient to ensure that the residents could exercise choice. For example:

- The resident in a double-bedded room on Birch unit could not access their bed space without going through the bed space of another resident.
- One resident in the double-bedded room could not see out of the window in the bedroom when the other resident's privacy curtains were drawn.

Furthermore, the centre's arrangement to ensure that the residents could undertake personal activities privately in the double-bedded rooms was not sufficient. For example:

- A double-bedded room, which accommodated two residents in the Birch unit, had a privacy curtain missing.
- The location of the televisions in the multi-occupancy bedrooms made it difficult for residents to watch their television program of choice in private.

Judgment: Not compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0035522

Date of inspection: 05/05/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S: A full review is underway in relation mandatory training. Training dates have been arranged for all staff identified. Our training matrix has been updated and now includes booked training dates each month to provide enhanced oversight that ensures staff receive their mandatory training in a timely manner.</p> <p>M: Through audit and review of all training needs within the home.</p> <p>A: By the PIC and HR team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 31/7/2022 and ongoing</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: 1. Resident Activities. The recruitment of an additional Activity Therapist is underway to ensure the increased provision of meaningful activities to all residents.</p> <p>S:2. In the absence of an ADON who is on special leave, revised arrangements have now been put in place to ensure the acting ADON is supernumerary and can fully deputise in the absence of the PIC.</p> <p>S:3. A full review of the risk management process has been undertaken which includes the following actions:</p> <p>a. Cleaning chemicals have been moved and are now secured in the housekeepers store which is inaccessible to residents.</p>	

b. Bottles of hand sanitizer have been removed and replaced with wall-mounted hand dispensers where required.
 c. A review of the fire safety risks has commenced and actions taken as required. Fire blankets and smoking aprons are in place in the smoking room.
 M: Through on-site visits by the regional management team to ensure compliance.
 A: By the PIC during day-to-day review.
 R: Overview by the Regional Director in conjunction with the RPR.
 T: 31/7/2022

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

S: The statement of purpose has been reviewed to ensure it identifies the following:
 1. Criteria for admission
 2. Additional services available to residents with increased care needs
 3. The inclusion of the resident's polytunnel on the floor plans
 M: Through regular review by the PIC, the regional management team and the RPR.
 A: By the PIC and regional management team
 R: Overseen by the RPR
 T: 30/7/2022

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:

S: A full review and updating of all policies has been completed. New policies are now in place. Our training matrix has been updated and training arranged to ensure all training identified as mandatory in the policies is completed and kept up to date.
 M: Through audit and review of all policies and procedures within the home.
 A: By the PIC and the regional management team
 R: Overview by the Regional Director in conjunction with the RPR.
 T: 11/7/2022

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>S: A full review of bedroom furniture, its placement and resident's personal needs was undertaken in conjunction with the resident and as appropriate, his/her NOK. Rooms have been re-configured to ensure residents are fully supported to exercise control of their personal belongs.</p> <p>M: On site audit and review by the regional management team</p> <p>A: By the PIC and in-house team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/7/2022</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: A full review of the premises had commenced prior to the inspection and a premises improvement plan under development incorporates the items identified by the inspector. These include the following:</p> <ol style="list-style-type: none"> 1. Grab rails were ordered for bathrooms and toilets which have now been installed 2. Additional equipment to support residents' needs has been purchased and is now in place; this includes raised toilet seats. 3. New wheelchairs have been ordered to replace damaged/ripped chairs 4. Replacement of old or damaged wardrobes and bedside lockers is underway 5. Additional televisions have been ordered for twin rooms 6. Missing divider curtains have been put back in place. 7. Extra curtains have been ordered to ensure we have spare during laundering. <p>S:2 A full review of bedroom layouts has commenced to ensure each room fully meets resident's needs and is in compliance with the relevant regulations.</p> <p>S:3 A review of all storage areas within the home has commenced. Inappropriate storage areas have been decommissioned and alternative areas identified that do not impact on residents residing in the centre.</p> <p>S:4 The sluice room has been updated to ensure staff have access to the hand washing sink.</p> <p>M: Through audit and review by the PIC and the maintenance team within the home.</p> <p>A: By the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/7/2022</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S: Clinical waste bins for hazardous waste are in place in sluice rooms.</p> <p>S: All wall-mounted alcohol hand gel dispensers have been replaced with single use pouch dispenser systems.</p> <p>M: Through audit and review by the PIC</p> <p>A: By the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 11/7/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>S: All fire doors have been reviewed and a schedule for repair and/or replacement is underway.</p> <p>S: The fire alarm contractor has reviewed the medication storage room and a new smoker detector is scheduled to be installed.</p> <p>S: Fire aprons have been ordered for individual resident use. Additional aprons are in place if required.</p> <p>M: Through audit and review by the PIC and the maintenance team within the home.</p> <p>A: By the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/7/2022</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>S: Following a review of service delivery prior to inspection, the centre was in the process of transferring to a new pharmacy provider. The new provider will ensure all obligations to residents will be in line with the relevant regulatory requirements.</p> <p>M: Through audit and review by the Pharmacist</p> <p>A: By the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 11/7/2022</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>S: A full review of all residents' care plans is underway to ensure all care needs are identified and that an appropriate plan of care is implemented based on the updated review.</p> <p>M: Through a care needs review by the in-house nursing team.</p> <p>A: Audited by the PIC and regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/7/2022</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>S: Residents with increased falls or at high risk of falls have been referred to specialist services including physiotherapy and occupational therapy in a timely manner.</p> <p>M: Through supervision and direction by the PIC.</p> <p>A: Through audit and review by the regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/7/2022</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>S: A full review is underway in relation to mandatory training required which includes safeguarding. Training dates have been arranged for all staff identified. Our training matrix has been revised and now includes booked training dates each month to ensure that all staff receive their mandatory training in a timely manner.</p> <p>M: Through audit and review of all training needs within the home.</p> <p>A: By the PIC and HR team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p>	

T: 30/7/2022

Regulation 9: Residents' rights

Not Compliant

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

S: A full review of activities is underway to ensure they meet the needs of all residents within the home. This will be supported by the introduction of a second activities person.

S: A full review of shared bedroom layouts has commenced which will ensure that each resident's needs can be more readily accommodated.

S: All privacy curtains are in place and additional have been ordered to ensure we have spare sets when curtains are being laundered.

S: Additional televisions have been purchased as part of the improvement plan for twin rooms to ensure each resident can watch their television program in private.

M: Through audit and review by the PIC and maintenance team within the home.

A: By the PIC and regional management team

R: Overview by the Regional Director in conjunction with the RPR.

T: 30/7/2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	30/07/2022

	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	30/07/2022
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.	Substantially Compliant	Yellow	30/07/2022
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	11/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Substantially Compliant	Yellow	30/07/2022

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	11/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/07/2022
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	11/07/2022
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 designated centre	Substantially Compliant	Yellow	30/07/2022

	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	30/07/2022
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	30/07/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/07/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	30/07/2022

	their interests and capacities.			
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.	Not Compliant	Orange	30/07/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/07/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/07/2022