Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0040540

About the designated centre

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

Maria Goretti Nursing Home is situated on a large site in the countryside with a view of the Ballyhoura Mountain range on the outskirts of Kilmallock town. The centre is a single-storey building which is registered for 57 residential places. The building is operating as a nursing home since 2000 with an extension added in 2004. Bedroom accommodation comprises 24 single rooms (2 of which are apartments), 8 twin bedded rooms, 2 four bedded rooms and 3 Triple rooms, all of which are fitted with a nurse call bell system and Saorview digital TV.Two of the rooms are described as apartments and comprise a single bedroom with en-suite facilities, a kitchenette and a sitting room. All of the bedrooms have en-suite with shower, toilet and wash hand basin facilities. Maria Goretti Nursing Home is committed to providing a high level of holistic person centred evidence based care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the centre. The centre can accommodate both female and male residents with the following care needs: general long term care, palliative care, convalescent care and respite care. All admissions to Maria Goretti Nursing Home will be planned following a pre-admission assessment. The residents care plan will be commenced within 48 hours of admission. There is 24 hour nursing care. The following are some of the allied health services available: physiotherapy, occupational therapy, wound care advice, chiropody, dietician and more. The centre employs an activities coordinator to arrange a programme of activities in collaboration with the person in charge and in accordance with the preferences and needs of residents. Maria Goretti Nursing Home is a multi-denominational care centre. The local catholic parish priests celebrate Mass in the centre every Friday. We operate an open visiting policy within Maria Goretti Nursing Home. To protect our residents we ask that all visitors sign in and out on entering and leaving and wait at the nurse's station to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

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
Wednesday 21 June 2023	08:30hrs to 16:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Maria Goretti Nursing Home told the inspector that the centre was a 'safe' and 'homely' place to live, and attributed this to the friendly relationships they had formed with other residents, and staff. Residents were satisfied with the quality of care they received, and described how staff supported them to be independent, and feel part of their community.

The inspector was met an assistant director of nursing on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment.

There was a warm and welcoming atmosphere in the centre. Residents were observed enjoying each other's company in a variety of communal areas such as the dayroom, and dining room. Some residents chose to remain in bed until later morning and were observed having the breakfast while watching their television, or listening to the radio.

There was a warm and welcoming atmosphere in the centre. Residents were observed enjoying each other's company in a variety of communal areas such as the dayroom and dining room. Residents reported a high level of satisfaction with the quality of care and support they received from staff. Residents told the inspector that staff were prompt to answer their call bells, and did not make them feel rushed when they came to assist them with their care needs. Residents were familiar with the staff that provided them with care and support, and this made them feel safe and comfortable in their care.

The inspector spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were respectful, polite, and person-centred. Staff assisted residents in a discrete and supportive manner. Staff that spoke with the inspector demonstrated a good knowledge of residents, their individual needs and preferences.

The centre accommodated 57 residents in both single, and multi-occupancy bedrooms. Residents were complimentary about their bedrooms, and the comfortable furnishings provided. There was adequate storage facilities for residents clothing and personal possessions. Residents accommodated in multi-occupancy bedrooms told the inspector that they enjoyed the company of the other residents occupying the bedroom. One residents told the inspector that, although the room was large and spacious, they felt the layout of the room could be improved to provide them with more personal space. The inspector observed that the overall layout of some multi-occupancy bedrooms did not afford the residents with usable, personal space.

The provider had carried out some maintenance and redecoration of the premises.

This included replacing some worn and damaged furniture, and redecorating some bedrooms and corridors. Residents had access to two spacious communal rooms that were decorated in a personalised manner, with suitable furnishings and a large flat screen television. There was also an enclosed courtyard available to residents, as well as a further communal space such as a family room. Residents also had access to a dining room, and an oratory.

The inspector observed that doors and skirting in bedrooms and corridors were damaged. This resulted in a build-up of dirt and debris. In communal areas, floor coverings were in a poor state of repair, and consequently appeared unclean. The inspector observed that store rooms, the housekeeping room, and sluicing facilities were also visibly unclean.

A number of fire doors did not appear to close effectively, with significant gaps around the doors evident when the doors were in a closed position. This may reduce the effectiveness of a fire door in the event of a fire emergency.

Residents personal clothing was laundered off-site by an external service provided. A laundry room provided sufficient space to sort clean and dirty linen. However, the laundry room was not managed in a manner that promoted effective infection prevention and control. Floors and tiled walls were damaged, and visibly unclean. Additionally, part of the room was used to store equipment for maintenance purposes, and housekeeping equipment and a cleaning trolley. Linen trolley's were also observed to be store in communal toilets.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner.

Throughout the day, there was a calm and enjoyable atmosphere in the centre. Residents were engaged in a variety of individual and group activities that included art and crafts, music, and group exercises. Some residents required the assistance of staff to engage in activities, and staff were observed to provide that support in a kind and caring manner.

Residents also said that they felt their feedback was listened to at residents' meetings, and that their rights were respected. Residents had access to religious services and mass was provided for residents weekly in the centre.

The inspector met with two visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives, and stated that their interactions with the management and staff were positive.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection, carried out over one day by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in June 2022.

The findings of this inspection were that the provider had taken action following the previous inspection to ensure that records pertaining to the management of medication were maintained in line with the requirements of the regulations. While the provider had progressed to take some action to comply with the regulations in respect of the premises, infection prevention and control, and fire safety, the actions taken were not sufficient to achieve full regulatory compliance. Further action was required to ensure that residents received care in an environment that protected them from the risk of infection, and fire. Action was also required with regard to the governance and management of the service to ensure that adequate staffing resources were in place, and that the management systems were effectively implemented to ensure a safe, consistent and quality service was provided to residents living in the centre.

Maira Goretti NH Partnership is the registered provider of this centre, and is comprised of four partners. The organisational structure had remained unchanged since the previous inspection. The person in charge reported to one of the partners who represented the partnership, and attended the centre on a weekly basis to provide governance oversight and support. An assistant director of nursing supported the person in charge, and deputised in their absence. The person in charge was not on duty on the day of inspection, however they attended the centre to meet the inspector and support the inspection process. The assistant director of nursing was responsible for both the administration of the service, and delivery of direct nursing care to residents as a consequence of limited nursing staff resources. The inspector found that this arrangement impacted on aspects of the supervision of the quality and safety of the service.

The provider had management systems in place to ensure the quality of the service was effectively monitored. Key clinical indicators with regard to the quality of care provided to residents were collated on a weekly basis. This included the incidence of wounds, restrictive practices, residents nutrition, weight loss, falls, and other significant events. There was an audit schedule in place and the management team had carried out a number of audits on clinical documentation, infection prevention and control, residents nutritional care, and the quality of the residents dining experience. However, while quality improvement plans were developed following audit activity, the progress of the corresponding quality improvement action plans could not be measured. For example, the action plans developed in response to the findings of a fire safety audit contained a number of corrective actions with regard to the integrity of fire doors. However, there was no evidence of action taken to implement or review the status of those actions. In addition, there was no

established system in place to monitor the quality of environmental hygiene during the intervening period of time between scheduled environmental hygiene audits. This potentially contributed to the poor standard of environmental hygiene observed on the day of inspection.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at quarterly intervals. However, the risk register did not contain some of the known risks in the centre. This included the risks associated with the impaired integrity of fire doors. Consequently, there was no effective risk management systems in place to manage any potential risk to residents safety and welfare.

There were systems in place to record, investigate, and learn from incidents involving residents. A review of incidents involving residents found that one incident had not been notified to the Chief Inspector, as required by the regulations.

Record keeping and file management systems consisted of both electronic and paper based systems. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. Staff personnel files contained the information required by the regulations.

On the day of inspection, the number and skill mix of staff on duty during the day was sufficient to meet the resident's assessed care needs, and in consideration of the size and layout of the designated centre. The provider had increased the number of nursing staff on night duty since the previous inspection in recognition of the increased occupancy and dependency of residents in the centre. However, a review of staffing rosters evidenced challenges in implementing and sustaining the planned staffing levels at night time due to inadequate staffing resources. While this did not appear to have a direct impact on the quality of care provided to residents, and an assessment of risk had been completed, the provider had not fully assessed the potential risk to residents, or progressed to consider alternative arrangements to ensure the planned staffing levels could be maintained.

There was a training and development programme in place for all grades of staff. A review of staff training records evidenced that all staff had up-to-date training to support the provision of safe care to residents. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. There were systems in place to induct and orientate staff into the service.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of healthcare staff on duty to support nursing staff.

The staffing compliment included cleaning, catering, activities staff and administration staff.

However, there was insufficient nursing staff resources in place to sustain planned rosters, and respond to planned and unplanned leave. This resource issue is actioned under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training such safeguarding of vulnerable people, and infection prevention and control.

Staff were appropriately supervised through annual appraisals, induction for newly recruited staff, and through senior management presence in the centre.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely, and available for inspection.

Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that there were sufficient staffing resources in place to maintain planned nursing staff levels. Consequently, the nursing management were required to cover vacant nursing shifts as a result of planned and unplanned leave. This impacted on effective oversight of the service.

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents to residents was safe, appropriate,

consistent and effectively monitored. For example;

- Risk management systems were not effectively monitored or implemented. The centre's risk register did not contain known risks in the centre such as the risk associated with the impaired integrity of fire doors. The risk associated with staffing constraints had not been comprehensively assessed. This meant that actions to mitigate and manage risks to residents had not been identified.
- The systems of monitoring, evaluating and improving the quality and safety of the service were not effectively implemented. For example, improvement action plans were not consistently subject to time frames, or progress review.
- There was poor monitoring and oversight of infection prevention and control, and the quality of environmental hygiene.
- The oversight of incidents involving residents required further action to ensure that statutory notifications were submitted to the Chief Inspector, within the required time frame.

The provider had failed to implement the compliance plan submitted following the previous inspections in respect of infection prevention and control. This resulted in non-compliance with Regulation 27, Infection control.

Judgment: Not compliant

Quality and safety

Overall, resident's health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. While the provider had taken some action to improve the maintenance and quality of the premises for residents, there were aspects of the premises and associated facilities, that did not support effective infection prevention and control. Action was also required to ensure fire precautions were effective to protect residents from the risk of fire.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. However, while the provider had taken action to assess the effectiveness of fire containment measures in the centre that included fire doors, the provider had not progressed to carry out the required remedial works on the impaired fire doors. In addition, there no effective risk management systems in place to manage any potential fire risks to

residents while awaiting remedial works on the fire doors to be completed. Further findings are described under Regulation 28: Fire precautions.

A review of the care environment found that the provider had not taken action to maintain an appropriate standard of environmental, and equipment hygiene. While there was a cleaning schedule in place, the inspector observed that some areas of the centre were not clean. This included communal areas, store rooms, sluice and housekeeping facilities, and equipment used to support the care of residents. The findings identified a repeated failure by the provider to establish an effective infection prevention and control monitoring system. This issue is discussed further under Regulation 27: Infection control.

A sample of residents' assessment and care plans were reviewed. Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. The information was used to develop care plans that provided person-centred information on the current care needs of the residents.

A review of residents' records found that residents had access to a GP of their choice, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented, and reviewed frequently to ensure the care plan was effective.

Resident's nutritional care needs were assessed to inform the development of nutritional care plans. These care plans detailed residents dietary requirements, the frequency of monitoring of residents weights, and the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

The centre was actively promoting a restraint-free environment and the use of bed rails in the centre had reduced since the previous inspection. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

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 told the inspector that they felt safe living in the centre.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities.

The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities.

Resident meetings were held and records reviewed showed a high attendance from the residents. There was evidence that residents were consulted about the quality of

the service, the menu, and the quality of activities.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. The inspector spoke with a small number of visitors and all were very complimentary of the care provided to their relatives.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents including those on a modified consistency diet.

Residents were monitored for weight loss and were provided with access to dietetic, and speech and language services when required. There was evidence that the recommendations made by those professionals were implemented and reviewed which resulted in good outcomes for residents.

There were sufficient numbers of staff to provide residents with assistance at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by;

- The was no appropriately qualified infection prevention and control link practitioner in place to increase awareness of infection prevention and control and antimicrobial stewardship issues locally.

The care environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The communal dayroom, store rooms, housekeeping store room, and the sluice room were not cleaned to an acceptable standard. Protective coverings over radiator pipes were visibly unclean. Ineffective cleaning increased the risk of cross infection.
- Wooden features such as the dayroom floor, handrails, and skirting, were visibly damaged and could not be effectively cleaned.
- Hand was sinks in the sluice room, laundry, housekeeping store room, and in the clinical room did not comply with the recommended specifications for clinical hand wash sinks.
- Equipment such as toilet seat raisers, and urinals, were stored on the floor in sluice room. This increased the risk of cross contamination.
- Storage space was limited. Linen skips, mobility aids, and other pieces of equipment were stored within the communal bathrooms. This increased the risk of cross infection.
- Facilities to support effective hand hygiene were not appropriate for the care environment. For example, some wall mounted hand sanitiser dispenser were refillable. This increased the risk of cross contamination. Additionally, there were a limited number of clinical hand was sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required by the provider in order to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for detecting and containing fire in the designated centre required action.

- The integrity of a number of fire doors was impaired. Six bedroom doors were observed to be warped. This meant that the door did not close correctly which compromised the function of the door to contain the spread of smoke and fire in the event of an emergency.
- There were two sets of corridor fire doors that had damaged essential smoke seals. This meant that smoke could not be contained in the event of a fire emergency.

Arrangements for providing adequate means of escape including emergency lighting required improvement. For example;

- The emergency escapes at the end of two corridors required a key to unlock

the escape doors. However, there was no key in place for one set of fire escape doors. This created a risk whereby residents attempting to escape during a fire would be prevented from doing so.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of need and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives. Care plans detailed the interventions in place to managed identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition.

There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Residents who experienced 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) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Staff had up-to-date knowledge to support residents to manage their responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignify and respect.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maria Goretti Nursing Home OSV-0000417

Inspection ID: MON-0040540

Date of inspection: 21/06/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Agency staff nurse was employed on 07/07/2023 which has increased staff nurse levels that enables the Nursing Management team to provide a more effective oversight of the service. - Risks assessments now in place in relation to impaired integrity of fire doors and also in relation to staffing constraints. - Improvement plans in relation to quality and safety of the service have been reviewed and specifics actions and time frames have been allocated within. - More detailed IPC audits have been sourced and will be implemented within the center. Also ADON undertaking QQI Level 5 course in IPC and same will be completed by 31/11/2023.New Supervisor has been allocated to assist management with the monitoring and overseeing of IPC/ household staff and environmental hygiene within the center. - All statutory notifications will be submitted to the Chief Inspector within the required timeframe.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - ADON undertaking QQI Level 5 course in IPC and same will be completed by 31/11/2023. - Areas identified within the report have been deep cleaned. Stringent deep cleaning checklists and audits have been developed for these areas. The implementation of	

checklists and audits will be overseen closely by both management and newly appointed supervisor in line with Quality Improvement plan.
- New hand sinks which meet the recommended specifications for clinical hand washing for the areas mentioned in the report will be sourced and installed by Sept 2023.
- Equipment found in sluice room floor have been removed and stored appropriately.
- One of the existing sheds has been reconfigured to allow more storage space for mobility aids and other equipment.
- New hand sanitizers (with single use only pouches) have been sourced and will be installed by 30/09/2023.
- All household staff to complete refresher IPC training by 30/09/23
- New hygiene standards will be developed and incorporated into the Infection Control Policy and all staff will be updated with same.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- The Fire Safety Company will carry out a full audit on all fire doors within the building. This will take place on 14th August 2023. From this audit all recommendations will be actioned and necessary actions will take place.
- Key located for fire door mentioned in report and is now in situ. Checklist now in place to ensure all keys are in place for fire doors. Checklist completed on each shift.

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 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	30/09/2023
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	30/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	30/09/2023

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	22/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2023