



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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 October 2022
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0034623

About the designated centre

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

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs overlooking Killybegs' Harbour. It is registered to provide 24 hour care for 45 male and female residents over the age of 18 who have a range of care needs including dementia. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident.

The centre is a purpose built bungalow style building. Bedroom accommodation is composed of three single rooms, 11 double rooms and 7 rooms that accommodate four residents. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Friday 7 October 2022	10:30hrs to 18:10hrs	Nikhil Sureshkumar	Lead
Wednesday 12 October 2022	10:00hrs to 17:30hrs	Gordon Ellis	Support
Wednesday 12 October 2022	10:00hrs to 17:30hrs	Mary McCann	Support

What residents told us and what inspectors observed

Overall, the feedback from the residents was mainly positive regarding the care and service provided to the residents in the centre. The residents told the inspectors that they were well cared for in the centre. However, the inspectors found improvements were required to ensure that the service provided to the residents was of a high standard.

The residents commented that they enjoy the activities in the centre and that the staff supports them in participating in the activities of their interest. Some residents commented that they were in the centre for a good while and loved the views of the sea. Another resident commented that there will always be something to do in the centre, and staff encouraged them to participate in various activities and felt that they were well looked after in the centre.

The centre is a two-storey building located in a rural location and is close to the sea and overlooked by Killybegs harbour. Upon arrival at the centre, the inspectors went through the inspection prevention and control measures required prior to entering the residents' accommodation, The representative of the registered provider and the person in charge facilitated the inspection process. Following the introductory meeting with the management team, the inspectors went for a walk around the centre.

Residents were found walking around independently in the centre, and the corridors of the centre were bright and spacious. Handrails were provided through the corridors, and the walls of the corridors were well-decorated with photo frames. Artificial and natural lights were available in the centre, and the communal rooms were well-ventilated. There were signages around the corridor to direct residents and visitors to navigate around the centre. However, the inspectors noted that there was insufficient running man signage in a corridor. The provider was notified if this, and they assured the inspector that this would be rectified.

There were enough seating arrangements in the communal room, and the arrangements ensured that the residents could enjoy the views of the scenic outdoors. Many residents commented that they were able to go out for walks when the weather permitted. Communal toilets were available near the communal rooms and were mostly well-maintained, however, the inspector saw loose incontinence wear and skin care products being stored in some communal toilets, and this arrangement did not support effective infection prevention and control in the centre.

A programme of activities was scheduled from Monday to Thursday, and for the rest of the days, staff were allocated to support residents in engaging in various activities. Residents who participated in activities such as sing a song and seated chair exercises told the inspector that they enjoyed the activities. Some residents were found engaged in activities such as knitting, and they were supported to carry

out the activities.

The centre has a well-maintained indoor garden with sufficient seating arrangements for the residents to sit and relax in the garden. Residents were seen able to access the garden on the day of inspection.

The inspectors went to some of the residents' bedrooms and found that they were personalised with photo albums and their belongings. Several double-bedded rooms were converted to single ensuite facilities, and they were sufficient space to keep their personal belongings. However, some four bedded rooms did not have enough space to store residents' personal clothes, and this arrangement did not provide enough space for the residents to keep their personal clothes. Furthermore, the residents in several multi-occupancy rooms were not provided with a comfortable chair near their bedside, and this arrangement did not support the residents to sit and relax near their bedside when needed, and this was brought to the attention of the provider and the provider informed the inspectors that chairs will be placed near the bedside of residents.

The inspectors noted that the staff gained permission before accessing residents' rooms and maintained the privacy of residents. Residents told the inspector that the staff attended to their needs in a timely manner and that they were kind and respectful when attending to their needs.

The inspectors observed the meal times of residents and noted that menu choices were available to residents and the atmosphere of the centre was relaxed and unhurried. Meal times were a social occasion for residents, and the residents told the inspector that they loved the food provided in the centre and there was a sufficient quantity of food available in the centre.

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 governance and management of the centre were found to be ineffective in ensuring effective delivery of care and service to the residents in the centre. The provider had failed to address the non-compliances found in the previous inspection held in March 2021, and the inspectors found six significant regulatory non-compliances in this inspection.

The provider had made several renovations works in the building, and building extension works were ongoing in the centre on the day of the inspection. However, the governance and management arrangements of the centre required further improvements to ensure high-quality care and service to the residents in the centre.

This unannounced risk-based inspection was carried out to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider of the designated centre is Caring Hands Limited. There is a clearly defined management structure in place with lines of authority and accountability in the centre. The representative of the provider is a visible presence in the centre and is involved in the day-to-day functioning of the designated centre.

The inspectors reviewed the management meeting records and found that regular management meetings, nurses meetings, and staff meetings occurred in the centre, and the minutes of the meetings evidenced good attendance of key personnel. Resident meetings were held in the centre, and residents were involved in the organisation of the centre. However, the provider's management systems, including clinical oversight in the centre, required strengthening to ensure that the service provided to the residents is of high quality. The number and skill mix of nursing staff on duty on the day of the inspection in the centre was insufficient, and as a result, the management staff had to focus on direct care of the residents in the centre. This arrangement has impacted the quality of care provided to the residents in the centre. For example, the inspectors found that several residents' care plans were not sufficiently developed, and several residents who required appropriate referrals to specialist healthcare services were not carried out in the centre.

Even though the centre has an audit schedule, the person in charge and management staff were not provided with the necessary supernumerary hours to carry out the quality improvement initiatives. The provider informed the inspectors that there were difficulties recruiting nursing staff, and they plan to increase the supernumerary hours for the person in charge to provide additional clinical oversight in the centre.

While the provider maintained a training matrix of staff in the centre, several staff were overdue to attend mandatory training such as safeguarding training in the centre.

Furthermore, the inspectors reviewed a sample of staff files and noted that not all records mentioned under regulations were kept up-to-date in their personnel files.

Regulation 15: Staffing

While there is a nurse at all times in the centre, the number and skill mix of the nursing staff was insufficient, and the management staff had to carry out direct care for the residents regularly. As a result, the person in charge and management staff were unable to carry out their management duties required to provide clinical oversight in the centre and fulfil their roles in the designated centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Some staff had not completed the mandatory training, such as safeguarding and fire training, and the provider made arrangements for staff to attend the mandatory trainings following the inspection.

The provider's arrangement to ensure the supervision of cleaning practices was insufficient. As a result, cleaning was ineffective in several areas of the centre.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had not ensured that the records specified under Schedule 4 of the regulation were kept in the centre. For example, the inspectors reviewed a sample of staff files and noted that there was some information, such as a photographic identity and a full employment history of some staff were not kept in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Even though there is a clearly defined management structure that identifies the lines of authority and accountability in the centre, the resources were not effectively utilised to ensure the effective delivery of care. For example:

- The provider's arrangements to provide management support in the centre were insufficient, and the person in charge and the assistant person in charge had to perform nursing shifts regularly. As a result, the inspectors observed that the oversight of the care and service provided in the centre was ineffective due to insufficient number of nursing staff in the centre.
- Furthermore, the staff confirmed to the inspectors that they did not get enough time to carry out the quality improvement programs, such as audits necessary to ensure a high standard of care for the residents as they were providing direct care to the residents.
- Even though the provider has management systems in place, they were ineffective and did not ensure that the service provided to the residents was safe and effectively monitored.
- While the centre had a schedule of audits, they were not carried out at appropriate intervals. For example, several audits, such as falls audits, pressure ulcer audits and restraints audits, were planned, however, they were

not carried out in the centre.

- In addition, while a care plan audit was carried out recently, they were not effective in identifying the issues the inspectors identified on the day of inspection, such as several care plans for residents did not reflect the current care needs of residents and some were not appropriately reviewed.
- Even though daily and weekly fire safety checks were carried out in the centre, they were ineffective and did not identify the fire safety issue the inspectors identified during the inspection and as detailed under regulation 28

An annual review of the quality and safety of care delivered to residents in the designated centre was made available for the inspectors following the inspection.

Judgment: Not 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

Quality and safety

Overall, the inspectors found that the residents enjoyed a good quality of life in the centre. Residents were found engaged in meaningful activities throughout the day of inspection.

Even though the provider had made significant progress in carrying out the extension works of the designated centre, further improvements were required to comply with the regulations. For example, the communal toilets in the centre were not suitably adapted to ensure the needs of the residents were met. Furthermore, the provider's arrangements and the layout of some multi-occupancy rooms did not meet the needs of some residents, and this is further discussed under Regulations 17 and 9.

The provider had made arrangements for regular fire training and fire drills in the centre to have three monthly fire drills and engaged with their competent person to carry out fire safety risk assessment in the centre. However, the inspectors found several fire safety risks in the centre that were not identified in the fire arrangement. Fire precautions in the centre was found to be insufficient. This is

further discussed under Regulation 28.

While the residents in the centre had a care plan in place, further improvement was required to ensure that the care plans reflected the current needs of the residents and were person-centred. A range of validated tools was used to assess the needs of the residents, however, a review of some residents' files indicates that a comprehensive assessment was not carried out following the admission of the residents to the centre.

In addition, the residents who required specialist review were not referred to an appropriate health care professional, and this arrangement needs improvements in the centre.

The provider did not ensure that the procedures, consistent with the standards for the prevention and control of health care associated infections published by the Authority, were implemented by staff. Even though there was sufficient space available in the laundry room, the space was not effectively utilised to ensure clear separation of dirty and clean linen and therefore posed a risk of cross-contamination. The provider installed signage in the laundry on the day of inspection to direct staff to appropriately segregate the laundry.

The provider's arrangements to safeguard the residents from abuse were insufficient. For example, the inspectors found that one staff member had commenced their employment without satisfactory Garda vetting in place. In addition, several staff had not completed their safeguarding training.

Regulation 11: Visits

Visiting arrangements in the designated centre was in line with the national public health guidance.

Judgment: Compliant

Regulation 12: Personal possessions

The provider's arrangements were insufficient to ensure that the residents were provided with adequate space to store and maintain their clothes. For example, there were only two wardrobes for four residents to keep their clothes, and this arrangement was insufficient.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of four bedded room were not suitable to meet the needs of the residents. For example, the layout of the four bedded room meant that when two residents pulled their privacy curtains, the other residents in the bedroom could not see out of the window or have access to natural light. Furthermore a resident in a bedroom only had access to daylight and ventilation via a skylight.

The premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- There were insufficient grab rails installed near hand wash areas and toilets in some communal toilets.
- The bed frames were damaged in several multi-occupancy rooms and were not timely repaired.
- Several bedroom radiators showed signs of rust and required painting.
- Bathroom tiles were missing from the walls of some bathrooms and required repair.
- There were no comfort chairs available in several multi-occupancy rooms near the residents' bedside. As a result, residents were unable to sit and relax near their bedside.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The provider's arrangements were insufficient to ensure that all relevant information about a resident is provided when a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere. For example, a review of the resident's recent transfer document indicated that all relevant information required during a hospital transfer, such as the resident's care plans, changes in the vital signs and allergy status, were not included in the transfer document.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector was not assured that procedures consistent with the standards for infection prevention and control in community services were implemented in a number of areas. For example:

- While macerators were made available in the centre to dispose of the used disposable commode pans and urinals, the staff informed inspectors that a small number of plastic bedpan washers were manually cleaned after each use in the centre. This process increased the risk of cross-contamination while cleaning and disinfecting the bedpans.
- Skincare products were shared between residents in the centre and were stored in communal toilets. This poses a risk of cross contamination to the residents in the centre.

The cleaning practices in the centre were not effective. For instance:

- The backrest of a communal toilet was visibly dirty on the day of inspection.
- Cobwebs and dust were found above curtain rails and surfaces in several bedrooms. As a result, cleaning was insufficient in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

Arrangements in place did not provide adequate precautions against the risk of fire. For example:

- The inspectors observed storage of building materials and flammable items stored in a switch room (used to manage electrical systems in the centre). This presented a potential fire risk if a fire did develop, it would be accelerated by the presence of these items.
- Some fire action notices (instructions for staff to follow in the event of a fire alarm) were incomplete. Essential details were omitted from those notices observed by the inspectors. For example, contact information for staff to use in the event of a fire was missing from them.
- In the laundry room, a tumble dryer was found to have a significant build-up of lint in the appliance. The inspectors requested a schedule in relation to the cleaning of dryers in the centre and this was not received by inspectors. The inspectors were not assured that the dryers were being adequately and regularly cleaned in order to reduce the potential fire risk associated with the use of such dryers.
- The inspectors noted that the provider had no evacuation chair for staff to move residents from an upper floor to a lower floor in the event of an emergency. This meant that in the event of a fire, those residents who may have impaired mobility could not be easily evacuated to a place of safety in

the centre.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example, there was a lack of emergency exit signage in some internal corridors to indicate the route to access a fire exit. In the event of an emergency, this lack of signage could cause confusion and could delay an evacuation.

Externally, emergency lighting was missing along some fire exit routes to illuminate the route of escape in the event of a fire evacuation at night-time, and this required a review by the provider.

A door leading to an outside area which had an emergency exit sign fitted above it was observed by the inspectors to not be a designated fire exit in line with the provider's fire evacuation procedures. This could cause confusion in the event of a fire evacuation and requires a review by the provider.

The provider needs to improve the maintenance of the building fabric. For example, the inspectors were not assured of the ability of a selection of fire doors to prevent the spread of smoke and fire. A full assessment of fire doors in the centre carried out by a competent fire safety expert was required. A number of fire doors observed by the inspector had door-closer mechanisms, hinge screws and fire door seals missing. Gaps were noted at the bottom and between doors. Furthermore, a number of fire doors were damaged, did not meet the criteria of a fire door and did not close fully when released. These deficiencies posed a significant risk to residents in the event of a fire.

Several areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures.

Due to the potential fire risks to residents identified by the inspectors, the provider was requested to have a comprehensive fire safety risk assessment carried out by a competent fire safety consultant.

Arrangements for staff to attend fire training required improvement by the provider. From a review of fire training records, the inspectors noted that not all staff had up-to-date fire safety training. At the time of the inspection, the provider had fire safety training sessions planned for some staff members during October 2022 which were aimed at ensuring that all staff had completed fire safety training. The inspectors were informed that staff are trained in-house in fire safety by a staff member. The staff member had attended a fire management training course in June and July 2021.

While fire evacuation drills were taking place, further fire drill practice is required, and fire drill records required improvement in order to further support staff to protect residents from the risk of fire. For example, from speaking with a number of staff members, the inspectors noted staff were not fully knowledgeable on fire safety procedures to be followed in the event of an evacuation. Furthermore, staff

spoken with were unable to identify the largest compartment with residents which would require evacuation in an emergency. This could potentially create a risk to residents in the event of an emergency and a potential delay in evacuating residents in such circumstances.

From an assessment of a sample of residents' personal emergency evacuation plans (PEEPs), the inspectors noted they required a review in terms of their clarity (particularly for temporary or agency staff who may be on duty during an emergency). For example, one residents' mobility plan indicated they required a wheelchair to get out of bed but also indicated they did not need assistance, which could cause confusion in an emergency.

Arrangements for containment of fire in the event of a fire emergency in the centre required improvement by the provider. For example, the inspectors noted an internal window in one bedroom which overlooked a protected corridor (designated escape route used in the event of a fire emergency) used for a means of escape. The Provider could not provide the assurances that this window would meet the criteria of a fire safety window used in such a location.

During the inspection, the inspectors identified a roller metal shutter which separates a store room and a dayroom. The inspectors were not assured the metal shutter would provide sufficient fire rating and containment measures for smoke and fire. This requires a review by the providers' competent fire consultant.

Four attic hatches identified on the day of the inspection were not fire rated. In a linen store, inspectors noted the location of a hot water room that did not have adequate ventilation. The doors to both these rooms were not fire rated and gaps were noted to a rising wall that required fire sealing.

The procedures to be followed in the event of fire were not adequately displayed. For example, floor plans that were on display did not indicate the extent of the compartment and sub-compartment boundaries suitable for horizontal phased evacuation. This forms part of the procedure to be followed by staff in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care files and found that two residents did not have a comprehensive assessment completed following their admission into the centre as required by the regulation.

In addition, while all the residents in the centre had a care plan in place, they were not sufficiently reviewed, and the care plans did not reflect the current needs of the residents. For example:

- Some residents who were at risk of pressure ulcers did not have an appropriate care plan developed to support their needs.
- Some residents' food and nutritional care plans were not sufficiently developed to support their needs.
- A resident who required regular monitoring for iron levels in their blood did not have an appropriate care plan to ensure regular monitoring of their iron levels.
- A resident with recurrent urinary tract infections did not have an appropriate care plan to ensure early identification of their symptoms.
- A resident with responsive behaviour did not have an appropriate care plan to manage their behaviour.

Judgment: Not compliant

Regulation 6: Health care

The provider had not made the necessary arrangements to ensure that the residents were referred to specialist health professionals to ensure that they received the most appropriate care. For example:

- One residents who was at risk of malnutrition was not referred to a dietitian.
- Two residents with a decline in their mobility were not referred to a physiotherapist.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspectors have 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).

Judgment: Compliant

Regulation 8: Protection

The provider's arrangements to protect residents from abuse were insufficient. For example:

- Several staff were not up to date with safeguarding training on the day of inspection.
- A review of the staff file indicated that some staff had started working in the centre prior to obtaining a satisfactory Garda vetting.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Some residents in the multi occupancy bedrooms did not have access to a television in their room to watch their choice of television programs in private.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0034623

Date of inspection: 12/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection the management hours have been increased to 22 hours a week to carry out management duties and provide clinical oversight in the centre and fulfill the roles in the centre.</p> <p>As of 6 March 2023 the person in charge will be supernumerary.</p>	
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: Safeguarding and fire training has now been completed by all staff. All mandatory training is up to date. Cleaning product training will be completed by the 23rd of January 2023</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Our new administrator has completed her induction period and is now aware of the mandatory requirements for the staff files. They are currently all up to date with the</p>	

appropriate information available	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have recruited six new nurses which will allow time for the DON/ADON management hours, the audit cycle will be completed by the 31st of January 2023. An email has been sent to Skillnet for in-house training on care plan training. Emails have also been sent to all nurses to remind them of the importance of maintaining monitoring and evaluating care plans and assessments for their named residents. The DON/ADON will schedule time to thoroughly audit and update care plans and assessments and assist new nurses to utilize Epicare software to its full potential</p> <p>The Quality of Life and Quality of Care documents were available for 2021 on the day and have since been completed for 2022 last month</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All four bedded rooms now have four wardrobes in them fitted the 17th of December 2022</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Grab rails were installed near hand wash areas and toilets on the 7th October 22</p> <p>Bed frames were repaired on 11th October 22</p> <p>Radiators were painted on the 14th October 22</p> <p>Bathroom tiles were replaced on 14th October 22</p> <p>Comfort chairs have been ordered and awaiting delivery (3 April 2023)</p>	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>All staff have been informed on the use of the transfer document provided on Epicare when transferring a resident to another facility and has been used since inspection</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A sign was put in place to indicate the separation of clean and dirty laundry on 7th October 22</p> <p>Disposable bedpans are being used now instead of plastic bedpans</p> <p>There are no creams in the communal areas for resident use</p> <p>A meeting was held on the 4th December 22 between management, domestic, laundry staff and the housekeeper to inform them of the inspectors findings and a general conversation was had on continuing to maintain high standards within the home</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Building materials and flammable materials removed from the switch room on 14th October 22</p> <p>Fire action notices were updated 13th October 22</p> <p>Cleaning schedule available in laundry, lint removal changed to twice daily, now at 11am and 2pm from 13th October 22</p> <p>Upstairs is not open and there was no need for evacuation chairs but in preparation for opening there have been two purchased.</p> <p>A full assessment had been completed by a registered professional and they didn't highlight the findings of the inspector on the day. The RPR is currently acting on the findings of the day of the inspection</p>	

All staff have attended fire training now and fire training will be held on a monthly basis by the RPR. The mobility plan for evacuation is in line with the PEEPS 15th October 22
 Emergency exit signage in place in internal corridors done 25th November 22
 All external exits now lit with emergency lighting done 25th November 22
 Exit sign removed from non designated fire exit 25th November 22
 Fire sealing measures around utility pipes and ducting done 5th December 22
 RPR talking to the architect about sub division of compartments
 Attic hatches will be fire rated by the 31st January 23
 The roller door will be replaced by fire wall by 28th Feb 23
 The fire doors will be up to standard by 20th January 23
 The hot water room will meet the standard requirements by 30th April 23
 A plan of the hot water room configuration can be sent by 28th Feb 23
 The RPR has booked a comprehensive fire safety risk assessment by a competent fire assessor on 26 January 2023 at 10:30 a.m. and the report will follow approximately two weeks later, 9 February 2023.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Comprehensive assessments completed on all residents since inspection
 As advised SSKIN bundle care plans used for residents at risk of pressure sores
 Care plans updated for those highlighted on the day (UTI, responsive behaviors/low iron levels) by 15th October 22

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Referrals made to the physiotherapist and the dietitian the week 21st October 22

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
All safeguarding training is up to date with all staff
Although police checks were in place, Garda vetting is now in place for all staff

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All rooms will have a TV by the 31st of July 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	17/12/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	11/10/2022

Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	23/01/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	03/04/2023
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.	Not Compliant	Orange	14/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	21/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	11/10/2022

	effective delivery of care in accordance with the statement of purpose.			
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	11/10/2022
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	25/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	04/12/2022

	published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	14/10/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	25/11/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	25/11/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	15/10/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency	Not Compliant	Yellow	15/10/2022

	procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Not Compliant	Yellow	15/10/2022

	prominent place in the designated centre.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	17/10/2022
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.	Not Compliant	Orange	15/10/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional	Not Compliant	Orange	21/10/2022

	professional expertise, access to such treatment.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	02/11/2022
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	11/10/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/07/2023