



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

Issued by the Chief Inspector

Name of designated centre:	Lough Erril Private Nursing Home
Name of provider:	Lakeview Retirement Home Limited
Address of centre:	Lough Erril, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	07 July 2022
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0035525

About the designated centre

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

Lough Erril Private Nursing Home is a purpose built facility located near Mohill, Co Leitrim. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is over two levels. All resident accommodation is on the ground floor. There are four twin bedrooms and 36 single bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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
Thursday 7 July 2022	10:15hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, feedback from residents regarding their experiences with living in Lough Erril Nursing Home was positive. Residents spoke of the kindness of the person in charge and staff towards them and were satisfied that their needs were met. The atmosphere in the centre was warm and calm and the environment was homely and comfortable. It was evident that residents and staff knew each other well and residents were content and relaxed. The inspector observed that staff interactions with residents throughout the day were respectful, patient and kind.

Lough Erril Nursing Home is located on an elevated site, which gave residents views, especially from the communal sitting and dining rooms, of the lake and surrounding countryside. A number of the residents told the inspector that they lived in the local area or adjacent town lands before coming to live in the centre and were happy that they were able to continue living in an area and community they were familiar with.

Residents' bedroom accommodation was arranged on the ground floor in four twin and 36 single bedrooms. Three of the twin bedrooms and 24 single bedrooms had full en-suite facilities. Communal toilet and shower facilities were available close to the other twin bedroom and 12 single bedrooms. Residents' dining and sitting room accommodation was conveniently located close to the reception area. The provision of two communal sitting rooms gave residents choice regarding where they wished to rest and relax during the day. The dining room accommodated all residents in two sittings and residents told the inspector they were satisfied with this arrangement. Residents could access two safe outdoor courtyards as they wished.

While walking around the centre, the inspector observed that there was storage of residents' assistive equipment in the communal toilet and shower rooms including falls mats, hoists and an assistive wheelchair. This meant that the space was reduced for residents. In addition there was a risk of cross infection because the equipment was not being stored in a clean and suitable storage area.

The inspector observed that many of the residents' bedrooms were personalised but some residents did not have adequate surface space to display these personal items close by them and where they could see them easily. Residents were using the service trunking behind the head of their beds to fix their photographs and greeting cards. Residents had adequate storage in their bedrooms for their clothes. However the inspector observed that the layout of some of the twin bedrooms did not ensure there was adequate space by each resident's bed for a chair if they wished to relax in their bedrooms. In addition one bed in a twin bedroom did not have a privacy curtain fitted around the resident's bed. This meant that the resident occupying this bed was not able to carry out personal activities in private.

There was an activities schedule in place and residents were supported to participate in line with their interests and preferences. The inspector observed a game of bingo being led by the activity coordinator and the inspector observed

several residents were eager to participate. One resident said 'they always loved bingo and used to play it before coming into the centre'. Another resident explained to the inspector that the centre had made it easier for them to play by providing wipe clean boards and large marker pens. The residents chatted among each other and residents who had developed friendships were facilitated to sit together. The inspector observed that residents less able to participate in group activities but who liked Bingo were encouraged to participate and there were enough staff available to support them to join in the fun.

The inspector also observed that those residents who needed higher levels of support and who were more comfortable in a quieter environment were facilitated to rest in the second sitting room. These residents were supervised and supported by staff who encouraged those residents who wished to to engage in one-to-one activities.

The inspector observed family and friends visiting residents in the centre throughout the day of the inspection.

All residents who spoke with the inspector said that staff were kind and responsive to their needs and this feedback concurred with the inspector's observations of staff and resident interactions on the day. Residents said they felt safe and secure in the centre.

The inspector observed residents' dining experience on the day of the inspection and noted that this was a social occasion for many residents who enjoyed chatting while eating their meal. Residents told the inspector that the food was 'beautiful', 'delicious' and 'just as they wanted it'. Residents could have an alternative meal to the menu offered if they wished and were provided with a variety of snacks and drinks outside of regular mealtimes. There was adequate numbers of staff to support the residents during meal times and residents needing assistance with their meals were discretely supported by staff.

Handrails were available along all the corridors which residents were observed using to navigate their way around the centre on the day of the inspection. This helped to maintain residents' safety and independence. The inspector observed that residents who required assistance with mobilising were well supported by staff. Call bells were available by each resident's bed, in en-suites and in the communal toilets and showers to assist residents with seeking staff assistance if required. However, the inspector observed that hand rails to support residents' independence were not in place in some en suite and communal showers.

Inspectors observed that staff wore face masks as recommended during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately.

Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of their care or the service provided. Residents said that they were always listened

to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the regulations and to follow up on the actions taken to address non-compliances found on the previous inspections completed in May and November 2021. Overall, this inspection found that there was a clearly defined management structure in place with effective management systems to ensure the delivery of a safe and quality service. The management team were generally proactive in responding to issues as they arose and used regular audits to monitor and inform service improvements. However, not all actions to address the non-compliances found on the previous inspection in May and November 2021 were progressed and non-compliances with Regulations 9, Residents' Rights, 16, Training and Staff Development, 17, Premises and 27, Infection Control were found on this inspection.

Lakeview Retirement Home Limited is the registered provider of Lough Erril Nursing Home. At the time of the inspection there were some changes to the directors of the company. The incoming directors were familiar with the service and the residents had met them.

The person in charge had been in the role since 2009. She was supported by the provider representative, a business manager who worked full-time in the centre, a newly appointed clinical nurse manager and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable regarding their roles and responsibilities.

Monitoring and oversight systems were in place in the centre and there was evidence of improvements made to ensure the quality and safety of the service and residents' quality of life in the centre. Records showed that a number of the findings of this inspection had been identified through the centre's own quality and safety monitoring systems, however they had not been addressed at the time of the inspection and more focus and effort was required from the provider and centre's management team to bring the centre into compliance with the regulations.

While there was adequate staff available to meet residents needs on the day of the inspection, improvements were necessary to ensure that when staff were on leave and at weekends there were enough staff made available to ensure residents had access to social activities in line with their preferences and needs.

Staff who spoke with the inspector were familiar with the residents and the

inspector's observations of staff practices gave assurances that staff were competent with carrying out their respective roles in meeting the needs of the residents.

Staff were appropriately supervised according to their roles. Staff had access to a programme of ongoing training. Records showed that all staff were facilitated to attend mandatory and professional development training. A system was in place to ensure new staff attended mandatory training.

Residents' information and records were held securely and the records as required by Schedules 2, 3 and 4 were maintained and held in the centre.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief inspector as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy.

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review report on the quality and safety of the service delivered to residents. The annual report on the quality of the service had been completed for 2021 in consultation with residents and a quality improvement plan had been developed to address areas identified by the service as needing improvement.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills to meet the needs of residents on the day of inspection. However, not enough staff were rostered when activity staff were on leave and at the weekends to ensure there were staff, other than the staff providing nursing care available to support residents with continuing to participate in meaningful activities that met their interests and capacities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a system in place to ensure all staff working in the centre attended mandatory training which included fire safety training, safe moving and handling

and safeguarding training. The person in charge completed training with new staff. This training was also repeated by external providers. This training by external providers was scheduled for a number of dates in the month of this inspection. Staff were also facilitated to attend professional development training and training in infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs.

All staff were appropriately supervised according to their roles. An induction programme was in place for new staff.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored securely and the policy on the retention and disposal procedures of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to take the necessary actions and to provide the resources needed to address a number of non compliances from the previous inspection in November 2021 so as to ensure the safety and quality of care for the residents. For example, two non-compliances with regulation 27, Infection Control were not completed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations. A record of accidents and incidents involving residents, that occurred in the centre was maintained and evidenced appropriate management and with areas of learning identified and implemented.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigations were communicated to complainants. The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed were dealt with appropriately. The person in charge confirmed that there were no open complaints at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were available, reviewed and updated within the last three years. Policies, procedures and information in place regarding COVID-19 was updated to reflect evolving public health guidance. These documents were accessible to staff.

Judgment: Compliant

Quality and safety

Overall, residents nursing, health care and social needs were met to a satisfactory standard. However actions were necessary to ensure residents' right to privacy was met in some twin bedrooms and that residents could make independent choices regarding their television viewing/listening and access to the centre's oratory. Actions were also required to bring the centre into compliance with Regulations 17 Premises and 27, Infection control.

There was good evidence that residents' needs were comprehensively assessed and their risk of deterioration was regularly monitored. Records showed that the needs assessments completed informed residents' care plans in line with their preferences and wishes. For example, for some residents who developed pressure related skin wounds in the centre records showed that focused prevention strategies were

implemented and were closely monitored by the person in charge.

Residents had timely access to their general practitioners (GPs) and allied health services chiropody, dieticians, speech and language therapy, tissue viability services optician and dental services. Residents were supported to attend out-patient appointments as required.

Residents' living environment was for the most part was well decorated, in a traditional style that was familiar to residents in the centre. The inspector was told that a painter was scheduled to commence painting in the centre on the 12 July 2022. This action was necessary to ensure painting needed in some parts of the centre was completed in addition to action to provide handrails in shower areas to ensure that residents' independence was maximised. The provider had reduced one twin bedroom to single occupancy to ensure the layout met residents' needs since the inspection in May 2021. However, the layout of two other twin bedrooms did not ensure residents could rest comfortably by their beds or that the screen curtains adequately protected residents' privacy during their transfer into and out of their beds whilst using assistive equipment. Suitable surfaces to facilitate residents with displaying their photographs in their bedrooms was also needed.

The storage of equipment did not support a clutter-free environment to ensure that residents could use communal toilets and showers safely. This was a finding from the inspection in May 2021 which had not been satisfactorily addressed.

Residents were encouraged to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. Actions from these meetings were progressed. Residents had access to local and national newspapers, television and radio. However, the inspector found that some residents accommodated in the twin rooms shared one television and therefore were unable to watch their choice of programmes. Residents were supported to practice their religious faiths. Residents' quality of life in the centre was promoted with a meaningful social activity programme that positively impacted on residents' well-being.

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

The provider had measures and fire safety procedures in place to ensure residents were safeguarded from risk of fire. Assurances were provided that the evacuation strategy in the centre ensured residents' safe and timely evacuation in the event of an emergency.

Infection prevention and control measures were in place and monitored by the management team. Whilst there was evidence of good infection prevention and control practices in a number of areas two of the actions from the previous inspection in November 2021 had not been implemented at the time of this inspection. This is discussed further under Regulation 27.

Measures were in place to safeguard residents from abuse and residents confirmed

they felt safe in the centre.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents did not have a suitable shelf surface so that they could display their personal photographs in their bedrooms. For example, some residents were using the ledges of services trunking behind their beds as a surface to place their photographs on and to anchor their cards and pictures.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and of two twin bedrooms needed improvement to ensure residents had enough space to meet their needs. This was evidenced by;

- The space available between each bed was not sufficient to allow each resident to sit by their bed without obstructing access to their lockers and to accommodate use of assistive equipment without encroaching on the other resident's bed space.

Some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows;

- There was insufficient storage for some residents' assistive equipment. For example, there was storage of residents' assistive equipment in a communal bathroom/toilet.
- Paint was damaged/missing on a small number of wall surfaces along the corridors, bedrooms, bedroom doors, door-frames and on a wooden window sill in one resident's bedroom. This meant that these surfaces could not be effectively cleaned.
- Grab rails were not fitted in a small number of toilets and handrails were not

fitted in some showers. This finding did not promote residents' independence and posed a falls risk to them.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Open top waste bins were used in twin bedrooms and some en-suite facilities. This posed a risk of contamination to other surfaces and items in these areas.
- The area around the top of screw top hand gel dispensers were not clean in some parts of the centre. There was a risk of contamination with use of this equipment. In addition loose bottles of hand gel were placed on hand rails along corridors, this posed a risk of cross contamination as a cleaning process was not in place to ensure the outsides of these bottles were regularly cleaned.
- Contenance wear was stored in the communal toilets/showers and in en suites in twin bedrooms. This practice posed a risk on cross infection.
- There was no clinical hand hygiene sink that met the recommended standards available in the clinical room to support effective hand hygiene by staff carrying out clinical procedures.
- There were no clinical hand washbasins that met recommended standards available for staff. The only hand washbasins were those provided in residents' bedrooms and communal bathrooms/toilets which were for residents to use. This did not support effective hand hygiene.
- Some assistive equipment used in the centre and examined by the inspector was not clean. In addition there was no system in place to ensure that equipment was cleaned and decontaminated after each use.
- Paint was chipped and missing on a hoist and on some residents' beds and therefore did not support effective cleaning procedures.
- Hand hygiene sinks in the utility areas including the laundry and the sluice were small and could not support effective hand hygiene in these areas.
- Residents who used a hoist did not have their own slings. There was no clear system in place to ensure that communal slings were laundered after each use and labelled as ready for re-use which posed a risk of cross infection.
- Areas around the wheels on some commodes, residents' beds and hoists were rusted and therefore did not support effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire and an up-to-date fire safety policy for the centre was available. Each resident's evacuation needs were assessed, documented and regularly updated. Simulated emergency evacuation records confirmed timely evacuation of residents with three staff as rostered on duty each night. All emergency exits were free of obstruction. Fire safety checking procedures were regularly completed and the records viewed were complete. The centre's fire alarm was sounded on a weekly basis to ensure it was operational. Regular servicing of the fire alarm and emergency lighting systems were completed.

Staff were facilitated to attend fire safety training and staff who spoke with the inspector were aware of the evacuation procedures in the centre. A floor plan of the centre clearly identified the centre's fire compartments to inform the centre's evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, including risk assessment of falling, malnutrition, pressure related skin damage and assessment of safe mobility support needs among others. These assessments were used to inform residents' care plans and the care interventions staff must complete to meet their needs. This information was person-centred and reflected residents' usual routines and individual care preferences and wishes.

Residents care plans were regularly updated and residents or their families on their behalf were consulted with regarding any care plan reviews.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Residents' general practitioners (GPs) made regular visits to the centre. Links with the community palliative care team were established and their expertise was being sought for care of residents receiving end-of-life care, as appropriate. An on-call

medical service was accessible to residents out-of-hours if needed. Recommendations made by allied health professionals were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments as scheduled.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The arrangements in place to ensure that residents could exercise choice were not sufficient regarding the following findings;

- The centre's oratory was not accessible to residents as they wished as the door was key-code locked and residents required the assistance of staff to use this area.
- The provision of one television in the twin bedrooms did not support both residents' choice of programme viewing or listening

Residents' privacy was negatively impacted by the layout of some twin bedrooms. For example;

- A privacy curtain was not provided for one resident in bedroom 40 and therefore this meant that this resident could not undertake personal activities in private.
- In two twin bedrooms numbered 7 and 8, there was not enough space for each resident to rest in a chair by their bedside if they wished. The location of the beds and the bed screen curtains in the rooms did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0035525

Date of inspection: 07/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. A second Activities Co-Ordinator has been recruited and is now actively in place on the staffing roster. The 2 Activity Co-Ordinators', work opposite each other to support residents in participating in meaningful activities that meet the residents' interests and capacities. By having 2 Activity Co-Ordinators', we can ensure that we have a 7 day cover of activities, appropriately assessed for the needs of the residents. 2. There is a robust system in place to respond to staff absences. 3. Sonas qualified; the Co-Ordinator liaises with the nursing staff to ensure the holistic needs of the resident are met on a person-centred basis. 4. All activities are recorded on the onsite software system. 5. Feedback is sought from residents and their representative at monthly Resident Association meetings chaired by Management, and during the Management evaluation of the care planning process, activity programmes are adjusted to ensure ongoing choices and the individual needs of the resident. 6. The dependency needs of the residents are assessed on a weekly basis (or sooner depending on the changing needs of the residents') and a roster is developed to determine the number and skill mix of staff required to meet their needs. 7. There is at least one registered nurse on duty at all times. 	
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>Senior Management offer leadership in all areas, and the quality and safety of all aspects</p>	

of the service is regularly monitored. Any areas identified as needing improvement are always actioned.

Senior Management had sought advice from IPC Representative about the appropriate location and placement of the Clinical Hand Sinks at the center. We had conflicting advice about the locations of these basins therefore, there was a delay in progressing with their installation. The correct and appropriate location have now been confirmed by the IPC Representative, and we are now in a position to proceed with this improvement in the nursing home. A SMART action plan is in place and the works will start by the end of 2022.

Two areas for hoist storage have been clearly designated and all staff have been educated and advised accordingly to ensure moving forward these areas are used as hoist storage bays. This will be monitored in daily management walkarounds.

The Registered Provider ensures there is sufficient resources to ensure the effective delivery of care in accordance with the Statement of Purpose.

There is a clearly defined management structure in the center, that identifies the lines of authority and accountability, specifies each management role and details their responsibilities. This is outlined in the Organization Chart. The Organization Chart is available for residents/visitors and staff to read in the Statement of Purpose. It is also displayed in the nurses office and staff canteen.

Management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored through:

- Ensuring policy and procedures and guidelines are updated and reflect the regulations and standards and are accessible for all staff,
- through the supervision of staff to ensure adherence to policies and procedures
- Auditing schedule of the quality, care of the services including gaining feedback and listening and responding to any complaints
- Communicating audit findings to staff daily and at monthly staff meetings
- Unannounced visits by the Provider to check that there is overall governance and leadership and a high standard of service and care to the residents

Annual review is completed to assess the quality and safety of care delivered to residents taking into account the views of residents and their relatives using the feedback process.

Annual review is made available to residents/relatives and, if requested to the Chief Inspector. (Copy available at reception in the center).

Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal	

possessions:

1. Each resident has access to and retains control over his or her personal property, possessions and finances. On admission, each resident is allocated a bedroom suitable to their individual needs. A record is taken of the residents' personal belongings and clothing.
2. Each resident uses and retains control over his or her clothes. His or her linen and clothes are laundered regularly and returned to that resident.
3. Appropriate and adequate storage is provided for each resident to store and maintain his or her clothes and other personal possessions.
4. Arrangements will be in place to facilitate any resident who wishes to have their personal pictures on the wall to do so.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A Statement of Purpose is written and reviewed annually. It contains information about :

- the aims and objectives of the center,
- the specific needs of the that the center will meet,
- the facilities which are provided to meet these needs,
- services to meet these care needs.
- the criteria for admission, the admissions policy,
- the age-range and sex of the residents for whom it is intended to accommodate,
- a description of the rooms size and primary function,
- describes details about Management and Staffing at the center
- the staffing complement, the organizational chart
- arrangements in place when the Person in Charge is absent from the center.
- outlines the arrangement made for dealing with reviews of the residents care plan,
- specific therapeutic techniques used in the center
- arrangements for their supervision, the arrangements for respecting the residents privacy and dignity,
- engaging in social activities, hobbies and leisure interest,
- consulting with residents in the operation of the center
- for attending religious services of their choice,
- ensuring residents keep in contact with their relatives and friends,
- dealing with complaints
- fire precautions and associated emergency procedures at the center.

- The Registered Provider ensures appropriate premises having regard to the needs of the residents:

- o The layout of the twin bedrooms will be revised, to provide one chair per resident beside their beds, and to allow resident to sit beside their beds, without obstructing

access to their bed or locker. There will be no requirement to disturb the second resident in these rooms, during personal care or assisted movement of the residents. The privacy of both residents will be maintained during any resident transfer.

- o If we have difficulty revising the layout of the twin rooms, as detailed above, we have a contingency plan in place to deal with the scenario.

- o The dependency of all residents are assessed weekly as part of the Management weekly auditing schedule.

- o The premises is of sound construction.

- o Management will audit the nursing home environment during the twice daily round/walkabout. This is to ensure infection prevention and control standards are maintained ensuring a clean environment and a review of the general environment. A robust painting schedule of 4 days per month has been introduced so as to ensure the painting requirements in the nursing home are met.

- o Equipment for use by residents is in good working order and services as per manufacturers guidelines. This is audited on an annual basis. Two areas for hoist storage (assistive equipment) have been clearly designated and all staff have been educated and advised accordingly to ensure moving forward these areas are used as hoist storage bays. Staff are informed that assistive equipment will not be stored in communal bathroom/toilet. Any personal assistive equipment (crash mats) will be stored discreetly in a safe manner in the residents' bedroom.

- o Emergency call bells are accessible from each residents' bed and in every room used by the resident.

- o Grab rails have always been provided to support any resident who needed them to date. Grab rails will now be provided to all residents to support residents' independence and safety.

- o The floor covering is safe

- o There is adequate private and communal accommodation for residents

- o There is adequate sitting, recreational and dining space other than the residents bedroom.

- o There is adequate communal space for residents to ensure social, cultural and religious activities appropriate to the residents.

- o There are 2 internal courtyards which are safe and easily accessible for residents.

- o The centers ventilation, heating and lighting is suitable for the resident.

- o The Registered Provider ensures that there is a separate kitchen which has suitable and sufficient cooking facilities, kitchen equipment and tableware.

- o The Registered Provider ensures that there is a sufficient supply of hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection, and hand basins in each bedroom.

- o There are sufficient number of toilets, and of wash-basins, baths and showers (including assisted baths and showers, having regard to the dependency of persons in the center) fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection,

- o There are a sufficient number of toilets designed to provide access for residents in wheelchairs, having regard for the number of residents who require wheelchairs.

- o There is a sufficient number of commodes, appropriate sluicing facilities and adequate laundry facilities including a wash hand basin in each laundry room.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. All waste bins in bedrooms and ensuite facilities will be foot operated lidded waste bins.
2. All hand gel dispensers will be changed and replaced with hand operated cartilage replacement alcohol gel dispensers. These closed alcohol gel dispensers will be part of the daily cleaning schedule. Loose bottles of hand gels will no longer be placed along corridors.
3. A stock of continence wear will be stored in a dry closed storage room and in the resident chest of drawers in their bedroom.
4. A plan is in place to install the HBN 00-10 clinical hand sink in the clinical room and corridors to support effective hand hygiene by staff.
5. Assistive equipment is placed on a daily cleaning schedule. In addition, there is now a system in place to ensure that equipment is cleaned and decontaminated after each use. There are 2 green storage areas where equipment that is stored there is cleaned after each use.
6. A review of equipment eg beds, hoists commodes has been made and repairs and maintenance is ongoing and any equipment identified as no longer fit for purpose has been removed.
7. Alternative hand hygiene sinks will be sought for the laundry and sluice room.
8. All residents have been allocated their individual hoist sling which is clearly labelled and on a laundry schedule.
9. All changes have been communicated to all staff members.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Registered Provider will ensure that the residents rights are respected by all the staff, having regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

1. Access to the Oratory has always been facilitated and encouraged for all residents. The double doors leading to the Oratory are now held open by the magnetized door mechanism ensuring fire compliance whilst ensuring freedom of movement and access to the multi-purpose faith room.
2. Patient choice of multimedia facilities will be considered, and will include one television

per resident, including in each of the twin rooms.

3. A new privacy curtain has been installed for one resident in bedroom 40 to ensure the resident could undertake personal activities in private.

4. The layout of the twin bedrooms will be revised, to provide one chair per resident beside their beds, and to allow resident to sit beside their beds, without obstructing access to their bed or locker. There will be no requirement to disturb the second resident in these rooms, during personal care or assisted movement of the residents. The privacy of both residents will be maintained during any resident transfer.

If we have difficulty revising the layout of the twin rooms, as detailed above, we have a contingency plan in place to deal with the scenario.

5. The aim of the design and layout changes is to enhance the residents' abilities, promote their independence and enjoyment and allow unimpeded movement. Our shared bedrooms ensure the privacy and dignity of residents and each resident participates in making the residence their home.

6. The center respects the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

7. The center ensures the following:

- Facilities for occupation and recreation (Daily Activities Programme)
- Opportunities to participate in activities in accordance with their interests and capacities (A Key to Me, Sonas, Daily Activities)
- Residents may exercise choice (through all aspects of their daily life)
- May undertake personal activities in private (private room or their own bedroom)

May communicate freely and have access to:

- Information about current affairs and local matters (through tv, radio, group discussion, newspapers, notice board)
- Radio, television newspapers and other media
- Telephone facilities, (mobile handset/tablet to enable whatsapp and face time calls)
- Community resources and events (frequent engagement with community groups and residents are encouraged to attend)
- Encourage to join the residents association committee
- May exercise their civil, political and religious rights (residents attend mass/access to multi faith providers, access to local voting/national electoral registration,)
- Have access to independent advocacy services (SAGE, Age Action, Social Worker HSE).

The Person in Charge ensures that all staff are made aware of the rights of each resident.

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	25/12/2022
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.	Substantially Compliant	Yellow	31/08/2022

Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
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	31/12/2022
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	31/12/2022

	published by the Authority are implemented by staff.			
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	30/09/2022
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.	Not Compliant	Orange	31/12/2022