



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

Issued by the Chief Inspector

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| Name of designated centre: | Dunlavin Nursing Home |
| Name of provider: | Dunlavin Nursing Home Limited |
| Address of centre: | Dunlavin, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 22 March 2023 |
| Centre ID: | OSV-0005381 |
| Fieldwork ID: | MON-0039469 |

About the designated centre

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

Dunlavin Nursing Home is located within walking distance from Dunlavin town. The centre is a 62 bed purpose-built facility. Residents' accommodation is arranged into three units. Stream unit is secured and provides accommodation for 18 residents who have dementia. Railway unit has accommodation for 24 residents and Market House unit has accommodation for 18 residents. All units in the centre accommodate male and female residents over 18 years of age. All residents reside in single bedrooms with full en suite facilities. Each unit has a day-room and a dining room. Other sitting rooms and seating areas are located in Railway and Market House units. A seating area is available by the nurses' station in Stream unit. All units have access to secure landscaped gardens. The centre caters for residents with long term care, convalescence and palliative care needs. The service provides 24 hour nursing care for residents, with low, medium, high and maximum dependency needs.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 62 |
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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 |
|----------------------------|-------------------------|------------|------|
| Wednesday 22 March 2023 | 08:45hrs to 17:00hrs | Mary Veale | Lead |

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Dunlavin Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector greeted the majority of the residents and spoke at length with eight residents. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

On arrival the inspector was met by a member of the housekeeping staff and the assistant director of nursing. The inspector was guided through the centre's infection control procedures by a member of the administration staff before an introductory meeting with the person in charge and the assistant director of nursing. The inspector was accompanied on a tour of the premises by the person in charge. The inspector spoke with and observed residents' in communal areas and their bedrooms.

The centre had accommodation for up to 62 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The centre had three separate units; Market House unit, Railway unit and Stream unit. The centre comprised of a single storey building with 60 single bedrooms and one twin room. All bedrooms had en-suite toilet, wash hand basins and shower facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Residents were supported to bring their preferred or sentimental items from home. The inspector observed that some residents had brought their own furniture such as display cabinets, drawers and shelves from home. Pressure relieving specialist mattresses, falls prevention alert devices, and cushions were seen in residents' bedrooms.

The inspector noted that works were underway to convert an assisted bathroom on Stream unit to bedroom accommodation with ensuite toilet, sink and shower facility, and to convert an assisted bathroom and part of a sluice room area on the Railway unit to bedroom accommodation with ensuite toilet, sink and shower facility . The inspector saw that the works taking place on the day did not cause any interruption to the residents daily lives. There was no obstruction to the resident corridor areas, or noise or dust disturbance.

The inspector observed that the centre was decorated to a high standard. Shared

furniture in communal rooms appeared to be suitable for the residents, comfortable and clean. Corridors were wide and free from clutter with appropriate hand rails. Most residents had access to the garden or courtyard from their bedrooms. Residents on Market House unit had access to a large dining and lounge rooms. Residents on Stream unit had access to a dining room, lounge room and large seating area. The Residents on the Railway unit had access to a lounge room, day room and seating area. Residents in the centre also had access to a visitors room, hairdressing salon and large entrance area which had a kitchen area, fireside area with armchairs and a space with a table and chairs. The centre had a production kitchen, laundry, staff changing facilities, and a staff training room.

Residents' spoken with said they were happy with the activities programme in the centre. Group activities were observed taking place in the lounge rooms on the Railway and Stream units throughout the day of inspection. Over the day the inspector observed residents' attending relaxation therapy and chair yoga. For residents who could not attend group activities, one to one activities were provided. A pet therapy dog visited the residents' later on the day of inspection. Residents told the inspector that they enjoyed the weekly bingo and music in the centre. Some residents had visited Knock, in Co. Mayo last year and were looking forward to returning again this year. The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. Residents' told the inspector that they could have their breakfast in bed and were not rushed at meal times. The inspector observed the lunch time experience for residents in the Market House unit on the day. The meal time experience was relaxed and staff were observed to be respectful and discreetly assisted the residents during the meal times. Residents had access to drinks and snacks throughout the day. Fresh jugs of water and cordial was observed in communal areas and residents' bedrooms.

The centre provided a laundry service for residents. Residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing. A small number of residents said that they preferred to have their clothes laundered by a family member.

The inspector observed that visiting was facilitated. The inspector spoke with two family members who were visiting. The visitors told the inspector that there was no telephone booking system in place. Visitors spoken to were very complimentary of the staff and the care that their family members received.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of

the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in April 2022, and improvements were found in Regulation 15: staffing, Regulation 21: records, Regulation 17; premises, Regulation 27: infection prevention and control and Regulation 29: medicines and pharmaceutical services. On this inspection, the inspector found that actions were required by the registered provider to address areas of Regulation 17: Regulation, Regulation 27: infection prevention and control and Regulation 28: fire precautions.

Dunlavin Nursing Home Limited is the registered provider for Dunlavin Nursing Home. The company is part of the Silverstream Healthcare group, which has a number of nursing homes nationally. The company had three directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by an assistant director of nursing, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a clinical operations manager and had access to facilities available within the Silverstream Healthcare group, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. Since the previous inspection changes had been made to the management structure in the centre and an assistant director of nursing supported the person in charge. The centre had outsourced cleaning services to a private provider.

The registered provider had commenced building works to convert areas of the centre to bedroom accommodation. An assisted bathroom on the Railway unit was under construction to change a bed room with an en suite facility. An assisted bathroom and part of a sluice room was under construction to change to a bedroom with en suite facility. An application to vary the registration conditions of the centre was requested as completion of these works would increase the occupancy of the centre from 62 to 64.

There was good oversight of staff training and supervision of training in the centre. Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, dementia training, and infection prevention and control. Nursing staff had completed training in venepuncture, medication management and cardio-pulmonary resuscitation

(CPR). Staff were supervised by the person in charge and assistant director of nursing.

Electronic and paper based records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. The person in charge had made improvements to the centres auditing system since the last inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, wound care, falls, infection prevention and control, medication management, restrictive practice and observational audits. Audits were objective and identified improvements. The introduction of an audit outcome form enabled the service to strengthen its quality and safety structure. The audit action form listed the actions required to be completed following audits, who was responsible to action the non-compliance's, confirmation and sign off of outcome resolutions by the clinical governance team and learning outcomes. Regular governance meeting and staff meeting agenda items included discussion of key performance indicators (KPI's), training, fire safety, COVID-19 planning, and clinical risks. There was evidence of a weekly KPI report discussion between the person in charge and clinical operations manager which was then communicated at staff handover in the centre. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2022 was available during the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. She was aware of her responsibilities under the Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control, safe guarding, fire safety and behaviours that are challenging. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Dunlavin Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 17: premises, Regulation 27: infection prevention and control, and Regulation 28 fire precautions.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all communal areas and outside all bedroom doors. Bedrooms were personalised and residents had ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and en-suite areas. Residents has access to call bells in their bedrooms and en-suites. There were adequate storage facilities in the building. The inspector noted that all corridors were clear at all times and free of any equipment.

Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules were incorporated into the regular weekly cleaning programme in the centre. The centres storage areas were clean, and mostly free of clutter and organised. Used laundry was segregated in line with best practice guidelines. There was evidence of infection prevention control (IPC) meetings with agenda items such as COVID-19, PPE, clinical waste, and actions required from specific IPC audits such as environmental, sharps and glucometer audits. Infection prevention and control audits were completed quarterly. The centre had an IPC policy which included

COVID-19 and multi-drug resistant organism (MDRO) infections. An updated COVID-19 outbreak management report of the centres most recent outbreak had been completed by the person in charge. Learning and changes had been identified such as improvements to communication, training and PPE. The centre had a lead IPC nurse. All staff had training in IPC and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Daily menus were displayed the residents' dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with absconding, residents who were at risk of falling and the risks associated with manual handling.

The centre did not act as a pension agent for any of the residents. Resident's had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and most were in working order. Fire training was completed annually by staff. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment with a night time drill haven taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, fire evacuation equipment, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's were displayed on the wall inside the bedrooms and identified the different evacuation methods applicable to individual residents. Staff spoken to were familiar with the centres evacuation

procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the day of the inspection there were no residents who smoked. There were fire evacuation maps displayed throughout the centre, in each compartment. However; fire safety procedures required improvement, this is discussed further in the report under Regulation 28.

The inspector saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission to the centre. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls and infections. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, emergency department in the home team, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required; for example, physiotherapist, occupational therapist, speech and language therapist, dietician and chiropodist. Residents had access to dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected and at the forefront of the service. Residents were actively

involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate in the centre and a SAGE advocate. The advocacy service details and activities planner were displayed on all units in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, WI-FI televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Roman Catholic and Church of Ireland clergy visited residents' in the centre regularly. Mass took place every Friday in the centre. The centre had its own resident rabbits which were looked after by the residents. Group activities of chair yoga, relaxation therapy, rosary, and a visit from a therapy dog took place on the inspection day.

Regulation 11: Visits

Indoor visiting was in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have their temperature checks and there was a checklist to ensure that visitors had appropriate PPE and had completed hand hygiene procedure on entry to the centre.

Judgment: Compliant

Regulation 17: Premises

Actions were required to ensure the premises conformed to the matters set out in schedule 6. For example;

- Parts of the centre required painting and repair to ensure it could be effectively cleaned, such as walls, and skirting boards.
- the cleaners room on the stream unit required review as it was cluttered with items such as; resident assistive equipment, disposable cups and incontinence wear. This posed a safety risk to staff working in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and

management of risks.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff. For example;

- A commode in the ensuite of room 9 had rust to the leg and wheel areas. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the commode.
- A crash mat in room 36 was torn which posed a risk of cross-contamination as staff could not effectively clean it.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required in relation to fire safety management systems, including:

- Evacuation plans on display did not accurately reflect the layout of the units in the centre.
- Doors to the day room on the railway unit were held open by furniture on the day of inspection which did not allow for containment of smoke or fire in the event of a fire in this room.
- On the day of inspection the fire alarm was activated, one of the compartment doors beside room 61 did not close.
- The door to room 5 required review as the door could not close fully without being forced due to the door being obstructed by the floor covering.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Dunlavin Nursing Home OSV-0005381

Inspection ID: MON-0039469

Date of inspection: 22/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A program of works to ensure continued maintenance of the home will be in place and supported by the home's maintenance personnel and Group Facilities and Engineering Manager. • The Cleaning room was decluttered and organized the day after inspection. It is reviewed daily to ensure it is kept clear of all items not required in the area. | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The rusted commode and torn mattress were removed from use the day after inspection and replaced. An equipment check is now in place to ensure worn equipment is removed from use. | |
| Regulation 28: Fire precautions | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance the RPR will have the following in place and implemented and actioned as required: | |

- All fire plans will be updated and displayed in the home.
- Staff have been reminded not to keep doors open with furniture. If doors are to be kept open at residents request a door release will be fitted to ensure closure if fire alarm sounds.
- Fire doors checked to ensure they all close on sounding of alarm.
- The door and flooring in room 5 will be modified to enable free closure of the door in the event of fire alarm sounds.

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 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 | 23/03/2023 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 23/03/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and | Substantially Compliant | Yellow | 30/09/2023 |

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|------------------|--|-------------------------|--------|------------|
| | extinguishing fires. | | | |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Substantially Compliant | Yellow | 30/09/2023 |