



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

Issued by the Chief Inspector

Name of designated centre:	D'Alton Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0036475

About the designated centre

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

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team is provided to residents who require long stay care or periods of respite care. Residents who have increasing physical frailty, people living with dementia and others requiring assistance with mental health or palliative care needs are accommodated. Day care is provided two days per week and there is separate space and staff allocated to this service. Accommodation is provided in 19 single and five twin rooms. The centre provides a home like environment, is well-maintained and there is adequate dining and sitting room space available to meet the needs of residents accommodated. Outdoor space comprises of two courtyard gardens. The philosophy of care is to provide a safe and home like environment that enables residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote their health, independence, individuality and choices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 September 2022	09:00hrs to 17:30hrs	Rachel Seoighthe	Lead
Thursday 29 September 2022	09:00hrs to 17:30hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in the centre. Inspectors observed that staff were kind and responsive to residents' needs. Interactions between staff and residents were meaningful and unhurried. Although some actions were required to bring the premises into compliance with the regulations, the centre's environment was homely and welcoming.

Upon arrival to the centre, the inspectors were guided through the infection prevention and control measures necessary on entering the designated centre, including hand hygiene and symptom monitoring. Following an introductory meeting with the person in charge, the inspectors completed a tour of the premises which gave them the opportunity to meet with residents and staff as they prepared for the day. The centre was warm and bright and the inspectors noted that the atmosphere in the centre was calm. Staff were observed encouraging and supporting residents, many of whom were attending the main sitting room where activities were being facilitated by care staff.

D'alton Community Nursing Unit is a single storey, purpose built nursing home that can accommodate a maximum of 29 residents in twin and single bedrooms. The centre provides long term care and respite care for both male and female adults with a range of dependencies and needs. It also operates a day care service twice weekly. The centre is located in the town of Claremorris, and there are views of the locality from a number of communal rooms such as the dining room and sitting room.

There are various communal spaces within the centre, including sitting rooms and an oratory. Residents also had unrestricted access to two enclosed courtyards which contained trees and colourful flowerbeds. Inspectors observed that whilst some areas of the courtyard were in need of repair, they were generally well maintained. Inspectors were informed that there were opportunities for residents to assist with gardening in the courtyards and this was validated by residents who told the inspectors they enjoyed the garden activities during the warmer weather.

Bedroom accommodation was provided in a mixture of single and twin bedrooms. Residents had adequate wardrobe and lockable storage space for their clothes and personal belongings. Overhead hoists were in place in all rooms to enable safe moving and handling. Many residents' bedrooms were personalised with their belongings such as their photographs, books and ornaments. Inspectors noted that televisions in bedrooms were a small size and some were positioned at a height and distance which did not ensure comfortable viewing. Residents in twin bedrooms did not have access to their own television which did not afford residents' individual choice regarding their television viewing and listening.

All bathrooms and toilets were of a good size and were accessible for residents. Handrails in bathrooms and toilets were in contrasting colours to the background

colour to make them more visible to the residents when mobilising.

There were a number of storage rooms in the centre, however the inspectors observed that there was inadequate storage space for equipment. Inspectors observed that a shower chair was being stored in a communal bathroom which posed a risk of cross contamination. Additionally, a large comfort chair which inspectors were told was no longer in use was being stored along a corridor adjacent to a fire exit and potentially impeding evacuation if required. This was removed at the time of the inspection. Inspectors also observed a linen trolley and a laundry skip were being stored in the hair dressing salon as there was no appropriate alternative storage available.

There were sufficient handrails in place along all the corridors to support residents with their safe mobility. Walls were decorated with artwork and photographs of residents and staff enjoying previous social events in the centre. The entrance to each corridor was decorated with a different coloured canvas. Inspectors were told that this was an effective feature to support residents with way-finding.

A resident meal service was observed. The inspectors observed that a choice of meals was offered as well as a variety of drinks. Residents commented positively about the quality of food provided in the centre. Inspectors observed that the food provided appeared nutritious and well presented. Inspectors observed that one or more staff remained with residents at all times and there was enough staff to assist residents during mealtimes. Staff were observed supporting residents in a kind and gentle manner. Menus were displayed in written and pictorial format.

There was evidence of information displayed throughout the centre guiding and informing residents about activities and services available. Residents had access to local and national newspapers, televisions and radios. Information about advocacy services was displayed and inspectors were informed that residents were supported to access this service if needed.

Visiting was facilitated in line with national guidance and inspectors observed a number of visitors coming and going throughout the day of the inspection.

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 the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. Overall, the findings of this inspection were positive in respect of the standard of care residents received and their quality of life in the centre. This was a well-managed centre with good levels of oversight to

monitor the quality and safety of care. Inspector's found that overall the registered provider had maintained good levels of compliance with the regulations since the previous inspection however there were some areas of non compliance found on inspection and these are discussed further under the relevant regulations in the report.

The Health Service Executive (HSE) is the registered provider for D'alton Community Nursing Unit. There is a clearly defined management structure in place that is accountable for the delivery of health and social care support to the residents. The management team consists of a general manager, a manager of the older persons service and a person in charge. A clinical nurse manager deputised for the person in charge, when absent. The person in charge was supported by a team of staff nurses, care assistants, household and catering staff.

There were management systems in place to oversee the service and the quality of care, including audits and key performance indicators. Inspectors viewed a schedule of clinical and environmental audits. Audits had been completed in a number of key areas including; health and safety and falls management. The aim of each audit was clearly set out, the methodology was detailed and each audit had an action plan which detailed the improvements to be carried out. Weekly audits of clinical care indicators were also completed to monitor areas such as antibiotic use, use of psychotropic medication and wound development. Further oversight was required to ensure that audit actions were completed. This is discussed under Regulation 23, Governance and Management .

There was evidence of a comprehensive daily handover and inspectors viewed records for regular meetings which took place with staff and management in relation to the operation of the centre. Records detailed the attendees, the agenda items discussed and the actions that were agreed.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed for 2021. An improvement plan was documented at the end of each area reviewed.

On the day of the inspection, there were 22 residents being accommodated in the centre. Inspectors' observed that staffing levels on the day of the inspection were sufficient to meet the needs of residents, in line with their assessed needs and dependencies. A review of the rosters found that there was a good skill mix of staff nurses and care assistants on duty. The house-keeping duties were out-sourced to an external company. It was evident that there was clear communication between the management team and the out-sourced personnel. Inspectors were informed that a plan was in place recruit additional nursing and care assistants.

While staff were knowledgeable and had access to education and training appropriate to their role, inspectors found that some staff had not attended mandatory refresher training sessions. In addition not all staff had received training appropriate to their roles and responsibilities in relation to caring for residents living with dementia and in the management of responsive behaviours. This is discussed further under Regulation 16: Training and staff development and under Regulation

7: Managing Behaviours that are Challenging.

Residents views on the quality of the service provided was accessed through satisfaction surveys and through resident meetings. Agenda items included visiting arrangements, hand hygiene, food and nutrition. Inspectors viewed evidence of an action plan developed to enhance the daily menu and meal service experience, as a direct result of resident feedback.

The were systems in place to safe-guard the residents from abuse. Resident's told inspector's that they felt safe in the centre and that they could talk to any staff member if they were worried about anything. Further oversight was required to ensure systems in place to protect residents were robust. This is discussed further under Regulation 8, Protection.

The complaints policy and procedure was made available to residents should they wish to register a complaint. There was a very low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre. However, not all incidents were notified to the Chief Inspector as required by the regulations. This is discussed further under regulation 31, Notification of incidents.

Each resident had an agreed contract for care and service. However, the inspectors found that the details regarding the room each resident occupied was not recorded in the contract in line with the requirements of the regulations.

A sample of staff files were reviewed and found to contain all the information required under Schedule 2 of the regulations including a Garda Siochana (police) vetting certificate for each staff member.

Regulation 15: Staffing

There was planned and actual staff roster was available. The roster reflected the staff on duty on the day of inspection and demonstrated that there were sufficient numbers of staff available when considering the size and layout of the centre and the needs of residents. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and relevant training however, from a

review of the training records available the inspectors found that not all staff had been facilitated to attend mandatory training for example;

- 5 staff had not completed refresher training in infection prevention and control. Up to date training certificates were submitted by the person in charge following the inspection.

Training records also identified the need for staff training in the management of responsive behaviours and dementia care, in order to bring about improved outcomes for residents.

All care staff were delegated responsibility for the provision of meaningful activities, however training in the provision of activities had been completed by just 3 staff at the time of this inspection.

Increased supervision of staff in relation to the correct use of personal protective equipment was required. Inspectors found that a number of staff were not wearing their face masks correctly.

Judgment: Substantially compliant

Regulation 23: Governance and management

While, governance and management systems were in place to ensure the service was safe, appropriate and effectively monitored, this inspection found that there were gaps in relation to systems the registered provider had in place to identify and mitigate against risks in the centre. Inspectors found that risks were not always identified and this had the potential to negatively impact on the residents safety. These risks are discussed under regulations relating to premises and the general environment.

There was effective scheduling and completion of audits, however further oversight was required ensure that the actions identified were being implemented to ensure sustained improvement. For example, a care plan audit that had been completed by the clinical team had identified where improvements were required however inspectors could not find evidence that the improvement actions were followed up to ensure that they had been implemented in full.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. Three contracts reviewed did not include all the terms on which the resident was residing in the centre. For example

- The occupancy of the bedroom in which the resident would be accommodated was not stated in the contract of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a Statement of Purpose in place which included the information set out in Schedule 1 of the regulations. However the document had not been updated to reflect the staffing allocation to the day care service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Whilst the majority of notifications required to be submitted to the office of the Chief Inspector were done so in accordance with regulatory requirements, inspectors found that not all restrictive practices were being reported on a quarterly basis to the Office of the Chief Inspector. For example ; the use of sensor alarms which had the potential to impact on residents free movement when activated.

Additionally, an accidental injury to a resident which required hospital treatment, was not notified in the required time-frame as required by Regulation 31. This notification was submitted by the person in charge following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were effectively managed in line with requirements of regulation 34. The centre had a complaints policy and procedure which outlined the process of raising a complaint. The procedure was available in several formats and it was displayed throughout the centre. A complaints log was maintained and complaints records detailed investigations into the complaint , the outcome of the complaint and whether or not the complainant's level of satisfaction recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of Schedule 5 policies in place in the centre. Policies were made available for staff relevant to their roles and responsibilities.

Judgment: Compliant

Quality and safety

Overall inspectors found that residents were well cared for by a staff team who knew them well and who were familiar with the residents' needs and preferences for care and support. This was reflected in the resident's feedback on the day of the inspection. Inspectors were assured that the provider and the person in charge were striving to ensure that standards of care and support were sustained to a high standard and that the centre was in compliance with the regulations, however inspectors found that improvements were required in relation to premises, care planning, meaningful activities and the management of responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These findings are set out under the relevant regulations.

The premises were laid out to meet the needs of the residents. Although some single bedrooms were small they met the minimum requirements of the regulations. Bedrooms were well appointed and residents had sufficient storage for their clothes and personal belongings. The layout of some single rooms was cluttered and residents who had a comfortable chair beside their bed would have had difficulty accessing their hand washbasin and storage without moving the chair first. Overhead hoists went some way to mitigate this issue and they removed the need for large hoists to be manoeuvred in these rooms. Bedrooms were clean and bright and most were personalised with the resident's ornaments and pictures from home.

Communal areas were spacious and well laid out with comfortable seating for the residents. There was a pleasant dining room to the front of the building. residents could choose to take their meals in the dining room or in the lounge. Some residents who preferred to take meals in their bedroom on a tray service were accommodated to do so.

There were sufficient communal bathrooms, showers and toilets for the number of residents. Bathrooms and toilets had been recently refurbished and were spacious and clean. Grab rails were in place to support residents who were using these

facilities. Most bathrooms and toilets were wheelchair accessible.

There were two enclosed courtyard gardens that were easily accessible for the residents. Although no residents were accessing these gardens on the day of the inspection residents reported that they had enjoyed the gardens during the summer. The gardens were nicely laid out with seating and walkways. A number of items of interest were displayed in the garden as well as neat planting and some raised beds which residents could access to carry out gardening activities.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice. The inspectors observed the lunch time meal and found that there were sufficient staff to support the 22 residents accommodated in the centre. Staff offered discreet support and assistance to those residents who needed help at lunch time.

There was not sufficient storage in the designated centre for large items of equipment such as comfort chairs and laundry skips. As a result these items were not being stored appropriately which posed a number of environmental risks that were identified on the day. These are discussed under Regulation 17.

The centre was clean and inspectors found that overall the provider had taken appropriate measures to ensure that procedures consistent with the standards for prevention and control of health care associated infections. However improvements were required in relation to some staff practices which is discussed under Regulation 27.

Staff interactions with residents were marked with empathy and respect. Staff knew the residents well and were mindful of the need for confidentiality when they were talking about the residents with the inspectors. Staff were aware of the importance of family and friends in the residents ongoing life in the designated centre. Staff were seen to make visitors welcome and ensure that residents were able to spend private time with their visitors.

Residents were supported to make choices about how they wanted to spend their time. An activities schedule was available. On the afternoon of the inspection residents were seen enjoying a musical session given by an outside company. Staff facilitated residents to join in the session in line with their capacity to do so. Those residents who chose not to participate had their choices respected. However inspectors observed that those residents who spent significant time in their rooms or who were not able to participate in the group activities spent long periods of time with nothing to do and limited social interactions.

Residents had access to physiotherapy, occupational therapy, speech and language therapy and dental services. Dietetics and chiropody were also available. Residents were reviewed by tissue viability specialist where required. The centre had strong links with specialist services including, psychiatry of old age and palliative care.

Regulation 13: End of life

The centre had arrangements in place to ensure that when a resident approached end of life appropriate care and support was available to address their needs. This included their religious and cultural needs and preferences.

Families and residents' friends were encouraged to be involved in their on-going life in the centre including at end of life. There was a suitable room available for friends and family to spend time when they were with the resident.

End of life care plans showed that residents' preferences about where they wanted to be cared for at end of life was recorded. This included return to the resident's home in the community if this was their wish.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not provide premises which conformed to the matters set out in Schedule 6 of the regulations as follows:

- There were inadequate arrangements for the storage of equipment in the centre for example: the inspectors observed that an item of assistive equipment used for residents' transportation was being stored along a corridor and was blocking access to a final exit fire door. This posed a risk to staff and residents who entered this area as they would need to navigate around the equipment in the event of a fire emergency. This was removed at the time of the inspection.
- The surface adjacent to the external storage unit was rugged and uneven which was a further hazard to any persons accessing this area as there was a risk of trips and falls.
- The clinical and household waste bins were not stored in a secure area and could be accessed by members of the public.

A number of maintenance issues required action to ensure appropriate standards were in place for example:

- A door frame leading to the external courtyard was damaged and in need of repair.
- Inspectors observed that the smoking shelter located in the enclosed courtyard was corroded by rust, and there was a risk of structural damage.
- The floor covering was not sealed in several areas including a storage room

and laundry room.

Judgment: Substantially compliant

Regulation 27: Infection control

Further focus and effort was required to ensure that procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority were implemented consistently by all staff. This was evidenced by the following findings;

- There were insufficient clinical hand washbasins available for staff to use outside of the residents' bedrooms and bathrooms.
- A small number of staff were not wearing their face masks correctly on the day of the inspection. Inspectors observed staff wearing their masks below their nose and around their neck. This was not identified and addressed by senior staff on the day.
- The surface of some specialised chairs used by residents was ripped with exposure of the foam underneath and therefore could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The quality and content of some assessments and care plans reviewed by the inspectors did not meet the regulatory requirements. This was evidenced by the following findings;

- One resident did not have an assessment of their continence needs as identified on their discharge summary from hospital.
- A recently admitted resident did not have a comprehensive care plan in place for all of their identified needs.
- A number of residents did not have care plan in place for meaningful activities that reflected their personal preferences and choices as recorded on the "Key to Me" document.
- A number of care plan reviews did not include the input from the resident or where appropriate their representative. As a result it was not clear that residents were adequately involved in their care plan reviews.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health care and medical care in line with their assessed needs. Residents were registered with a general practitioner (GP) and where possible residents were facilitated to keep their local GP following their admission to the designated centre.

Residents had access to specialist services such as chiropody, occupational therapy (OT), physiotherapy and speech and language therapy (SALT). Where these services were not easily available the provider had sourced private specialist services to ensure residents were reviewed promptly and appropriate specialists were made available.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors found that a number of staff did not have up to date training in the management of responsive behaviours. In addition 23 staff had not attended training in care for residents living with dementia.

Although risk assessments were completed prior to the introduction of equipment such as bed rails there was no evidence in these records that other less restrictive methods had been trialled with the resident before a decision was made to install bed rails.

Judgment: Substantially compliant

Regulation 8: Protection

Further oversight was required to ensure there were appropriate measures in place to protect residents from abuse. This was evidenced by the following findings :

- The policy and procedure for Safe-guarding residents from abuse found that the policy was not updated to guide staff . The designated officer, named in the policy as nominated to investigate allegations of abuse, was no longer working in the centre.
- There was no system in place to ensure that the balance of residents personal monies held for safekeeping was routinely monitored.

- Not all staff had not completed refresher training in the safeguarding of residents. This was addressed promptly by the person in charge on the day of inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

Not all residents had opportunities to participate in meaningful activities . Inspectors observed that the care staff facilitating activities was also required to supervise the communal sitting room and was therefore not available to spend one-to one time with residents who did not wish to participate in group activities.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0036475

Date of inspection: 29/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A full review of all staff training is complete. All mandatory training is complete and in date for staff. Additional training as recommended will be completed as part of our overall training programme for staff.</p> <p>The need to adhere to PPE guidelines where failure to comply is identified by management is addressed directly with staff concerned. Reminder issued post inspection to all staff on importance of correct mask wearing.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits schedule reviewed and amended to ensure they are carried out regularly. Findings and action plans arising will be implemented and evaluated at new monthly audit review meetings. This will ensure a regular review of the action plans with emphasis on corrective actions required.</p> <p>A new risk audit for premises maintenance and operational issues has been implemented to ensure risks as identified on inspection do not reoccur. This involves a weekly check of the premises and site.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts of care have been amended to identify room occupancy.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been amended to reflect day care and staffing allocation</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Relevant staff have been reminded of the importance of submitting require notifications in accordance with regulatory requirements. A summary list of notifications is on display in clinical offices and copies of HIQA guidance provided in those offices.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Additional storage is being provided adjacent to the centre and will in place in early 2023. The existing container will be removed and the surface area refinished.</p> <p>Damaged and defective surfaces as identified, and the smoking shelter are being repaired/fixed/refinished and we expect these works to be completed by 30/11/2022.</p>	

The bin area is being secured with fencing. This work is expected to be completed by 31/12/22

Repairs to the defective floor and door frame identified are due for completion on or before 19/12/22

Our retention records, previously stored in room off rear corridor are now stored off site. This has created additional storage space for the equipment identified as posing a hazard on inspection.

Regulation 27: Infection control

Substantially Compliant

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

The need to adhere to PPE guidelines where failure to comply is identified by management is addressed directly with staff concerned. Reminder issued post inspection to all staff on importance of correct mask wearing.

A clinical sink as recommended will be installed on or before 31/3/2022.

All defective/damaged seating that could not effectively be cleaned has been replaced with new seating since 21/11/22.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Staff are being allocated additional protected time to ensure care plans are up to date.

Audit process has been reviewed to ensure we identify gaps/absences in care plans and resolve.

"Key to me" and activity components of care plans will be reviewed with residents/residents representatives on or before 30/11/2022.

Care plans for residents who are cognitively challenged where identified as having deficiencies on inspection have been reviewed.

Additional training as recommended in dementia care and activities will be completed as part of our overall training programme for staff.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 We are actively working towards a reduction and if possible elimination of restrictive practices within the unit.
 We have put in place a system within the unit to trial less restrictive methods, before assessing the resident for bedrails. These areas are outlined below.

- Lowering the bed height to suit individual needs.
- Using mobility aids to enhance mobility in bed.
- Reducing environmental noise.
- Ensuring good lighting
- Ensuring appropriate alarm systems to alert staff to risky situations.
- Providing enhanced activity programs tailored to individual needs.
- Checking at risk residents regularly.
- Assessing each resident for the suitability for body padding (hip protectors)
- Organizing comprehensive physical checkups by the GP, inclusive of medication reviews, assessment for infections and management of pain.
- Providing psychosocial programs and therapies such as enhanced companionship, active listening, improving staff/resident interactions and relaxation programs.

All staff will receive up to date training on "Managing Responsive Behavior "

Care plans, specifically "A Key to me" and "meaningful activities" care plans will fully reflect the resident's individual preferences. They will be evaluated and updated regular in consultation with the resident or his/her representative. Residents with dementia in consultation with their representative will have care plans developed to meet their specific dementia related care needs

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
Recording sheet for personal monies reviewed and updated to reflect recommendations.
Monthly audit toll updated.

All staff mandatory training certification/confirmations now in place.

Details of safeguarding officer are updated on the policy in the centre.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Additional televisions will be installed in twin bedrooms.

When consulted with and residents wished, excess items were removed/relocated in their rooms to reduce clutter.

We develop a tailored program of activities to suit each new resident on admission as outlined below. This is recorded on a "key to me" and on their care plans and updated accordingly as their needs change.

- Staff sit with each resident and ascertain their likes and dislikes, areas of interests and individual tastes. They explore the types of activities they like and whether they like activities in groups / individually or a combination of both.
- Individual activity time is offered to each resident who choose to stay in their room. If the resident would like to participate, staff spend one to one time with the resident on their choice of activity for that day.
- We now have a new interactive projector that can project a wide range of interactive activities onto a wall, table or floor, this can be wheeled from room to room and is proving very popular with the residents.
- Staff offer to read to or with the resident, play board games, discuss current affairs, play cards or whatever the resident requests that day.
- Equipment such as knitting needles, craft items, creative writing material, painting and drawing material are taken to the individual rooms as required.
- Staff accompany residents out to the garden when the weather is fine to assist with individual gardening activities that the resident might enjoy.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	05/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/10/2022
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	31/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	30/11/2022

	effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	10/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/10/2022
Regulation 31(1)	Where an incident	Substantially	Yellow	30/09/2022

	set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Compliant		
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/09/2022
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.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	30/09/2022

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	10/10/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/03/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/11/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	03/10/2022

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	03/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2022
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.	Substantially Compliant	Yellow	30/11/2022