



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dean Maxwell Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	The Valley, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 November 2022
Centre ID:	OSV-0000665
Fieldwork ID:	MON-0038291

About the designated centre

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

Dean Maxwell Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Roscrea in north Tipperary. The centre is single storey and is designed around two enclosed garden areas. The centre can accommodate up to 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 15 single bedrooms and six twin bedrooms. Two of the single bedrooms with ensuite shower facilities are dedicated to palliative care. Some of the twin bedrooms have ensuite facilities, there are two assisted showers, specialised bath and eight toilets for residents occupying single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and oratory. Day care facilities are provided Monday to Friday for up to 15 people from the local area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Tuesday 22 November 2022	12:00hrs to 17:45hrs	John Greaney	Lead
Wednesday 23 November 2022	08:30hrs to 14:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in the centre. The inspector 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 inspector was 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 inspector completed a tour of the premises, providing an opportunity for the inspector to meet with residents. The centre was warm and bright and the inspector noted that the atmosphere in the centre was calm. Staff were observed encouraging and supporting residents, many of whom were having lunch in the main dining room.

Dean Maxwell Community Nursing Unit is operated by the Health Service Executive. It is in town of Roscrea in close proximity to shops and restaurants and is on the same grounds as the catholic church. The centre comprises fifteen single and six twin bedrooms rooms. Two of the single rooms are in an area called *The Laurels* and are designated for palliative care. These rooms are en suite with shower, toilet and wash hand basin. There is also a small sitting room in this area with comfortable reclining armchairs, should relatives wish to remain overnight with residents that are end of life.

The provider acknowledges that thirteen of the single rooms have limited space and has specified in the Statement of Purpose that these rooms are unsuitable for residents that require specific manual handling equipment, such as a hoist. When the dependency level of residents occupying these bedrooms increases, they will be required to move to a shared room, which have more space. While some of these rooms had a dining style chair for residents to sit should they wish to spend time in their rooms, there was not adequate space for a comfortable armchair or for a second chair for a visitor. Additionally, there was no room for additional furniture such as a chest of drawers for residents that required additional storage space for clothes and personal belongings. The inspector noted that two of the bedrooms did have chest of drawers but it was not possible to open the drawers and access the clothing stored within them without moving the bed. Many residents' bedrooms were personalised with their belongings such as their photographs, books and ornaments.

There are various communal spaces within the centre, including a sitting room with a conservatory area, a second sitting room with an interactive projector used for activity purposes, a dining room and a small oratory. Residents also had unrestricted access to two enclosed courtyards. One of the courtyards was maintained to a good standard with raised plant beds, garden furniture and was a safe and inviting space

for residents should they wish to spend time outside. The second courtyard was less inviting. The surface of the courtyard was discoloured with moss type coating. There was a gazebo that was used for storage and was very untidy in appearance.

Sanitary facilities are a mixture of en suites, shared bathrooms and communal bathrooms. Two of the twin bedrooms have en suite bathrooms containing a shower, toilet and wash hand basin. A further two twin rooms have en suite toilets but also share a bathroom with one other twin room containing a shower toilet and wash hand basin. The two palliative care rooms have full en suite facilities. The remaining thirteen single rooms have a wash hand basin only in the rooms but have access to communal bathrooms and toilets within close proximity to their bedrooms.

There were sufficient handrails in place along all the corridors to support residents with safe mobility. Many of the door surrounds, particularly bedroom doors, had a significant amount of damage to the woodwork making them difficult to clean effectively. Additionally, there was damaged paintwork on the walls of many of the bedrooms. The premises, however, was generally clean and tidy.

A resident meal service was observed. The inspector observed that most residents had all of their meals in the dining room but could have their meals in their bedrooms if they wished. Residents commented positively about the quality and quantity of food provided in the centre. The inspector saw that residents were provided with a choice of food from a menu that was on display in the dining room. The inspector also saw that residents were offered options that were not on the menu that day. The food provided appeared nutritious and well presented. Staff were observed supporting residents with their meals in a kind and gentle manner.

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 the inspector was informed that residents were supported to access this service if needed.

Care staff were designated to provide activities each day. On the first day of the inspection the inspector observed a number of staff with residents in an activity room using an interactive projector, which residents appeared to enjoy. The inspector observed staff facilitate group activities on the second day of the inspection and the majority of residents appeared to be enthusiastically participating. Residents had access to television, radio, newspapers and books. There were arrangements in place to support residents to maintain contact with family members. Visiting was facilitated and there were identified areas in the centre to receive visitors. The inspector observed a number of visitors coming and going throughout the days of the inspection. The inspector was informed that there was a very limited WiFi service available.

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 inspection to monitor ongoing compliance with regulations. While there are adequate management structures in place to support the oversight of quality and safety, action was required in the areas of staff supervision, governance and management and notifications.

The Health Service Executive is the registered provider. The centre is registered to accommodate 27 residents and the registration expiry date is 17 March 2023. The provider had submitted an application to renew the registration. There were twenty residents living in the centre on the days of the inspection, two of which were on respite. The service is supported by centralised departments, for example, human resources, fire and estates and learning and development. There is a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time and was responsible for the daily operation of the centre. She reported to the Older Persons Service Manager who was part of a group of senior managers who supported the centre. The Person in Charge is usually supported by a clinical nurse manager, however, due to long term leave this post is currently vacant. The inspector was informed that should the person in charge take annual leave, a clinical nurse manager from another centre takes charge of the centre. This is not in accordance with the centre's Statement of Purpose. Management are supported by a team of nurses, multi-task attendants, and catering staff.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. There was an annual review of the quality and safety of care to residents that incorporated feedback from residents obtained through residents' meetings and residents' surveys.

Overall, there was evidence of good systems of communication that included regional monthly governance and management meetings attended by senior management and directors of nursing from community nursing units in the region. There were also regular staff meetings. While there was a clearly defined management structure, the systems in place were not sufficiently robust enough to ensure sufficient oversight and supervision of staff and to respond to residents needs. This was evidenced by inadequate arrangements for the management of the centre in the absence of the person in charge. There were also inadequate arrangements for the enhanced supervision of staff in instances where performance may not have been at the required standard. Governance and management is discussed in more detail under Regulation 23 of this report.

The management team had a system in place to identify and manage risks. Risks were regularly reviewed and evaluated to mitigate or eliminate identified risks were effective. However, mitigation measures identified in the risk register were not always implemented. This is discussed in more detail under Regulation 26 of this

report.

There were adequate numbers and skill mix of staff available to meet the needs of residents. Staff were competent and knowledgeable about the needs of residents on an individual basis. Staff were observed to be respectful to residents and were responsive to their needs and requests.

Staff were supported and facilitated to attend training relevant to their role and all staff had completed training in mandatory areas such as fire safety, manual and people handling, and safeguarding. As found on the previous inspection, training was overdue for a large number of staff in responsive behaviour. Staff had also completed training in infection prevention and control that included training in relation to the prevention and management of COVID-19, correct use of PPE and hand hygiene. All registered nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI). A review of a sample of staff personnel files indicated that most of the requirements of the regulations in relation to staff recruitment had been met.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre, which is due to expire on 17 March 2023. The application had been made six months prior to the end of the current registration as required by the Health Act 2007.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse and had the required experience and qualifications for the role. Residents were familiar with the person in charge and it was evident that she was involved in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare staff. The staffing compliment also included housekeeping,

catering, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had failed to ensure that adequate arrangements were in place for the supervision of staff, including arrangements for enhanced supervision, in instances where concerns had been identified relating to staff performance.

Judgment: Not compliant

Regulation 21: Records

Records were stored securely and were easily retrievable

Judgment: Compliant

Regulation 23: Governance and management

The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by:

- the long term absence of the clinical nurse manager resulting in inadequate deputising arrangements to cover the absence of the person in charge
- adequate arrangements were not in place for the supervision of staff, including arrangements for enhanced supervision, in instances where concerns had been identified relating to staff performance
- while notifications were submitted in accordance with the requirements of the regulations, full and comprehensive information was not always included in the notification
- there is a risk register that is kept under review, however, there is a need to ensure that mitigation measures identified in the risk register are implemented in practice

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the fees to be charged, the room to be occupied and terms for residing in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

While notifications was submitted there was not always full and comprehensive information included in the notification.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy in place to guide staff on the management of complaints. There was a notice on display to inform residents, relative and visitors on the procedure for making a complaint and an independent appeals process should they be dissatisfied with the outcome of the complaints process. The complaints log contained details of complaints, details of the investigation and the satisfaction or otherwise of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies listed in Schedule 5 of the regulations were in place and all were reviewed at a minimum of every three years.

Judgment: Compliant

Quality and safety

The service provided an appropriate standard of person-centred care for the

residents. Residents reported their satisfaction with the quality and safety of care they received. However, the inspector found that some action was required with regard to assessment and care planning, infection prevention and control, fire safety and the premises to comply with the regulations and to ensure a safe environment was maintained for residents. Further action was required to ensure a consistent programme of social engagement and activities was provided to meet the needs of the residents.

As already stated the centre comprises 15 single bedrooms and six twin bedrooms. While two of the single rooms and the twin bedrooms provide adequate space to accommodate residents, including adequate space for a comfortable chair and for storage of personal belongings, this is not the case for the remaining thirteen single rooms. Residents in these rooms have limited storage space due to the size of the rooms. The person in charge confirmed that only residents that did not require the assistance of a hoist are accommodated in these rooms, as there was insufficient room to manoeuvre a hoist. Residents in these rooms will have to move to a shared room when their dependency needs increase. All of these bedrooms contained standard chairs but none had an armchair in which a resident could comfortably sit and there was insufficient space for an additional chair to allow residents to receive visitors in their rooms.

A review of four residents records found that residents' care and support needs were appropriately identified through validated assessment tools. These were used to inform the development of person-centred care plans for long-term residents. However, while short-stay residents also had comprehensive assessments conducted, care plans were not developed to guide staff in care delivery for these residents. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

A small number of residents required the use of bedrails. Records reviewed by the inspector indicated that appropriate risk assessments had been carried out. A restrictive practice register was maintained in the centre which was reviewed regularly by the person in charge.

Residents were reviewed by their general practitioner (GP) as required or requested. Referral systems were in place to ensure residents had timely access to specialist and allied health services through a combination of remote and in-person reviews. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The provider was pension agent for three residents and adequate records were available to identify appropriate financial management on behalf of residents.

The risk management policy met the requirements of Regulation 26, Risk

management and contained associated risk policies that addressed specific issues such as the unexplained absence of a residents, self-harm, aggression and violence, safeguarding and the prevention of abuse. Hazards in the centre were identified, assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. Daily checks were completed to ensure means of escape were unobstructed. Nonetheless, action was required with regard to the containment and management of fire. For example, a number of cross corridor fire doors would not fully close due to misalignment. This compromised the function of fire doors to potentially contain the spread of smoke and fire in the event of a fire. The inspector found that the release mechanism on one door was not functioning but this was corrected prior to the end of the inspection.

The inspector found that residents could exercise choice in how to spend their day. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities. However, it was not always evident that issues raised by residents at these meetings were addressed. For example, a repeated request was access to the community. The inspectors was informed by management that there was a mini bus available but there were currently no staff members with the required licence to drive the bus. The inspectors was informed that healthcare staff supported the provision of activities. However, residents were observed to spend long periods of time without appropriate occupation or activities. This is further discussed under Regulation 9, Residents rights.

Visiting was observed to be unrestricted and the inspector observed a high level of visitor activity over the course of the inspection..

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

There was inadequate storage space for residents in their bedrooms, particularly in the single rooms, as evidence by the storage of hygiene and toiletry items on top of a bedside locker and on the sides of a wash hand basin.

The chest of drawers in two bedrooms were inaccessible to residents as they could not be opened without moving the bed.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises required attention due to chipped paint on door surrounds and walls of bedrooms.

While there were chairs in each bedroom, the chairs in the single bedrooms were standard dining style chairs and would not provide adequate comfort to residents should they wish to spend time in their rooms.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

Cleaning records were not comprehensive in that not all areas of the centre were included in the record.

There was no staff member assigned to cleaning duties on the first day of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A number of fire doors did not close properly and would not effectively contain smoke or flames in the event of a fire.

Mitigation measures identified in the risk register to minimise the risk of fire associated with the use of candles in the oratory were not implemented. For example:

- a flame lighter was stored in the oratory when the risk register identified that this should be stored in an office
- the door to the oratory was held open with a waste bin.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were no care plans in place for residents that were admitted for respite to guide staff in the provision of care on an individual basis to each resident.

Judgment: Not compliant

Regulation 6: Health care

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

Residents had timely referral and access to care of the older person services such as psychiatry of later life. Services such as speech and language therapy and dietetics were available when required. A physiotherapist visited the centre on a weekly basis. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Each resident had a full

risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All staff had attended training to safeguard residents from abuse. Residents had access to the services of an independent advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to meet the social care needs of residents. For example:

- there was no action plan associated with residents' meeting' records to identify what was done in response to issues raised by residents, such as requests for outings to the community
- there were limited activities observed on the first day of the inspection. A small number of residents were observed to be participating in an interactive projector based game but most residents activities were self-directed, such as knitting, reading or watching television
- residents did not have access to WiFi

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially 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 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dean Maxwell Community Nursing Unit OSV-0000665

Inspection ID: MON-0038291

Date of inspection: 23/11/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Action Completed: <ul style="list-style-type: none"> • It was noted during the inspection that there were inadequate arrangements in place for the supervision of staff, including arrangements for enhanced supervision, in instances where concerns had been identified relating to staff performance. This has been reviewed and arrangements have been put in place to provide oversight and supervision. • Any areas of concern will be assessed on a case by case basis. Such an assessment will determine any additional measures required to support performance. This may include provision of additional training and education, buddy system and / or supervision. Alternative supports may include peer to peer mentoring and coaching. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Action completed : <ul style="list-style-type: none"> • All mitigation measures in the risk register have now been implemented. Actions to be completed : <ul style="list-style-type: none"> • A recruitment campaign for the Clinical Nurse Manager has taken place and a Clinical Nurse Manager has been appointed. • Any notification to HIQA will give full factual and sufficient information as required. 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Action to be completed :</p> <p>Notifications will be submitted in a timely manner.</p> <p>Any notification for HIQA will be submitted in relation to incidents that will give full and comprehensive details as required.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Action to be completed:</p> <p>A programme of works will be undertaken to update the single rooms with vanity units, and additional storage. The chairs in the bedrooms will be replaced to provide a more comfortable style.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Actions to be completed:</p> <p>Immediate maintenance works to address damaged paintwork is due to commence. A schedule of works to address damaged wood work and painting of the facility is been developed, will go to tender and will be completed.</p> <p>Alternative comfortable chairs will be sourced for each bedroom to allow the resident to have comfort if they wish to remain in their bedroom.</p> <p>A programme of works will be undertaken to update the single rooms with vanity units, and additional storage.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Action completed :</p> <p>Cleaning schedule has been amended to include all areas. A staff member has been assigned to cleaning at all times</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Actions completed :</p> <p>Risk register mitigation measures have been fully implemented. Fire lighter has been removed from the room. Signage is in place as instruction to ensure door is closed.</p> <p>At each report and at safety pause in the unit fire hazards will be discussed to ensure all staff have an understanding of risks associated with fire and how to observe for any risks that may be mitigated to protect the residents and unit such as the propping open of doors.</p> <p>On the day of inspection, a number of cross corridor fire doors would not fully close due to misalignment . Works have been completed so that all fire doors close properly .</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Actions completed :</p> <p>All care plans for respite admission have been completed. All respite admission will have a comprehensive care plan place on admission.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Actions completed: A staff member is allocated on a daily basis to activities to ensure all residents are being involved in same. A program is in place to ensure that staff are aware of what activities are to take place at a given time such as chair based exercise, interactive table or bingo. This is a small selection of the activities that are currently in the unit.</p> <p>Action to be completed : Following residents meetings, an action plan will be developed to address issues that are raised by residents and recorded in the minutes. This will then be given to each resident to ensure they are made aware of the actions that will be taken following the meeting</p> <p>Currently residents are encouraged to go out with family members on a regular basis. A plan is currently being developed to organise outings out of the unit and will recommence in the spring.</p> <p>WIFI access is being addressed and there will be full access installed .</p>	

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	30/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	10/01/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Substantially Compliant	Yellow	30/04/2023

	the matters set out in Schedule 6.			
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	31/01/2023
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	10/01/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/01/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Substantially Compliant	Yellow	10/01/2023

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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 than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	10/01/2023
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	31/01/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	10/01/2023