



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

Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0037461

About the designated centre

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

Roseville Nursing Home is a 30 bed centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. Accommodation includes single and twin bedrooms spread over two main floors which are accessed by stairs, a stair lift and a platform lift. The building is a Georgian house which has been renovated and extended over time and still contains some of its original features. Residents have access to a secure garden to the side and rear of the centre which contains a covered and heated smoking area. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with dementia, or who have physical, neurological and sensory impairments and end of life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. Roseville Nursing Home is a family owned and operated centre which employs approximately 28 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 31 August 2022	12:30hrs to 18:00hrs	John Greaney	Lead
Thursday 1 September 2022	09:00hrs to 16:30hrs	John Greaney	Lead
Wednesday 31 August 2022	12:30hrs to 18:00hrs	Niall Whelton	Support
Thursday 1 September 2022	09:00hrs to 16:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

On arrival the inspectors were met by the person in charge and guided through the centre's infection control procedures before entering the building. An opening meeting was held with the person in charge, at which one of the directors also attended for part of the meeting. Following the meeting the inspectors took a tour of the premises.

The centre was originally a period house and is located in the town of Bray, Co. Wicklow, on a street that runs parallel to the seafront. Over time, the building has been adapted and extended to its current capacity of 30 residents. It is a two storey premises and each storey has split level floors. Residents in the first section of the ground floor are accommodated in three twin rooms. Two of the twin rooms were formerly one dormitory style bedroom. This was sub-divided by the installation of partition walls on either side of a corridor. These walls do not extend all the way to the ceiling. Due to the design and layout of this area following the reconfiguration, one of the bedrooms does not have a window and therefore residents in this room do not have access to natural light. Residents in these rooms have access to a bathroom containing a shower, toilet and hand wash basin. There is also a sitting room, dining room, kitchen and laundry on this level. There are seven steps and a platform lift leading to the lower section of the split level floor. There are twelve single and one twin bedroom on this level, all of which are en suite with shower, toilet and wash hand basin. There is also a sitting room, dining room and visitors room on this level. Access to the internal courtyard is also from this section of the premises.

The second storey can be accessed from the ground floor via a stairs or a chair lift. There are four twin rooms and two single rooms on the second storey. Two of the bedrooms are located on the lower section of the split level floor, which can be accessed by six steps or a chair lift.

Inspectors found that residents' bedrooms were clean and there was adequate space to store personal possessions. Many of the bedrooms had plywood boards on the walls at the head of the bed to protect the walls from damage from beds. These did not contribute to a homely environment and would prove difficult to clean from an infection control perspective. The laminate on some of the bedside lockers was also starting to peel. Inspectors also observed that some of the wooden surrounds on doors and windows was in need of painting due to chipped paintwork. Other areas for improvement were identified and these are discussed under Regulation 17: Premises.

Inspectors observed aspects of residents' daily lives throughout the two days of the inspection in order to gain insight into the experience of those living there. Some residents spent their day the sitting rooms while others came and went from their bedrooms. Residents had good access to outside space. There was an internal courtyard that included a veranda. Inspectors spoke with one resident sitting outside

who confirmed that there was good access to the courtyard daily and they enjoyed spending time outside, especially when the weather was good. The courtyard was suitably furnished with garden furniture and potted plants. This was seen to be used by residents, visitors and staff throughout the two days of the inspection.

Inspectors observed that there was a relaxed relationship between staff and residents. Inspectors availed of a number of opportunities to speak with residents either in communal rooms or in residents' bedrooms. One resident said that they liked to watch TV in their room and meet with visitors in private. Other residents made positive comments to the inspector about living in the centre such as "the food is very good" and "the staff are nice". There was evidence of consultation with resident through residents' meetings and issues discussed included the programme of activities, satisfaction with food, fire safety and visiting arrangements. However, there was not always evidence of consultation with residents in relation to living arrangements, such as choice of bedroom on the ground floor when it was determined that the resident could no longer be accommodated on the first floor due to their inability to navigate the stairs or use the chair lift.

The inspectors observed that, generally, there was a good level of compliance with infection control guidelines around the centre. While there were an adequate number of strategically placed hand sanitisers throughout the centre, there were no clinical hand wash basins that met the criteria set out in relevant standards.

Residents' were generally complimentary of the food and the dining experience in the centre. Residents' confirmed that there was always a choice of meals and the quality of food was good. The lunch time meal was appetising and well presented, and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. There were drinks and snacks available in the communal areas.

The centre provided a laundry service for residents. While the laundry was small, staff in the laundry operated a soiled to clean flow for laundry. It was noted that the large washing machine was out of order and laundry staff only had access to a smaller washing machine. All residents that spoke with inspectors were happy with the laundry service.

The inspectors observed that visiting was facilitated. There was a good level of visiting activity and it was evident that there were no restrictions on visiting.

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 unannounced inspection was carried out over the course of two days. Overall,

inspectors found that some improvements were required in the governance and management of the centre, the management of complaints, staff training and contracts of care.

The centre is family run and is owned and operated by Roseville Nursing Home Limited, the registered provider. The company is made up of two directors. Both directors are involved in the day to day operation of the centre. There are clear lines of accountability and responsibility for the operation of the centre. The person in charge reports to the provider informally on a day to day basis and formally through regular management meetings. The person in charge is responsible for clinical oversight and is supported by an assistant director of nursing (ADON).

The quality and safety of care is monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. While there was a wide range of audits conducted, further assurances were required to ensure that it provided full oversight of quality and safety of care in the centre. Actions identified in a fire safety risk assessment, particularly infrastructural works had not been completed and deficits identified in relation to the premises at the last inspection had not been addressed. This is further detailed under regulation 23 of this report.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the days of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. While there were adequate staff on duty on the day of the inspection, a review of the staff roster identified that there were no cleaning staff on duty on Saturdays.

The person in charge provided clinical supervision and support to all staff. A review of a sample of staff personnel records found that recruitment practices were predominantly in line with the regulations, though some improvements were required in relation to records of employment histories and employment references.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding residents from abuse and responsive behaviour. Staff were also facilitated to attend infection prevention and control training. However, some staff were overdue training in each of these areas. There was also a need to ensure that all policies and procedures were updated in accordance with changes to evidence based guidance and at a minimum of every three years.

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations and actions to mitigate recurrences. Improvements were required in the management of complaints. There were no complaints recorded in 2022, which does not comply with information provided to inspectors over the course of the inspection. This is outlined in more detail under regulation 34 of this report.

Regulation 14: Persons in charge

There was a person in charge of the designated centre that had been appointed to the role in 2010. The person in charge had the required experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

There was one housekeeping staff on duty each day from 08.30-14.30hrs except on Saturdays. The housekeeping resource required review, given the layout of the designated centre and the continued requirement for an enhanced cleaning regimen.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While there was a programme of training in place and further training was scheduled, a number of staff were overdue attendance at training in relevant areas, such as fire safety, manual handling, safeguarding and responsive behaviour.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of four personnel records found that there were gaps in employment histories for which a satisfactory explanation was not recorded. Additionally, some references were not verified and not all were from the person's most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required in relation to management systems to ensure that adequate systems are in place for monitoring of quality and safety of the service and to address required improvements. For example:

- following an inspection conducted in April 2021, a meeting was held with the provider to discuss the findings of that inspection including deficits in fire safety and in the premises. Actions to be addressed by the provider following that meeting included the commissioning of a fire safety risk assessment (FSRA). This was conducted in September 2021, however, many of the infrastructural recommendations within the FSRA report had not been addressed by the date of this inspection
- issues identified in relation to the premises in the inspection of April 2021, particularly in relation to the lack natural light to a twin bedroom also have not been addressed
- the falls audit could be enhanced by more detailed trending of falls, such as identifying if there was a time of day when most falls occurred or were falls more likely to occur in a specific location
- issues identified for improvement on this inspection were not captured in the programme of audits

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of Contracts of Care found that the room to be occupied by the resident was not identified and it was also not stated the number of other residents in that room, if any.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications required to be submitted to the office of the Chief Inspector were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints recorded for 2022. Based on discussions with residents and visitors, not all complaints were recorded.

Judgment: Not compliant

Regulation 4: Written policies and procedures

A full review was required of policies and procedures. While most policies were reviewed within the last three years, not all contained adequate detail. For example:

- the policy on safeguarding residents from abuse did not reference the requirement to notify the Chief Inspector of suspicions or allegations of abuse
- the policy on the management of smoking did not provide adequate detail on the assessment of residents that smoked or the level of supervision to be put in place for residents that smoked
- the discharge policy did not provide adequate detail in relation to the safe discharge of residents

Judgment: Substantially compliant

Quality and safety

Overall, care was found to be delivered to a satisfactory standard. The feedback from residents was predominantly positive, however, action was required to ensure that residents were consulted prior to decisions being made that impacted on their quality of life. Action was also required in the areas of fire safety, the maintenance and upkeep of the premises and residents' rights. These issues and other areas of required improvements are discussed in more detail under the relevant regulations of this report.

Residents had good access to medical care and were reviewed regularly by their GP. Residents were also provided with access to other health care professionals, in line with their assessed needs. From a review of records it was evident that residents who required assessment were referred to allied health professionals, such as a dietetics, occupational therapy and speech and language therapy. There was limited access to the services of a physiotherapist.

Residents were seen to be moving around the centre in line with their choice about where to spend their time, such as sitting and dining rooms, as well as their own bedrooms. They also had access to well presented outdoor space. There were a range of activities taking place throughout the day including some one to one support, group games and activities

The inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, to inform care planning. While care plans were reviewed regularly, the system of incorporating changes to the residents' condition into care plans required review. This is discussed in more detail under Regulation: 5 of this report.

Residents' meetings were held and relevant issues, such as food and activities were discussed. Records indicated that issues raised at these meets were addressed. Observations carried out over both inspection days confirmed that staff communicated with residents in a respectful and courteous manner. Staff were observed to knock on residents doors prior to entry and to explain the purpose of their visit.

Action was required in relation to the design and layout of the premises. Modifications made to the premises over time to reduce the number of residents in a multi-occupancy bedroom impacted on access to daylight in one bedroom and privacy and dignity in two twin rooms. In addition, some areas of the centre were in need of decoration and repair. The areas concerned are described in more detail under Regulation 17 premises.

From a fire safety perspective, there was many positive aspects of the fire safety management of this centre. However, there was little progress made on addressing the infrastructural deficits identified in the provider's own fire safety risk assessment.

The drill records reviewed were found to be comprehensive and identified learning and areas for improvement, however not all areas for improvement were implemented.

Instructions were displayed in the office for calling the fire service and included pertinent information and what information to give to the emergency services. In-house fire safety checks were logged and up-to-date. There was also a daily log assigning the person who would take charge during a fire for both day and night time.

There were a number of areas which required action to ensure compliance with fire precautions as detailed under regulation 28.

Regulation 11: Visits

There was a good level of visitor activity and visitors were seen to go over the course of the two days of the inspection. It was clearly evident that there were no restrictions placed on visitors. Residents were facilitated to receive visitors in their bedrooms, in communal areas and in the outdoor space. Relatives were also facilitated with taking residents out for a drive or to visit local attractions, such as restaurants, should they so wish.

Judgment: Compliant

Regulation 12: Personal possessions

The laundry was small but tidy. There was an adequate flow system in place to minimise the risk of cross contamination between soiled and laundered linen. There were adequate systems in place for the return of laundry to residents following laundering.

Judgment: Compliant

Regulation 17: Premises

Action was required in relation to the premises. For example:

- two of the twin rooms had partitions between the rooms that did not extend all the way to the ceiling and did not provide adequate privacy
- one of the twin rooms did not have a window and therefore residents did not have access to natural light in their room
- areas of the centre required redecoration. For example, paintwork was noted to be chipped on wooden surrounds
- not all bedrooms had a hand wash basin in the room
- there were plywood panels on the walls behind some beds that did not contribute to a homely environment and would be difficult to clean effectively
- the laminate on some bedside lockers was peeling
- the varnish/paint on some armchair legs was scuffed and had a worn appearance
- there was a cracked glass in a window pane
- a radiator cover had been dislodged from the wall in one of the bedrooms
- a recently renovated bathroom was unfinished and required the installation of an enclosure for the shower

Judgment: Not compliant

Regulation 26: Risk management

The centre had a risk management policy that contained actions and measures to control specified risks, which met the requirements of Regulation 26. There was a risk register that identified measures in place to mitigate the those risks. There were adequate measures in place for learning from serious incidents such as falls to

minimise the risk of recurrence.

Judgment: Compliant

Regulation 27: Infection control

Action was required to come into compliance with infection control guidance. For example:

- there were no clinical hand wash basins that met the requirements of HB 00-10.
- clothes were being dried in a room containing a hot water tank that could only be access via a toilet. These were removed on the day of the inspection
- a review was required of the labelling of cleaning products to ensure that the correct product was being used. For example, the container used for cleaning floors was labelled as a disinfectant rather than as a cleaning product

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire, for example;

- there was an electrical cupboard behind a bathroom which had a clothes airing rack and did not have adequate containment of fire
- the lint screen within the laundry dryer was torn and increased the risk of fire
- the infrastructural recommendations within the fire safety risk assessment were not yet complete

Arrangements for maintaining fire equipment was not effective:

- fire doors were not being maintained in good working order, in particular the older doors in the period section of the centre. Examples of deficiencies included; gaps where double doors met, a door was observed getting stuck to the floor covering when opened, some heat and smoke seals were missing. Some doors were not fitted with automatic closing devices
- the service reports for the fire alarm system indicated that some functions were no longer available
- the service reports for the emergency lighting recommended that the system required upgrading

The means of escape was not adequate, for example:

- the interim alternative escape route from two bedrooms was through a bathroom and this wasn't maintained free of obstruction
- the management of the keys to the locks for the gates to the rear escape routes was not adequate
- there was no emergency light outside one of the exits to the rear
- there were some areas where escape signage was not readily apparent
- the external escape stairs was not adequately maintained
- the escape route from some bedrooms was not adequately fire protected from the rear day room
- there was two doors from the rear dining room, one was found to be obstructed and locked, resulting in a longer distance to travel to escape through the day room

The arrangements for containing fire were not adequate, for example:

- the door to the nurse station was not an effective fire door and the door to the kitchen had a service hatch which may impact the effective fire rating of the door. This was left open during meal times
- service penetrations were noted in construction providing a barrier to fire
- it was not clear if ceilings below attics were fire rated where required. An attic hatch door was not fire rated

Action was required to ensure early warning of, and adequate detection of fire:

- the inspectors noted areas which did not have detection, for example the rear dining room, the electrical cupboard and a storage press under the escape stairs

Arrangements for evacuating residents required improvement:

- the alternative evacuation strategy from the rear of the building towards the front was not clear. A drill report identified the difficulty with this alternative route. An evacuation chair was procured, however staff were not trained in its use. Staff spoken with indicated a different strategy
- residents evacuation requirements were assessed in the form of a personal emergency evacuation plan (PEEP). These were kept in residents rooms; not all were up-to-date and the PEEP for one resident was not in place

Some of the drawings displayed reflected fire alarm zones as evacuation compartments. There were other evacuation plans which showed the fire compartments for evacuation. These drawings were at variance to each other and may lead to confusion

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While care plans were reviewed regularly, changes to recommended care were not always incorporated into care plans to reflect each resident's current needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care there was evidence of regular review by residents' general practitioners (GPs). Residents also had access to allied health and specialist services such as dietetics, speech and language therapy, occupational therapy and psychiatry of later life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff promoted the principles of a restraint free environment. On the days of the inspection there were no residents with bed rails in place. A small number of residents were identified as having responsive behaviours (how people with dementia or other conditions express their physical discomfort or discomfort with their social or physical environment). Residents were appropriately assessed and care plans developed to support staff care for these residents.

Judgment: Compliant

Regulation 8: Protection

Staff spoken with by inspectors were aware of the procedure to be followed in the event of an allegation of abuse. Residents spoken with stated that they felt safe in the centre. The provider is not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Action is required in relation to consulting residents and supporting their privacy and dignity. For example:

- there was not always evidence the residents were adequately consulted in relation to moving rooms
- the design and layout of bedrooms 8 and 9 did not support privacy and dignity as the partitions between the rooms did not extend all the way to the ceiling
- the absence of a window in bedroom 9 meant that there was not natural light in this room to allow residents orient to time of day, weather or season
- residents in bedroom 9 could not have a television in their room

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Roseville Nursing Home OSV-0000089

Inspection ID: MON-0037461

Date of inspection: 01/09/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: This has been rectified, there will be housekeeping staff on a Saturday.</p> <p>Completion date: 22nd October 2022</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There have been delays in staff completing some of their practical training due to many training facilities not been able to facilitate the training throughout Covid. All staff on the day of inspection had completed the theory part of their trainings. We have experienced issues organizing the practical side of training in fields such as manual handling and CPR due to facilities been closed and concerns about the health and safety of staff during covid times. Our main priority was keeping our staff safe which in turn keeps our residents safe. Prior to the inspection date, we had a training schedule in place with dates organized for training solely for our staff.</p> <p>Going forward, we hope to have staff mandatory trainings completed when they are due for renewal.</p> <p>Completion date: 31st December 2022</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of all personnel files will be taking to ensure that all files comply with regulations. We will continue to check and make sure all staff have 2 references, one been from their last employer.</p> <p>Completion date: 17th October 2022</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Many of the scheduled works from the previous inspection report were delayed because of Covid19. Due to health and safety concerns of the residents and staff, we were very cautious and followed all public guidelines to prevent the introduction of covid in the home.</p> <p>Many of the findings from the fire safety risk assessment have been completed such as the following:</p> <ul style="list-style-type: none"> • A new fire panel has been installed to ensure extra fire safety measures..... so new units can be appointed. • Fire safety glass has been fitted at the points recommended i.e., the stained-glass window at the bottom of the stairs and the reception entrance area. • I have received notifications that the new fire doors will be installed on the week commencing 21st November. • The stairwell will be cladded in fireproof plasterboard as part of the works been commenced on the 14th of November 2022 which also include the reconfiguration of rooms 8 and 9. <p>All works scheduled to be done in rooms 8 and 9 will make sure there is a lot of natural light, the new windows constructed will be wider, the velux roof window will also be widened.</p> <p>The 2 double rooms with 4 beds will be reduced to 3 beds. The redesign of the room will include taking down the partition walls to ensure there is loads of natural light in the room. The new room will be more spacious for the residents and will meet their privacy and dignity needs. All the above work will be fire safety compliant.</p>	

Completion date: 31st January 2023

There has always been a Falls Audit, but this has been enhanced according to your recommendation. All audits going forward will be improved as an ongoing exercise and any findings will be assessed, monitored and the appropriate action taken.

Completion date: 4th October 2022 and ongoing.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The contract of care will be updated to reflect rooms occupied by each resident on admission. Any changes in room number due to health and safety reasons will be documented. We will continue to consult all Residents and their nominated next of kins prior to any changes in their rooms if and when required.

Completion date: 4th November 2022

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The Complaints Procedure is posted on several locations around the home. It has always been our priority to investigate all complaints brought to our attention in a timely manner, try our best to resolve the complaint and bring it to a satisfactory outcome for all parties involved. As a family run home, there is always someone in the office to talk to daily, we welcome complaints as it helps us improve our services to our residents.

Completion date: 01 September 2022

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All the above-mentioned policies will be reviewed and amended. We have it in our calendar set as a reminder to review all policies in the month of November. During the review, we take into considerations any changes in the law, the current environment and work practices. Any changes required are implemented in the update.</p> <p>Completion date: 31st December 2022/Ongoing</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The twin rooms will be reconfigured on the week of the 14th November 2022. The redesign of the room will include taking down the partition walls to ensure there is loads of natural light in the room. The new room will be more spacious for the residents and will meet their privacy and dignity needs. The 2 double rooms with 4 beds will be reduced to 3 beds ensuring the maximum amount of natural light is brought into the newly designed room. Other measures to enhance the design of this room include the new windows in the room will be made wider and the velux roof window expanded. All the above work will be fire safety compliant.</p> <p>Completion date: 31st January 2023</p> <p>A weekly and monthly checklist is used in the home to identify any necessary repairs required in the home. The relevant action is taken based on the recommendations in the report to ensure that the home is maintained to the highest standard. A painter has been contacted to redecorate some of the rooms to take place on the 9th November 2022. The one bedroom that was identified to not have a hand wash basin will have one installed with the scheduled works on the 14th November 2022. The plywood panels will be removed during scheduled works of the above date. Any locker with a peel on the laminate has been replaced. The cracked glass has since been repaired, along with the radiator cover identified in the report. The bathroom that was in the process of renovation has since been completed.</p> <p>Completion date: Ongoing</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There were no clinical hand wash basins that met the requirements of HB 00-10.”</p> <p>There are hand wash basins but they are not the HB 00-10 as specified. There are alcohol gel dispensary located outside each room and throughout the home in communal areas for staff use to disenfect their hands.</p> <p>HB 00-10 hand wash basins will be installed on each floor with the scheduled renovations.</p> <p>Completion date: 31st December 2022</p> <p>“Clothes were being dried in a room containing a hot water tank that could only be access via a toilet”</p> <p>This was removed immediately on the day of inspection.</p> <p>Completion date: 31st August 2022</p> <p>“•A review was required of the labelling of cleaning products to ensure that the correct product was being used. For example, the container used for cleaning floors was labelled as a disinfectant rather than as a cleaning product”</p> <p>As discussed above our housekeeper recently attended a QQI Level 3 Clean Pass after taking part in a 3-day workshop in June 2022 of the most recent cleaning practices in a nursing home. Our house keeping staff will continue to use recommended cleaning products only and infection control standards in the house be a priority at all times.</p> <p>Completion date: 31st August 2022</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The electrical cupboard will be completed as part of our scheduled work of the 14th November 2022. The lint screen was replaced on the day of the inspection.</p> <p>Completion date: 31st January 2023.</p> <p>We have contacted a company that is a Q Mark Certified Manufacturer, Installer and Maintainer of Fire Doors and they have completed a review of all our fire doors onsite.</p>	

Any doors that don't meet their standard are to be replaced, they are on order and the time frame for delivery is 6 weeks. Every single door in the home will be checked to make sure they meet all fire regulations, and certificates issued for all work done.

Completion date: 30th November 2022

Our fire alarm and emergency lighting system has been upgraded to a more modern fire panel; three extras smoke detectors have also been installed in the rear dining room, the electrical cupboard and escape stairs.

Completion date: 31st October 2022

The interim alternative escape is free from any obstruction, and we have installed a new break glass system has been put in place. There is only one door from the rear dining room, and this is left open as recommended. The emergency lighting has been completed to the exists of the rear which also includes the fire signage as recommended.

Completion date: 2nd September 2022

The external escape route has been painted and is in good order.

Completion date: 15th September 2022

The rear dining room door has been left open as recommended.

Completion date: 1st September 2022

The door to the nurse's station will be fitted with a new fire door. The kitchen hatch will be replaced with a new fire door not containing a hatch. All ceilings below attics are fire rated and attic hatch doors are fire rated, these will be inspected again during renovations to make sure they comply.

Completion date: 31st December 2022

The alternative evacuation from the rear of the building towards the front has been made clear to all staff during a fire drill exercise on the 7th October 2022 and a portable ramp for the stairs has been ordered.

Completion date: 31st December 2023

All the drawings/plans of the home has been updated by our architect.

Completion date: 28th October 2022

The person in charge has updated the PEEP plans and a drill was conducted with all staff for the alternative evacuation strategy.

Completion 31st August and 7th October 2022.

<p>Any other recommendation from the fire risk report will be completed by the 31st of January 2023.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans have been updated to reflect each residents' current needs.</p> <p>Completion date: 7th October 2022</p>	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: "There was not always evidence the residents were adequately consulted in relation to moving rooms"</p> <p>All residents and their appointed next of kins are consulted with all matters relating to the resident's care needs and health & safety issues that may affect their daily lives including any changes in room number.</p> <p>Completion date: 1st September 2022</p> <p>"The design and layout of bedrooms 8 and 9 did not support privacy and dignity as the partitions between the rooms did not extend all the way to the ceiling"</p> <p>The new design of rooms 8 & 9 on completion will have the standard height privacy curtains installed around each bed for privacy and dignity for our residents.</p> <p>Completion date: 31st December 2023</p> <p>"The absence of a window in bedroom 9 meant that there was not natural light in this room to allow residents orient to time of day, weather or season".</p> <p>Scheduled works have been delayed due to the knock-on effect from Covid. The infrastructural recommendation is an ongoing manner and will be completed by 31st January 2023. Due to circumstances outside of our control, HIQA has always been</p>	

notified of updates in relation to dates of completion. This work will commence on the 14th November as part of the scheduled works.

Completion date: 31st January 2023

“Residents in bedroom 9 could not have a television in their room”

Every resident has access to television in the communal areas of the home and they are entitled to their own personal television in their room if they so wish.

Every room will be fitted with a TV point.

Completion date: 31st December 2022

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	22/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	31/01/2023
Regulation 21(1)	The registered	Substantially	Yellow	17/10/2022

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2023
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	04/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	31/12/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	31/01/2023

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/01/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/01/2023
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	01/09/2022
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required	Not Compliant	Orange	01/09/2022

	for improvement in response to a complaint.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/10/2022
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.	Not Compliant	Orange	01/09/2022
Regulation 9(3)(b)	A registered	Not Compliant	Orange	31/01/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Not Compliant	Orange	31/12/2022
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.	Not Compliant	Orange	01/09/2022