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Oakwood Private Nursing Home, OSV-0000373, 18 May 2022

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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0033564

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 61 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have ensuite facilities. The original part of the building is single story and the new extension is organised over two floors with lift and stair access. Sufficient communal accommodation is available and includes sitting rooms, dining areas, an oratory and visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents.

The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs.

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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 18 May 2022	09:15hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents' needs were being met by staff who knew them well. This unannounced inspection was completed over one day and the inspector communicated with a number of several residents during the day of inspection. Feedback was positive from residents regarding the care they received, the staff in the centre and the service provided to meet their needs. However, a number of areas of the centre were in need of repainting and damage to several doorframes needed repairing. The provider told the inspector that plans were in place to upgrade and redecorate the internal centre environment on completion of fire safety works which involved the replacement of fire doors in the centre.

The centre was warm and comfortable and residents were relaxed in their environment. Most residents started the day by joining into a remote Mass streamed from one of the local churches on the television in the sitting room. An activity coordinator facilitates residents activities four days each week and was not in the centre on the day of the inspection but had planned social activities that were facilitated by the care staff. One of two local musicians who facilitate a live music session and sing-along on two afternoons each week, led a sing-along on the afternoon of the inspection. The inspector heard residents conversing with staff during the morning about the songs they were looking forward to hearing. The inspector observed that the sing-along was well attended by the residents and they were clearly enjoying the music. Residents told the inspector that there was 'always something interesting happening' in the centre. Some residents said they liked the art and colouring best while others like the group word challenge game but most residents preferred the music sessions. Accredited sensory therapy sessions were provided for residents with dementia on two days each week. A hairdressing salon was available for residents and the hairdresser attended the centre regularly.

Residents told the inspector that they were contented, happy and felt safe in the centre but a small number of residents said they sometimes missed their own homes in the community. Residents told the inspector that they felt safe in the centre, were well cared for and that their meals were 'lovely', 'cooked as I like it' and that they could choose when to eat their meals if they were not feeling hungry at mealtimes. The inspector observed that residents and staff were comfortable in each others company and that staff were attentive to residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful at all times during this inspection.

The atmosphere in the centre was calm throughout the day of this inspection and staff were observed encouraging and supporting residents to make choices about how they spent their day.

Residents' accommodation was provided on ground floor level. The centre had been extended over the years and some parts of the centre appeared older than others. Residents' accommodation was provided in 38 single and three twin bedrooms. Nine

single bedrooms had en suite shower, toilet and wash basin facilities, 20 single bedrooms had en suite toilet and wash basin facilities and nine single and three twin bedrooms had a wash basin available in their bedrooms. The inspector observed that there were sufficient toilets, including toilets close to communal sitting rooms and the dining room in the centre to meet residents needs. However, 12 residents without en suite shower facilities on one corridor shared one communal shower and 15 residents on another corridor without an en suite shower shared one communal shower. There was three sitting rooms and a dining room available to residents.

Some of the residents personalised their bedrooms with their personal items such as their photographs, artwork, soft fabric blankets, books and ornaments and small items of furniture from their home. The inspector visited most of the residents' bedrooms and observed that they varied in layout and size. The inspector observed that with the exception of one twin bedroom, residents' bedrooms provided them with sufficient space to meet their needs. The inspector observed that one of the twin bedrooms had two beds in it but only one resident occupied the room. The beds were rearranged to provide the resident occupying this bedroom with maximum circulation floor space to meet their needs. From viewing this bedroom the inspector was not assured that two residents' privacy needs could be met due to the floor space available and the close proximity of screen curtains to the beds.

Some residents' visitors were observed coming to visit them on the day of the inspection and they were welcomed into the centre by staff. There was rooms available where residents could meet their visitors in private if they wished including a small room close to the entrance called the 'Yeats Room'. Residents told the inspector that they looked forward to their relatives calling in to see them.

Residents knew the person in charge who was also the provider representative and they told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

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

Capacity and capability

This inspection found that there were some improvements in compliance since the last inspection and the provider had closed the adjoining apartment block in line with their conditions of registration. However action by the provider was necessary to ensure the management and oversight systems that were in place were effective in bringing the designated centre into compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 and to ensure that residents were adequately protected in the event of a fire

emergency in the centre.

Following an inspection completed by an inspector of social services with particular knowledge and expertise in the area of fire safety in February 2021 significant fire safety concerns were identified. The Chief inspector attached three restrictive conditions to the designated centre's registration under Section 51 of the Health Act 2007 requiring closure of an apartment block extension and to bring the centre into compliance with Regulation 28: Fire Safety. A third restrictive condition required change of purpose of one twin bedroom to a single bedroom. This inspection found that two of the three restrictive conditions had been completed and the provider has applied for variation of the condition for additional time to bring the centre into regulatory compliance.

The registered provider of Oakwood Private Nursing Home is Oakwood Private Nursing Home Limited. One of two directors on the company board represents the provider and is the person in charge of the designated centre. The person in charge has been in the role for several years and works full-time in the centre. A clinical nurse manager supported the person in charge and provided deputising arrangements for when the person in charge was not available. Staff working in the centre who spoke with the inspector were aware of their individual roles and responsibilities.

Monitoring and oversight systems were in place in the centre and there was evidence of improvements made to ensure the quality and safety of the service in several areas including completion of significant fire safety works. However, oversight and management of the safety risks posed by the repeated delays with completing the outstanding necessary works to mitigate fire safety risks in the centre was not adequate. Although upgrade was planned, the risks posed to residents' safety from infection by not keeping the internal fabric of the centre in a good state of repair was also not adequately mitigated.

On the day of the inspection there were sufficient staff available to meet residents' needs, however due to the ongoing fire safety non compliances the inspector was not assured that three staff on night duty was adequate to ensure residents could be safely evacuated in the event of a fire in the centre at night.

Staff were appropriately supervised according to their roles and were supported and facilitated to attend mandatory and professional development training, including COVID-19 infection prevention and control training to ensure they had the necessary skills to meet residents' needs. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Records were held securely and records required by Schedules 2, 3 and 4 were maintained and held in the centre.

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

welfare pensions.

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

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review report on the quality and safety of the service delivered to residents.

Regulation 15: Staffing

The provider employed a person with responsibility for maintaining the premises for one to two days each week. However, the findings of this inspection was that there was not sufficient staff available to ensure the internal premises was well maintained.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend up-to-date mandatory training including fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre had attended necessary training on infection prevention and control, hand hygiene and how to put on and take off Personal Protective Equipment (PPE). Catering staff had completed food safety training and this was valid to 2023.

The registered provider had effective systems in place for staff development and appropriate supervision according to their role. An induction programme was completed by all new staff commencing work in the centre.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored securely.

Judgment: Compliant

Regulation 23: Governance and management

The management systems that were in place did not ensure that the service provided was safe. This was evidenced by the ongoing fire safety issues in the designated centre and the providers failure to take appropriate interim measures to address the known risks associated with the existing fire doors.

Adequate resources were not provided to ensure the premises was adequately maintained and met the needs of residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations. A record of accidents and incidents involving residents, that occurred in the centre was maintained and evidenced appropriate management and actions taken.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

Procedures were in place to ensure all complaints were recorded, investigated and that the outcome of investigation was communicated to complainants. The complaints log included records of day-to-day expressions of dissatisfaction from residents which were resolved locally and were regularly analysed to address areas of the service needing improvement. Four complaints received in 2021 were recorded, investigated with the outcome communicated to complainants and were resolved to their satisfaction. There were no open complaints awaiting resolution at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs. Care and supports were person-centred and informed by the residents' usual routines and individual preferences and wishes. Although fire safety management procedures were in place and the significant fire safety risks found on previous inspections were partially addressed, adequate assurances were not provided that the outstanding necessary fire safety works would be completed in a timely manner and that in the interim additional measures would be put in place to mitigate those risks. These findings are discussed further under Regulation 28. Actions by the provider was also found to be necessary to ensure that the layout of the designated centre met residents' needs, and that the centre was kept in a good state of repair in compliance with Regulation 17, Premises. In addition the inspector found that there was not enough storage for residents' assistive equipment.

Infection prevention and control policies in place covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. Although, the provider had improved infection prevention and control processes and procedures in the centre since the last inspection, further improvements were necessary to ensure residents were protected from risk of infection. The inspector's findings are discussed under Regulations 27 in this report.

Although, the provider had made some improvements in the lived environment for residents in the centre, the layout and design of bedroom number nine, a twin bedroom, required review to ensure this bedroom could meet the needs of two residents. In addition the inspector was not assured that there were adequate shower facilities to meet residents' needs. Overall the designated centre was well laid out to meet the needs of residents however improvements were required to ensure the premises were well maintained and kept in a good state of repair. Whilst the inspector acknowledged that the provider had a refurbishment programme planned which included new floor covering, painting and repairs in all areas, this had

not commenced at the time of the inspection and a number of areas of the centre required repair and refurbishment. The inspector's findings are discussed further under Regulations 9, Residents' Rights and 17, Premises.

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. This optimised residents continued good health and well being. Each resident had a comprehensive assessment completed on admission, their needs were assessed and corresponding care plans developed. Residents' individual preferences and usual routines were sought to inform their care plans. Residents' care plans were regularly updated and following a change in their needs. Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Residents were supported to safely attend out-patient and other appointments in line with current public health guidance.

Residents were protected by safe medicine management practices and procedures.

While there was evidence of a small number of residents developing pressure related skin wounds in the centre over the past 12 months, the inspector found that residents' wounds were managed in line with evidence based wound care procedures and with the guidance of a tissue viability specialist, a dietician and residents' general practitioners (GPs). A variety of pressure relieving mattresses were available and in use.

Residents' rights were respected in the centre and they had opportunities to engage in varied meaningful activities. Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the procedures in place were in line with the national restraint policy guidelines.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Accommodation was available to facilitate residents to meet with their visitors in

private outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

Action by the provider was necessary to address the inspection findings and to bring the premises into compliance with the regulations. The inspector found that;

- The layout and design of bedroom number nine, a twin bedroom, required review to ensure this bedroom could meet the needs of two residents. On the day of this inspection, while there was two beds in this room, only one resident was accommodated in this bedroom and one side of their bed was placed along one wall. The inspector was told that the second bed in the room was not in use and it was moved into the corner and to the side of this bedroom to maximise the circulating space available to meet the needs of the resident who was occupying the room. The inspector was not assured that this room could meet the needs of two residents without compromising their privacy and comfort due to the room design and floor area available. While adequate numbers of communal toilet facilities were provided to meet residents' needs, there was only one communal shower available on each of two corridors to meet the needs of 12 residents on one corridor and 15 residents on the second corridor. The inspector was not assured that this facilitated all residents accommodated in these areas to have a shower in line with their preferences and needs.

The physical environment in the centre had not been adequately maintained and several areas of the fabric of the internal premises was in need of repainting and repair. The inspector's findings included the following,

- The floor covering in one area of the the Aisling sitting room was damaged and the floor surface underneath was broken, this made the floor surface uneven and posed a risk of fall to vulnerable residents
- The floor covering was also damaged in a communal bathroom and on the corridor in Wing 1.
- Covering over a cable running along the bottom of a wall in one bedroom had come loose and was falling onto the floor.
- Sections of wood removed from door frames as part of fire proofing assessment work were not repaired
- Paint was missing on walls in some bedrooms and corridors, on wooden doorframes, doors and skirting in several areas and therefore did not support effective cleaning.
- The surfaces of some residents' wooden bed-frames were worn and paint was missing and therefore did not support effective cleaning.
- The fixture on a towel rail in one communal toilet was loose and the rail was coming away from the wall

- Some radiators showed evidence of wear and tear that included paint damage

Grab rails were only fitted on one side of the toilet in one of the residents' communal toilets and no grab rails were fitted either side of the toilets in a second residents' communal toilet. This finding did not promote independence and posed a risk of falls when residents were using the toilets.

The sluice room was not appropriately equipped as it was not fitted with a sluice hopper for disposal of water used for cleaning in the centre.

There was inadequate storage facilities for residents' assistive equipment. For example, a walking frame, walking aid and a weighing chair were stored in a communal bathroom used by residents.

Judgment: Not compliant

Regulation 27: Infection control

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

- A hazardous waste disposal bin was not available in the sluice room
- Open top waste bins were inappropriately used in a bedroom of a resident with a potentially communicable infection.
- The inspector was not assured that screw top hand gel dispensers in several areas of the centre were being replaced when empty as the dispensers in place around the designated centre were being regularly used by staff for hand hygiene but were significantly out of date.
- There was a risk of cross contamination posed by uncovered toilet rolls in communal toilets.
- Plastic aprons, available for use were hung over handrails along the corridors and this posed a risk of transmission of infection
- Incontinence wear was stored on an open shelf in a communal toilet and there was a risk of cross contamination.
- Hand hygiene sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose as facilities for residents' personal hygiene needs and as hand hygiene facilities for staff. This posed a risk of cross contamination.
- Assistive equipment used in the centre and examined by the inspector appeared visibly clean, however, there was no system in place to ensure that equipment was cleaned and decontaminated after each use.

Judgment: Not compliant

Regulation 28: Fire precautions

Notwithstanding the works completed to address the non compliances with Regulation 28 identified on the inspection completed in February 2021, a number of the necessary fire safety works had not been completed and adequate assurances regarding residents' safety were not available.

The provider confirmed that a number of doors on residents' bedrooms, communal rooms, utility rooms and cross corridor doors did not meet satisfactory fire retardant qualities and required replacement. In addition the inspector observed that there were gaps in some cross corridor fire doors. These doors had not been replaced at the time of this inspection and as a result fire and smoke might not be adequately contained in the event of a fire emergency.

The provider did not have a clear risk management plan in place to mitigate the known risks associated with the existing fire safety doors and to ensure that residents could be safely evacuated in the event of a fire emergency. This was a particular concern at night time when there were three staff on duty.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices. Residents had access to the pharmacist who supplied their medicines. The pharmacist was facilitated to meet their obligations to residents and they completed regular audits of medication in the centre. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at each work shift changeover and a sample checked by an inspector was correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While, the inspector was given assurances that residents' care plans were reviewed in consultation with them or their families on their behalf, information regarding the content of these reviews, consultation participants or if any changes were made was not available.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and person in charge confirmed that GPs were visiting the centre as necessary. Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of older age and palliative care services. Residents were supported to attend out-patient appointments as scheduled.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

While the inspector acknowledged that one of the two twin bedrooms was occupied by one resident on the day of inspection, the room was laid out to accommodate two residents. The floor space in this bedroom did not meet the minimum requirements of 7.4 square metres and the position of the beds up against the wall meant that each bed would have to be moved away from the wall if two staff were

providing care for the resident. In addition the privacy curtains were positioned closely around each bed space and did not allow for staff or residents to move freely if the bed was pulled away from the wall. As a result the inspector was not assured that the space available and the layout of this room would ensure two residents' privacy would be maintained during transfer into and out of bed or during personal care activities.

Twin bedrooms had only one television which meant if occupied by two residents only one of the two residents could view and listen to programmes of their choosing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0033564

Date of inspection: 18/05/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The in-house maintenance person employed by the Nursing Home is available for a minimum of 2 days a week, however, he is available for call out 24/7 for any emergency works • External contractors are currently on site replacing all bedroom doors and frames • Any identified damage to floor covering will be replaced at the same time as the external contractors are in to replace floor covering as part of the ongoing refurbishments and will be completed by 31/10/22. In addition, damaged skirting boards will be removed at the same time and replaced with floor covering (coving) • The loose cable identified in one of the bedrooms has been repaired by the maintenance man • The damaged wooden door frames are currently in the process of being replaced as part of the planned ongoing fire safety works. All bedroom doors have been replaced as planned and I expect all fire doors to be completed by 31/10/22 • External painting/decorating contractors have been secured to complete the re-decoration in the areas identified for painting including radiators and this work will be completed by 31/10/22. • The towel rail in the communal toilet has been fixed by the maintenance man • Any additional grab rails identified as being required in the communal toilets will be fitted by external contractor currently on site and will be completed by 30/9/22 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

- A nominated fire warden is identified for each night time duty from within the current staffing compliment of 3 staff and are competent in carrying out their fire warden precautionary duties
- The largest compartment can be evacuated within 4 minutes
- To mitigate against the current issues with the compartment cross corridor doors, a fire evacuation will take place based on 'worst case scenario' using a night time staffing scenario of 3 staff members, where we will evacuate 2 largest compartments and this will take place by 31/7/22. We will review the night staffing if it is such that the whole evacuation takes longer than 15 minutes
- My fire consultant has examined my cross corridor doors and although not ideal, she has assured me that they are providing me with good protection until they are replaced by 31/10/22
- Appropriate interim measures to address the known risks associated with the fire doors in question are in place and have been discussed with the fire and estates inspector from HIQA and will remain in place until the works are complete and signed off by our fire consultant

Regulation 17: Premises	Not Compliant
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- Outline how you are going to come into compliance with Regulation 17: Premises:
- The floor area in the bedroom meets the requirements. It was incorrectly input in communication with HIQA and this typing error has been rectified
 - An additional shower room is being provided to facilitate all residents accommodated in Corridors 1 and 2 to have a shower in line with their preferences and needs and this will be completed by 31/10/22
 - Painting, decorating and floor covering work is scheduled to commence at the beginning of August and will be completed by 31/10/22
 - Where resident's bed frames or items of furniture are worn or paint missing, these are being repaired or replaced where needed and will be completed by 31/10/22
 - A dedicated sluice sink/hopper is listed as part of the quality improvement plan schedule and is planned for installation by 31/3/23
 - Assistive equipment has been returned to their assigned storage areas and staff have been reminded to return these items after use

Regulation 27: Infection control	Not Compliant
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- Outline how you are going to come into compliance with Regulation 27: Infection control:
- A private consultant carried out an audit of infection prevention and control in February

this year and the resulting quality improvement plan following on from this audit is currently being implemented to a scheduled timeline in order of priority.

- A hazardous waste bin has been provided in the sluice room - completed
- An inspection of bedrooms for residents with a potentially communicable infection has taken place and closed bins have been placed in these rooms. There is a schedule in place for all resident rooms to have closed top bins
- An inspection of all hand gel dispensers has taken place and out of date dispensers have all been replaced - completed
- All communal toilets have covered toilet roll holders in place - completed. However, some residents do request single toilet rolls for personal use and this is always granted
- Plastic aprons have been removed from corridor rails - completed
- Closed storage space is to be provided to store incontinence wear in communal areas and will be completed 31/10/22
- Clinical hand wash sinks will be installed on a rolling schedule commencing October 22 and to be completed by October 2023

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The delay to replacing fire doors has been due to the severe shortage of many types of building materials and unfortunately fire doors in particular have been and continue to be difficult to secure in large orders. However, these have now been sourced and contractors are presently on-site replacing fire doors as planned and these works will be completed by 31/10/22
- Discussions regarding safety and evacuation in the event of fire have taken place with fire and estates inspectors from HIQA and they have requested my confirmation (which I have given) that the controls in place to mitigate the risks of fire must continue until all fire safety works are completed by 31/10/22
- A clear risk management plan is available at the nurse's station in the fire risk register. It outlines the controls in place to mitigate the risk of fire and the additional controls in place due to the risks associated with the existing fire doors
- A nominated fire warden is identified for each night time duty from within the current staffing compliment of 3 staff and are competent in carrying out their fire warden precautionary duties
- The largest compartment can be evacuated within 4 minutes
- To mitigate against the current issues with the compartment cross corridor doors, a fire evacuation will take place based on 'worst case scenario' using a night time staffing scenario of 3 staff members, where we will evacuate 2 compartments and this will take place by 31/7/22. We will review the night staffing if it is such that the evacuation takes longer than 15 minutes
- My fire consultant has examined my cross-corridor doors and although not ideal, she has assured me that they are providing me with good protection until they are replaced by 31/10/22. The doors in question have to be custom made and are on order for delivery by 31/8/22

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Care plan reviews take place regularly with a resident or their nominated next of kin. Going forward these are now documented in the resident communication notes. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Two TVs will be fitted in each of the twin rooms so that residents have the choice of TV viewing and this will be completed by 30/9/22 • The layout of one of the twin bedrooms will be reviewed to ensure that it meets the needs of 2 residents occupying the room and this will be completed by 30/9/22 	

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.	Not Compliant	Orange	31/10/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/10/2022
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	31/10/2022

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(a)	The registered provider shall take	Not Compliant	Orange	31/10/2022

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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	31/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2022
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	31/07/2022
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	Substantially Compliant	Yellow	31/07/2022

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2022