**Office of the Chief Inspector**

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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Carndonagh Community Hospital</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Convent Road, Carndonagh, Donegal</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16 July 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000616</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027308</td>
</tr>
</tbody>
</table>
About the designated centre

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

Carndonagh Community Hospital is a designated centre registered to provide health and social care to 46 male and female residents primarily over the age of 65 who live in the Inishowen area. It is a single-storey building, located a short drive from the shops and business premises in the town. There are three units Oak and Elm providing general and respite care and Ard Aoibhinn a dementia specific unit. The Oak and Elm units are part of the original building that dates from 1956. Accommodation for residents is provided in single, twin and four bedded multi-occupancy bedrooms. Ard Aoibhinn is a more recent addition that was opened in 2007 and where care is provided for people with dementia, in single and twin bedrooms. There are several communal seating and dining areas where residents can spend time during the day around a central courtyard. A day care service that is separate from the residential area is provided on-site.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 36 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 July 2019</td>
<td>17:00hrs to 19:00hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
</tr>
<tr>
<td>17 July 2019</td>
<td>10:00hrs to 17:30hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily routines, activity plans and interactions with the community. Residents expressed satisfaction regarding these matters and were happy with food and mealtimes and the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

The inspector saw that residents enjoyed low-key activities during the evening of the inspection and group and one-to-one activities during the daytime. Residents told the inspector that they loved singing.

The inspector noted that there were close links between the designated centre and the local community. Relatives were visiting their family members and they were complimentary of the provision and delivery of services to their relatives and care support to themselves. They told the inspector that staff always had time to listen to them and provide information and or advice.

### Capacity and capability

Leadership and management was effective in ensuring that good quality, person centred safe care was being provided. However the inspector found that the premises did not meet the needs of residents. There was a good atmosphere in the centre as relatives were welcomed and the inspector observed good interactions between staff, residents and visitors.

The previous inspections, including the most recent inspections of March and August 2018 highlighted that the designated centre had insufficient resources in respect of the premises, particularly in relation to multi-occupancy bedrooms and communal facilities. The renewal of registration dated 22 June 2018 was granted with a restrictive condition stating that the design and layout of the centre must be reconfigured as per the plan submitted to the Chief Inspector in April 2016 to be completed by December 2020.

During this inspection the inspector was presented with the architectural plans and the timetable for the schedule of works. The inspector highlighted to the registered provider representative, person in charge and estates officer that the floor plans for the reconfiguration did not provide sufficient toilets, as per the requirements of the
The inspector also highlighted the requirement by the registered provider to ensure that on completing the reconfiguration works sufficient space and facilities are provided for any multi-occupancy bedroom accommodating up to four residents. See regulation 17.

The registered provider representative informed the inspector that the completion date of July 2020 would not be achieved.

The governance arrangements were satisfactory. The inspector was informed that the person in charge had the support of senior management; the registered provider representative, the head of social care, the general manager for the area and clinical nurse managers nominated as a persons participating in management (PPIM) who takes charge in the absence of the person in charge. The person in charge facilitated the inspection process. She was knowledgeable regarding her role, management of the centre and care and condition of residents.

Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures. The numbers and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Information governance arrangements were in place and ensured secure record keeping and file management systems. The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. Appropriate notifications were received by the Chief Inspector and these were reviewed on inspection and judged to be addressed adequately.

**Regulation 14: Persons in charge**

The centre was being managed by a suitably qualified and experienced nurse who had authority in consultation with the registered provider representative and was accountable and responsible for the provision of the service.

The person in charge was a registered nurse, employed to work full-time in the centre and had experience in older person’s services. She was on duty throughout the inspection and was familiar with the work which was required to reconfigure the designated centre to ensure that the premises meets the needs of residents and complies with the regulation.

The person in charge was supported by two clinical nurse managers with one clinical nurse manager being responsible for the dementia specific unit.
Judgment: Compliant

**Regulation 15: Staffing**

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

In the main, there were approximately five registered nurses and seven care staff providing direct care to residents, in addition to the person in charge and support staff including catering, administrative, maintenance, activity, cleaning and laundry staff.

The night time staffing levels consisted of two registered nurses and one care assistant with a care staff member on duty up to 11 pm.

Residents said that staff were always available when they needed assistance and that staff regularly checked on their well being throughout the day.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff had access to appropriate training and were up to date on their mandatory training for example, fire safety, moving and handling, infection prevention and control and food hygiene. All staff had participated in elder abuse training and recently two staff members had successfully completed Train the Trainer course in safeguarding and will deliver this training to all staff.

During discussions with the inspector staff demonstrated their knowledge in a variety of areas, for example, they described the fire safety evacuation procedures, systems in place for infection prevention and control, including hand hygiene and safeguarding residents. The inspector saw staff safely move residents using various equipment.

Appropriate supervisory systems were in place for staff.

Judgment: Compliant

**Regulation 23: Governance and management**
There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Although the premises of the designated centre did not comply with the regulations information provided showed that the registered provider had taken appropriate action thus far to ensure that the premises will meet the needs of the residents. The registered provider representative had communicated with the Chief Inspector providing updates in relation to the strategic plan to reconfigure the designated centre in accordance with the restrictive condition of the centre’s current registration.

A generic audit system was in place. This involved the collection of statistical information on areas such as medication management, admission and discharge planning, nursing assessments and documentation and restraint monitoring. Consultation with residents formed part of the audit programme. Systems ensured that the clinical service delivery was safe and effective through the monitoring of performance.

An annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Residents in receipt of long term care had been issued with contracts that described the services and facilities. No additional fees were payable for allied health professional input or social care activities.

Since the last inspection a formal contract was devised and issued to residents in receipt of short term care. A review of this by the inspector showed that it did not detail the accurate fees charged.

Judgment: Substantially compliant

**Regulation 3: Statement of purpose**

The centre’s statement of purpose which outlined the facilities and services in the centre corresponded with the findings on inspection. It was revised for the renewal of registration (April 2018).
Regulation 31: Notification of incidents

From a review of the notifications since the previous inspection it was evident that the person in charge and the persons participating in the management were familiar with the notification of incidents occurring in the centre and the appropriate time frame for submission. Notifications received related to a variety of issues, for example, serious injury, any occasion when restraint was used and any allegation, suspected or confirmed of abuse of any resident. These were followed up by the inspector and found to be satisfactorily managed.

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents’ complaints and concerns were listen to and acted upon in a timely, supported and effective manner.

There were no major complaints being investigated at the time of the inspection.

Residents communicated that they would raise issues directly with staff and said that staff regularly checked if they were satisfied with their care.

The complaints record showed that complainants were satisfied with the outcome of investigations.

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe. However, the design and layout of the premises was not suitable for its stated purpose in respect of the adequacy of residents' private bedroom accommodation and sufficiency of communal, sanitary and storage facilities. The registered provider had submitted architectural plans to the Chief Inspector to reconfigure the environment but the
work had not commenced at the time of this inspection.

The residents told the inspector that the centre was homely, warm, comfortable and accessible. They confirmed that they were encouraged to bring in personal mementos, souvenirs and photographs to make their private bedroom accommodation home like. However, the inspector found that in some of the multi-occupied bedrooms there was limited space available to display such items so that the resident could see and access them.

There was only one television set available in the multi-occupancy bedrooms, which made it difficult for some residents to view the television from their bed space. The inspector was informed that this matter would be addressed on completion of the planned reconfiguration of the centre. However, no interim measures had been put in place to address the issue for the current residents.

There was evidence of the provision of person centred care which addressed residents’ social, psychological, spiritual and health care needs.

There were good opportunities for residents to participate in activities, appropriate to their interests and capacities. The group social and recreational programme was relevant and meaningful to the residents. For residents who did not wish to participate in group activities staff tried to engage them on a one-to-one basis with activities of their preference. These activities promoted their health and well-being.

A multidisciplinary care team consulted with residents regarding the development of their individual care plans. This included assessment of needs and treatment plans. Residents received the care which they needed. Staff liaised with the community services regarding appropriate admission and discharge arrangements and residents had good access to nursing, medical and allied health care professionals.

Residents received palliative care based on their assessed needs and this aimed to maintain and enhance their quality of life and respected their dignity.

The administration of medicines was satisfactory.

Residents’ nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

Residents participated in meetings so that they could share their views of the organisation of the centre and they and their families contributed to the care planning process. Residents confirmed that they could exercise their choice in a range of matters, for example, the daily routines and day-to-day running of the centre. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes.

Policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspector was informed that all staff were Garda vetted and this was confirmed from an examination of a staff file of a recently recruited
Staff members who spoke with the inspector were knowledgeable of their duty to report any concerns for the safety of residents living in the centre.

There were arrangements in place to manage risk and fire safety arrangements were satisfactory.

Responsibility for infection prevention and control was clearly defined with clear lines of accountability throughout the residential service.

A restraint-free environment was promoted with any restraint measure being used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure. Records were maintained in accordance with the regulations regarding restraint.

### Regulation 11: Visits

There were adequate arrangements for residents to receive visitors. The inspector saw that residents could receive visitors in their own private bedroom accommodation or in a variety of communal facilities including a visitors' room.

**Judgment:** Compliant

### Regulation 12: Personal possessions

Staff had ensured that residents were assisted to store and maintain their clothes and other personal possessions in their private bedroom area. However, the inspector found that in some of the multi-occupancy bedrooms there was limited space available to display personal items such as photographs and mementos so that the resident could see and access them.

**Judgment:** Substantially compliant

### Regulation 13: End of life

From discussion with staff and relatives it was found that end of life care was person centred and respected the values and preferences of individual residents. There was evidence of family involvement with the resident’s consent. Where decisions had been made in relation to advance care directives, these decisions were recorded and staff were knowledgeable about residents’ care planning assessments related to the resident’s physical, emotional, psychological and spiritual needs.
Nurses had participated in palliative care training.

Judgment: Compliant

**Regulation 17: Premises**

The design and layout of the single storey residential service was not suitable for its stated purpose and did not conform to schedule 6 of the regulation. This related primarily to the provision of adequate space in multi-occupancy bedrooms (Oak and Elm units) and sufficiency of communal, sanitary and storage facilities.

From an examination of the premises the inspector found the following:

- The current units; Oak ward providing care for 18 long term residents had two multi-occupancy bedrooms accommodating four residents. Elm ward for 12 short term care residents had two multi-occupancy bedrooms caring for four and three residents. There was limited private accommodation (bedroom space of a suitable size and layout) in some of these multi-occupancy bedrooms, particularly to reflect a lifestyle consistent with residents’ previous routines.
- There was insufficient sitting, recreational and dining space to meet the needs of residents. Some of the communal facilities were multi-functional and the inspector saw that at times the main communal sitting room was congested.
- Additional alternative communal space for residents suitable for social, cultural and religious activities was not available.
- There was insufficient storage space for equipment and the inspector saw that equipment was stored on corridors and in bathrooms.
- There was one shower in Elm for 10 residents.
- Some toilets and shower rooms had damage to floors and wall tiles were missing.
- Many parts of the designated centre were not suitably decorated.

From scrutiny of the architectural plans to reconfigure the premises the inspector saw that insufficient toilets were provided, which are easily accessible by, and in close proximity to the bedrooms of every eight residents.

The inspector highlighted the requirement for the registered provider to make sure that the planned reconfiguration would provide adequate space and facilities for a bedroom accommodating up to 4 residents.

In light of the above, the architectural plans required further review and amendment prior to resubmission to the Chief Inspector. The provider was asked to submit further narrative details outlining the reconfiguration of the multi-occupancy bedrooms should be forwarded with the updated floor plans.

The design and layout of the dementia unit accommodating 16 residents was
satisfactory with smaller dining areas and day spaces for residents’ use. There were several areas where residents could sit during the day. Many areas were attractively furnished and decorated in a home like style. The inspector found that the single bedrooms were spacious, decorated to a reasonable standard and personalised.

Some residents in discussions with the inspector confirmed that they had enough space in this unit for their personal belongings. There was an emergency call bell system in place and this was accessible by beds and in en suite facilities. Communal rooms were adequately spacious and furnished to ensure residents’ comfort and safety. The inspector saw that residents were free to access communal areas of their choice.

Judgment: Not compliant

**Regulation 18: Food and nutrition**

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. Meals were provided to residents in a place of their choosing and at times convenient to them.

Judgment: Compliant

**Regulation 26: Risk management**

The risk register was kept up to date and under review by the management team. The register was well laid out identifying risks and controls.

Risk assessments relating to individual residents were comprehensive and guided care.

There was good emphasis on promoting residents’ independence while trying to minimise accidental injury. There was equipment to support physiotherapy treatments including low entry beds, crash mats and hip protectors.

Up-to date-moving and handling assessments were available for residents with mobility problems.

Judgment: Compliant
### Regulation 27: Infection control

Infection control practices were safe. There was a policy in place and staff were knowledgeable of the standards for the prevention and control of health care associated infections. The inspector observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity.

**Judgment:** Compliant

### Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

The record showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of an emergency situation.

**Judgment:** Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that staff had safe procedures in place to guide their practice in relation to medicines management. The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards.

The medicine administration records were clear and the required information including a photograph of the resident was available. Safe storage arrangements were in place and medicine trolleys were locked and stored securely.

Medicines that required special control measures were appropriately managed and kept securely in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. There were regular audits of medicine management both by staff and the pharmacists. The results indicated that over a range of aspects which included reviews, disposal of medicines and storage good practice was consistent.
Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Adequate arrangements were in place to assess residents’ needs prior to and following admission. Treatment plans were described in individual care plans which were formerly reviewed every four months, and where necessary revised in consultation with the resident and family.

A new computer software programme was being introduced in order to record care planning information. Staff were learning this new process which was in transition.

Judgment: Compliant

**Regulation 6: Health care**

Appropriate medical and health care was provided to residents in line with their assessed needs.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Staff had participated in training to update their knowledge and skills appropriate to their role, to respond to and manage behaviours that are responsive.

A culture of promoting a restraint free environment was in place. Restraint was used in accordance with the national policy.

Only one resident was using bed rails at the time of inspection and documentation was appropriate.

Judgment: Compliant
### Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented.

There was evidence that the person in charge had investigated any incident or allegation of abuse and informed the Chief Inspector through the notification process. Appropriate referrals were made to significant professionals, as necessary.

**Judgment:** Compliant

### Regulation 9: Residents' rights

Overall, the inspector found that care was person centred and that residents’ rights were respected and upheld in the centre. However, the layout of the multi-occupancy rooms did not ensure that residents occupying these rooms could undertake personal activities in private.

Many of the bedroom doors had rectangular glass panels and while there were blinds, these were positioned externally on the bedroom doors, primarily operated by staff as opposed to residents.

Some residents, particularly in the multi-occupancy bedrooms were unable to watch the television as there was only one television and they were not able to see the screen. This was a finding on previous inspections and had not been addressed by the provider. Although it is anticipated that the planned refurbishment of the designated centre will address this issue there was no interim plan in place to provide comfortable viewing for those residents currently living in the centre and who wished or needed to stay in bed.

The majority of residents were encouraged to participate in the social and recreational programme and were seen to be engaged in group activities or individual activities. Staff members led by an activity staff member provided a variety of activities based on residents’ capabilities and interests. Residents were being entertained by a musician and they were singing along creating a lively atmosphere. Residents had participated in morning prayers, baking scones and some residents made food for the bird tables.

Residents were observed exercising choice in a variety of matters for example choosing bedtimes, where they had their meals and what they wished to eat. The inspector heard that residents have the opportunity to exercise their civil and religious rights.

**Opportunities were made available for residents to participate in meetings so that**
they could share their views of the organisation of the centre and there was evidence in the care planning process of residents and or their families being consulted.

An independent advocacy service was available to residents.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
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Compliance Plan for Carndonagh Community Hospital OSV-0000616

Inspection ID: MON-0027308

Date of inspection: 17/07/2019

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contract for the provisions of services for all short term clients has been reviewed to include a detailed account of the specific charges, for their specific stay and timeframes of charges.</td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 12: Personal possessions: A review is currently underway to enhance the personal space available to residents to display and access their familiar and personal possessions. This includes shelving and review of furniture.</td>
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</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: The physical environment will be reconfigured as outlined in the plans submitted to the Chef Inspector in 2016. These works to be completed by 2020.</td>
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</tbody>
</table>
In the interim:
1. A project of painting, repair and decoration has commenced.
2. Residents are free to access the space that is currently available for their social, cultural and religious activities. This is discussed daily with the resident and can be accommodated within their bedroom, visitors room, dining room when not in use for meals, interdenominational facility or vacant offices.
3. Congestion in the main communal room will be addressed within the activities schedule and preferences of the residents.
4. Storage of equipment has been reviewed and removed from communal areas where possible. Storage will be greatly enhanced following refurbishment works.
5. Architectural plans outlining the increase in toilet facilities are being submitted with this action plan to the Chef Inspector.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The physical environment will be reconfigured as outlined in the plans submitted to the Chef Inspector in 2016. These works to be completed by 2020, included in these works are individual televisions for each resident. In the interim, comfortable viewing of televisions for residents, within multi occupancy, is under review and in the initial phase will consist of one television between two residents. These will be on a swivel bracket for ease of viewing for one or two residents, as they require.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 12(c)</td>
<td>The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2020</td>
</tr>
<tr>
<td>Regulation 24(2)(b)</td>
<td>The agreement referred to in</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/08/2019</td>
</tr>
</tbody>
</table>
paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.

<table>
<thead>
<tr>
<th>Regulation 9(3)(b)</th>
<th>A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>30/11/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 9(3)(c)(ii)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may access radio, television, newspapers and other media.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2019</td>
</tr>
</tbody>
</table>