Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Stella Maris Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Star of the Sea Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Baylough, Athlone, Westmeath</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 October 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005614</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022888</td>
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</tbody>
</table>
About the designated centre

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

Stella Maris is a small family-run designated centre located in a residential area in the town of Athlone. Twenty-four hour general nursing care is provided for up to 25 residents, both male and female over the age of 18. The majority of residents living in the centre are accommodated on a long-term basis, however short-term respite and convalescence care are also provided. Care is provided for people with a wide range of needs including physical and sensory disability, dementia, acquired brain injury and for all levels of dependency. The designated centre comprises of a converted house over two floors, accessed via a lift. Accommodation is provided in nine twin rooms and seven single rooms (six of these have en-suite facilities). Communal areas include a dining room, two sitting rooms, a smoking room and visitors’ room. Residents have access to a safe enclosed garden.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 23 |
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>15 October 2019</td>
<td>08:30hrs to 18:00hrs</td>
<td>Manuela Cristea</td>
<td>Lead</td>
</tr>
<tr>
<td>15 October 2019</td>
<td>08:30hrs to 18:00hrs</td>
<td>Leanne Crowe</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

All residents spoken with said that they were very happy in the centre and that they felt safe, well cared for and ‘at home’. Some residents were complimentary about the activities available to them on a daily basis while others mentioned that they would like more outings scheduled. Residents told the inspectors that they were well-cared for, that the staff were polite, courteous and friendly and very good to them.

Residents said that staff were plentiful and always available when needed. They told the inspectors that their rooms were comfortable and that staff worked hard to ensure they had everything they needed. There was a good atmosphere; residents and staff interacted well with each other.

Residents expressed satisfaction with the quality and choices of food in the centre. They felt that their views were valued and that actions were taken promptly to address issues raised by them. Their personal preferences were respected. Residents enjoyed the homely and welcoming atmosphere in the centre and said that their visitors were always welcome.

In addition to speaking with residents, the inspectors reviewed five satisfaction questionnaires (four completed by residents and one by a relative) which were returned as part of this announced inspection. These questionnaires provided positive feedback and confirmed the findings of the inspection.

Capacity and capability

Overall, this centre provided good standards of quality care to the residents living there. The centre was well-run and managed by a small and dedicated team of people who put residents first and strived towards excellence. The management team were actively involved in the operational running and the effective oversight of care and services delivered to the residents.

The matters identified on the previous inspection had been addressed by the provider. There had been no unsolicited information received by the Chief Inspector of Social Services since the last inspection and there was a low level of complaints in the centre. Any complaints had been resolved by the time of inspection. All relatives and residents who spoke with the inspectors on the day confirmed that their views were listened to, considered and acted on promptly.

Nevertheless, the inspectors found that some improvements were required in relation to: records, contracts of care, fire safety management, premises and the
protection of vulnerable adults from abuse.

The registered provider had not ensured that all staff working in the centre had obtained the appropriate An Garda Síochana vetting prior to commencing their role. This related to agency staff who worked on the premises. This issue had been identified by the person in charge prior to the inspection and the management team were taking the necessary steps to obtain appropriate vetting. However, this was not in place at the time of inspection. Immediate action was taken on the day of inspection to ensure that residents were safeguarded.

Good leadership, governance, management arrangements and effective systems were in place which contributed to residents experiencing a good service and a fulfilling quality of life.

The person in charge facilitated the inspection and demonstrated good attitude to regulation, good knowledge of the legislation and a commitment to providing a good quality service and enhance the quality of life for the residents living in the centre.

Minutes of the management meetings seen by the inspectors demonstrated strong qualitative oversight of operational issues such as resources, staffing, complaints, training, the results of environmental audits as well as strategic planning. There was evidence that identified issues were promptly addressed and followed up at staff meetings.

There were adequate resources allocated to the delivery of service in terms of facilities, services and staff deployment. The views of the residents were sought regularly and used to plan the service delivery. An annual review for 2018 was available and included consultation with residents and relatives.

**Regulation 14: Persons in charge**

The person in charge was a registered nurse who worked full-time and was engaged in the management and administration of the designated centre. She had the required qualifications, experience and expertise for the post. The person in charge was known to residents, who confirmed that she was accessible and available to them if required.

Judgment: Compliant

**Regulation 15: Staffing**

On the day of the inspection, there were sufficient staffing levels to meet the needs of residents. A planned and actual roster was maintained, with any changes clearly
All nurses employed in the centre had up-to-date registration with the Nursing and Midwifery Board of Ireland (NMBI).

Inspectors reviewed a sample of staff files and found that these contained all of the information required by Schedule 2 of the regulations.

Judgment: Compliant

**Regulation 16: Training and staff development**

All staff had access to various training courses which enabled them to provide evidence-based care to residents. The training matrix showed that most staff had completed the mandatory training in areas such as safeguarding, manual handling, fire safety and responsive behaviour. A follow up confirmation email was received post inspection confirming that all staff had the mandatory training up to date. Staff were facilitated to avail of other training including cardiopulmonary resuscitation (CPR), dementia care, infection control and restrictive practices.

There were good processes in place to ensure that staff were adequately supervised. There was evidence that appraisals of staff members' performance were carried out on an annual basis. These records indicated that actions regarding areas for improvement were followed up in advance of the next appraisal.

Judgment: Compliant

**Regulation 21: Records**

One agency staff member on duty on the day of the inspection did not have a Garda vetting disclosure. It was found that further agency staff members that routinely worked in the centre did not have vetting disclosures at the time of the inspection, but the person in charge could evidence that these had been applied for prior to the inspection.

Immediate action was taken by the management team in response to this issue, and further assurances were provided in writing following the inspection that all staff working in the centre had Garda vetting disclosures in place.

Judgment: Not compliant
### Regulation 23: Governance and management

There was a clear organisational structure in place. Appropriate succession arrangements were put in place to ensure the continuity of management in the running of the centre during the absence of the person in charge.

There was evidence of good governance, continuous quality improvement initiatives and a person-centred approach to care. Established systems to review the quality and safety of care delivered to residents were being maintained. As a result, the inspectors were satisfied that there was good oversight of clinical and service needs and that resources were appropriately managed.

The centre was adequately resourced to ensure appropriate and safe care was being delivered to residents in line with the designated centre's Statement of Purpose.

An annual review, which included consultation with residents, had been completed for 2018 and was available.

**Judgment:** Compliant

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

Contracts of care were in place and signed by each resident or their representative. They contained the fees to be charged for the individual resident and the charges for extra services were outlined.

Not all contracts of care provided clear detail on the room to be occupied by the resident, whether it was a single or shared bedroom, as required by 2016 regulations.

**Judgment:** Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre as well as the facilities and services. It also provided details about the management and staffing and described how the residents' wellbeing and safety was being maintained. It contained all matters as per Schedule 1 of the regulations, including the conditions of registration.

**Judgment:** Compliant
### Regulation 32: Notification of absence

The provider had appropriately notified the Chief Inspector when the person in charge was going to be absent from the centre for a period longer than 28 days.

**Judgment:** Compliant

### Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and were being used to inform and guide staff practice. Care and service delivery were monitored against the policies to ensure that staff were delivering services to the required standards. The policies were centre specific and all had been reviewed and revised in the previous two years.

**Judgment:** Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had put in place appropriate arrangements to ensure the continuity of service and had notified the Chief Inspector of these arrangements in a timely manner.

**Judgment:** Compliant

### Quality and safety

Overall, the residents in this centre had a good quality of life and were receiving a good standard of care. However, some further improvements were required in respect of fire safety management, premises and the protection of residents from abuse.

The care home environment was homely, clean and well maintained. The premises was well laid out and maintained to a high standard. It provided individual and shared accommodation across both floors of the building. A variety of communal rooms were available and residents' were supported to receive visitors. Nevertheless, the number of shower facilities available to residents accommodated
Residents’ rights were respected by staff, and there were systems in place to ensure they were supported to exercise their rights.

A strong person-centred approach was evident at the heart of care delivery. A busy activity programme was on display in the centre. Staff were observed to engage with residents in a person-centred and respectful manner, and a sense of wellbeing was evident.

Residents’ meetings occurred on a regular basis, and were mediated by an advocate. They provided an opportunity for the residents to voice their concerns and express their wishes. The meetings were minuted and the inspectors were satisfied that issues raised were swiftly addressed by the provider.

Policies and procedures that ensured residents were protected from abuse were in place. However some improvements were required to ensure that all staff were up to date in the training for safeguarding vulnerable adults in line with centre's own policy. Staff members who spoke with the inspectors were knowledgeable regarding their duty to report any past or current concerns or allegations of abuse.

The centre was working towards a restraint-free environment and the inspectors found that there was a low level of restraints in the designated centre.

Although half of the residents living in the centre had a diagnosis of dementia or some form of cognitive impairment, there was a very low incidence 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). This was due to the continuity of care provided by staff that knew the residents well and provided tailored interventions and positive behavioural supports according to the unique needs of the residents. The inspectors observed good practices in how staff interacted with residents who presented with anxiety or responsive behaviours.

The inspectors found that risks were well-managed in the centre in relation to key areas such as infection control and fire safety, however further assurances were requested from the provider in relation to night time fire drills.

**Regulation 10: Communication difficulties**

There was a comprehensive communication policy which effectively guided staff on how to deliver care. Residents’ communication needs were known by staff who supported meaningful engagement, including an awareness of non-verbal approaches. There was good signage in the centre and the residents could communicate freely.
**Regulation 12: Personal possessions**

Residents had adequate space to store their clothes and display their personal possessions in their bedrooms. Inspectors noted that items of clothing were marked, laundered and returned to their bedrooms.

**Regulation 17: Premises**

The premises was found to be well-maintained, warm, clean and decorated in a homely manner. However there was only one shower on the first floor for 14 residents. Inspectors found that an additional shower room was required on the first floor to ensure that there were adequate shower facilities which were close to the residents’ bedrooms and could be accessed without using the lift or stairs.

The centre is a two storey building that accommodates a maximum of 25 residents in seven single and nine twin bedrooms. Bedrooms were comfortably decorated and many had been decorated with residents’ personal belongings. There was sufficient storage space for residents’ possessions, including any specialised equipment.

There were shared and private sanitary facilities throughout the building. Five single and three twin bedrooms have ensuite toilets and wash hand basins, while one single and one twin bedroom have an ensuite shower, toilet and wash hand basin. All other bedrooms contain a wash hand basin. Two communal shower rooms were located on the ground floor, while one was located on the first floor for the 14 residents on this floor.

There were a number of communal rooms located across both floors. These included two sitting rooms, a smoking room, a spacious dining room and a visitor's room. These were all homely and were observed to be used by residents and visitors throughout the day of the inspection.

The centre had a fully equipped smoking room available to residents who required it. This was observed to be regularly used throughout the day. It was located in the vicinity of a sitting room used by a large number of residents. Inspectors noted that the smell of smoke was escaping into the sitting room every time the door to the smoking room was opened, despite being fitted with an extracting vent. The situation required review to ensure residents who did not smoke were not adversely affected while using the communal sitting room located in the same area.

A passenger lift supported residents to move independently between the two floors.
Handrails were in place along corridors to assist residents to navigate the building safely.

Residents had access to an appropriate range of assistive equipment such as hoists and pressure relieving mattresses to meet their needs. Records indicated that equipment was serviced on a regular basis. A call bell system was in place throughout the centre.

Judgment: Not compliant

**Regulation 18: Food and nutrition**

Meals were prepared and served in accordance with residents’ preferences and specialist dietary needs. There was an effective system of communication between nursing and catering staff to support those residents who had special dietary requirements. Inspectors observed that residents who required modified consistency diets and thickened fluids received the correct diet.

A protected mealtimes initiative was in place. During mealtimes, inspectors observed staff providing assistance to residents in an appropriate and discreet manner. Residents were offered a choice of meals and there was evidence of care being taken to cater to residents’ individual preferences. Residents had access to fresh drinks and snacks throughout the day and outside of regular mealtimes.

Judgment: Compliant

**Regulation 28: Fire precautions**

While the registered provider had arrangements in place to contain the spread of fire, some improvement was required. All bedroom doors were fire safety doors. However, the bedroom doors, the doors to communal areas and the smoking room door did not have automatic closing devices to ensure that doors would close in the event of a fire. A number of doors to communal areas and residents’ bedrooms were found to be held open or ajar throughout the centre. This was addressed with the provider on the day of inspection.

Personal evacuation plans (PEEPs) were available for all residents in the centre. These were available in residents’ bedrooms and a second copy was kept in the fire box. They outlined important information relating to each residents’ needs including their levels of cognition and supervision requirements post evacuation. However, the PEEP lacked consistency and required review. Some referred to assistance required for horizontal and vertical evacuation whilst others referred to evacuation needs when residents were in and out of bed.
Fire drills were comprehensive and were carried out on a regular basis. A full compartment evacuation carried out with night time staffing levels provided satisfactory assurances that all residents could be evacuated in a timely and safely manner.

Records were maintained of weekly and daily fire safety checks. The registered provider had arrangements in place for the maintenance of the centre's addressable fire alarm and detection system, which had been serviced quarterly and was subject to weekly testing. Arrangements were also in place for quarterly servicing of emergency lights throughout the centre.

The emergency plan and evacuation procedure were prominently displayed in the centre and all staff spoke with were knowledgeable and confident on what to do in the event of fire.

Judgment: Substantially compliant

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

Care plans were comprehensive and described the care required to meet the needs of residents. Potential residents were assessed prior to admission to ensure the centre could meet their needs. A comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Continuous reassessment of residents needs' was completed on a four monthly basis or sooner if warranted. Residents were regularly consulted with about their care needs. Where a resident lacked capacity, their care representative or next of kin was consulted with. Care plans were very person-centred and reflected the care provided.

Falls were well-managed. They were trended, analysed and comprehensively reviewed to ensure the least restrictive measures were implemented to support the residents. Inspectors saw evidence of regular nursing assessments, post fall reviews by the general practitioner (GP), the occupation therapist and physiotherapist with fall prevention measures in place and documented in residents’ care plans. Wounds and pressure area care were well-managed and pressure relieving equipment, such as electric mattresses and pressure relieving cushions, were available when required.

Judgment: Compliant

**Regulation 6: Health care**

Residents’ healthcare was being maintained by a high standard of nursing care with
appropriate medical and allied healthcare support. Residents had the choice to retain their own General Practitioner and pharmacist services if they wished to. Residents had access to additional professional expertise and treatment. A physiotherapist and occupational therapist visited the centre regularly. Access to national screening programmes was facilitated for those residents who were eligible to participate.

Judgment: Compliant

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

Behaviours associated with dementia or with mental health difficulties were assessed and there were appropriate interventions in place to support the residents. Procedures were in place to ensure responsive behaviours were recorded, monitored and analysed. Staff had received training in responsive behaviours and displayed good knowledge of residents and how to respond appropriately. The care plans for responsive behaviours were detailed and person-centred. Where required, residents had access to psychiatry of later life to provide additional support.

Residents had access to Psychiatry of later life to provide additional support as required.

Restraints were used as a last resort and a restraint-free environment was promoted in line with national best practice guidance. There was one bedrail used in the centre at the time, which was based on a risk assessment and the resident's informed consent. A restraints register was maintained and regularly reviewed. There was evidence that the number of bedrails in use had decreased as alternatives such as low-low beds, floor mats and safety wedges were provided.

Judgment: Compliant

**Regulation 8: Protection**

The registered provider had not ensured that all staff were appropriately vetted at the time of the inspection. This is being discussed in detail under Regulation 21, Records.

Residents were safeguarded against abuse or harm by the systems in place in the centre. However, it was noted that a number of staff were not up to date with their safeguarding training in line with the centre's own policies. The provider addressed this immediately following the inspection and provided appropriate assurances that
all staff had up to date safeguarding training in place.

Staff displayed good knowledge of what constitutes abuse and were clear on the reporting procedures and their responsibilities. All interactions between staff and residents during the course of inspection were observed to be respectful courteous and kind. This was also confirmed by residents and visitors.

The provider acted as a pension-agent for one resident. The system used for managing the pension complied with guidelines set out by the Department of Social Protection. All records regarding to these transactions were transparent and up to date.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre and the ethos of care was person-centred. Residents were consulted with regarding the planning and organisation of the centre. Residents’ meetings were held every two months.

An activity programme for residents had been developed in line with residents’ interests and capabilities. This programme included a range of activities facilitated by internal staff and external service providers. A member of the nursing home’s management team had established a community choir that met twice a month and was attended by some residents. Other examples of activities included live music, arts and crafts, reflexology, farmyard visits, bingo and dementia friendly activities. Recent outings included a trip to the cinema and a local memory café. An external garden was independently accessible by residents, and included seating and potted flowers.

Residents’ privacy and dignity was respected by staff, who were observed knocking on residents' bedroom doors prior to entering, and providing care in a discreet manner.

Residents were facilitated to exercise their civil, political and religious rights. Mass was held in the centre twice a month and the person in charge described how residents were supported to practice their respective faiths. Residents were facilitated to vote, either in the centre or in their local electoral area.

Independent advocacy services were available for residents, if required.

Judgment: 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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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Not compliant</td>
</tr>
<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 32: Notification of absence</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</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 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: All staff are now garda vetted and vetting will be completed in the future prior to the commencement of duty.</td>
<td></td>
</tr>
<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: Contracts were amended on the day of the inspection to specify the room number and type (2-bedded/ single). The updated contracts will be used going forward.</td>
<td></td>
</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 fan in the smoking room has been cleaned and timings altered to ensure that it remains on for a time after the residents have left the room to assist with all the smoke being removed from the room. A single WC upstairs is being converted into a shower room. This will give us a ratio of 7 residents to a shower upstairs.</td>
<td></td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
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<td>---------------------------------</td>
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</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Automatic closing devices have been installed in the dining room, day rooms and nurses station. We are currently working with our fire service provider to complete installation of the door closures on the bedrooms. PEEPSEPS have been reviewed to make them more consistent.</td>
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<tr>
<th>Regulation 8: Protection</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 8: Protection: All staff are now garda vetted and vetting will be completed in the future prior to the commencement of duty. All staff are now up to date with their safeguarding training and our policy has been updated to reflect the training requirements.</td>
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</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>
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<tbody>
<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>15/01/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered 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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>09/12/2019</td>
</tr>
<tr>
<td>Regulation 24(1)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/12/2019</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Regulation 28(2)(i)</th>
<th>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>24/01/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 8(2)</td>
<td>The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/12/2019</td>
</tr>
</tbody>
</table>