



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

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	10 May 2018
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0020917

## About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is 11.5 km from Kilmallock town. The centre is a two-storey building which is registered with the Health Information and Quality Authority (HIQA) for 25 residential places. The building is operating as a nursing home since 1985. There is 24 hour nursing care provider led by the person in charge and the provider representative in a job-sharing role. These staff are qualified nurses and lead staff supervision, training and resident evaluation process. Residents' and staff meetings are held regularly. There is access to allied health services such as physiotherapy and dietitian and the medical and pharmacy team visit weekly and when required. The accommodation comprises five single rooms and 10 twin rooms, all of which are fitted with a nurse call bell system and digital TV. All of the bedrooms have hand-washing sinks. While bedrooms do not have individual phone handsets, incoming calls for residents can be transferred to a mobile handset and taken to each room. The centre has Skype which allows residents to communicate over the Internet by voice using a microphone, by video using a web cam, and by instant messaging. The centre also has free wi fi and residents may freely use mobile phones and have access to visitors at any time. The centre has three assisted toilets, one assisted shower with toilet and one assisted toilet with bath/shower. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A chair lift is available to access the first floor. Mobile residents are accommodated on the first floor. Hand rails are fitted on hallways and in circulation areas. There is a visitor's toilet adjacent to the nurse's station. The centre provides a laundry service for residents which is outsourced. A conservatory area to the front of the centre is the designated smoking room for residents. The nurse's station is located centrally where residents' files and medications are securely stored. The centre has an oil-fired central heating system. Access to the centre is controlled by keypad for security and visitors are requested to sign in/out. There is a small secure dementia themed garden area and ample on site car parking. Some maintenance is carried out in house while external contractors are also engaged where appropriate. Currently renovations and associated building works are underway to extend and enhance the centre. There is an emergency plan in place in the event of an major incident.

**The following information outlines some additional data on this centre.**

Current registration end date:	16/05/2020
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Number of residents on the  
date of inspection:

25

## How we inspect

To prepare for this inspection the inspector or 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
10 May 2018	10:30hrs to 18:00hrs	Mary O'Mahony	Lead

## Views of people who use the service

Residents with whom inspectors spoke were happy living in the centre and they were glad to have access to the town, family and friends. They were content with staff, healthcare and the accommodation. They were facilitated to exercise choice and to maintain control over their daily lives for example in relation to bedtimes and activity participation. The majority of residents had single or double room accommodation and they had brought in items from home to make their bedroom space more homely. Residents were encouraged to participate in the social life of the centre and they said that visitors interacted with most of the group during visits, if that was their choice.

Residents enjoyed a range of activities which were organised and led by the activity coordinator. On the afternoon of the second day of inspection the physiotherapist attended to facilitate individual sessions and an exercise class. Residents said that these sessions promoted independence and well-being. An activity leader was also present during the inspection. She was seen to converse with residents, facilitate suitable fun games and encourage chair-based exercises. Mass was said also and residents told the inspector that this was a weekly event. Residents said that they also enjoyed music sessions, art classes, bingo and external walks.

Residents told inspectors that the location of the centre afforded views over the country side and farmland and said that they enjoyed watching the seasonal changes. Mobile residents said that they had independent access to outdoor walks depending on their mobility and other relevant assessments. Garden access was limited due to the current building works, however there was a small garden available with suitable seating and shrubs which had been planted by residents. Residents were also encouraged to go out with family members and to celebrate special occasions with them.

## Capacity and capability

While there were aspects of the management systems that had improved such as audit and care planning, concerns remained in relation to record keeping, staffing deployment and risk assessment. Clear lines of accountability and authority were set out. The provider representative and person in charge undertook the joint role of person in charge. They were supported by a nursing and healthcare team as well as administrative staff. Staffing levels were in line with those described in the

statement of purpose and were reported by the person in charge to be sufficient to support residents' needs. However, while a weekly roster was maintained in the centre inspectors found that the roster available on the day of inspection did not accurately reflect the number and names of staff on duty on particular days. This was addressed with the provider as regards the statutory duty to maintain a true copy of the roster at all times and a record of whether the roster was worked. The provider was asked to immediately correct the staff roster. An inaccurate roster record could have serious implications in the event of fire, an accident, an allegation or a complaint. The Quality and Safety dimension of this report addressed related risk issues and areas such as risk assessments, fire safety, incidents, health and safety issues and residents' rights.

This inspection was undertaken to monitor the progress of the building works which had been commenced at the time of the last inspection. The centre was being expanded to accommodate a further 15 residents and to provide more extensive sitting, showering and dining rooms. The construction was mainly external to the current building at present prior to the two buildings being inter-linked. While residents stated that they had not been adversely effected by the noise and associated disturbance to date, inspectors found that the existing sitting room was overshadowed by the wall of the new extension. This created a dark environment in a favourite sitting area. While the provider had mitigated the impact of this by the provision of colourful murals on the window glass, inspectors found that these did not fully address the lack of incoming light. The provider stated that as this was a temporary situation she was confident that the residents understood that there would be major improvements in their environment when the building was completed. There were plans in place for additional murals and residents would be included in the design with the resultant positive effect on their well-being and surroundings.

Incident recording and investigation processes included learning following each event. Documentation seen by inspectors indicated that each event had led to discussion at team meetings and staff had been informed of the outcome. The annual quality review had been completed, reflecting the requirements and an understanding of the regulations and national standards. Quality improvement systems such as reviews and audits were in place to demonstrate that the service provided was safe and appropriate. Initiatives were outlined in areas for quality improvement such as, increased staff training and supervision. Reporting systems were in place to notify key events to HIOA and to audit areas such as falls, complaints and medication management. Complaints were recorded and addressed.

Residents were made aware of the facilities and services through the provision of a comprehensive guide that included information on their rights and the complaints process. While residents were provided with contracts on admission as required by law, the contracts did not specify details in relation to individual resident's bedroom arrangements, which was required in order to support clarity and security for residents at this life transition. Inspectors also found that the statement of purpose did not contain all the required regulatory details.

A review of staff training records confirming inspectors findings during conversations

with staff and the person in charge. Staff meetings and handover reports ensured that information on residents' changing needs was discussed with all members of the team. Staff received training appropriate to their roles, for example, people handling skills, the management of behaviour, infection control and medication management. This training provision ensured that staff were competent to deliver appropriate care. Inspectors spoke with staff members who were knowledgeable of various aspects of the training. They were found to be aware of their statutory duties in relation to the care and protection of residents. Supervision was implemented through monitoring procedures such as audits and appraisals. While a large group of staff had been provided with updated knowledge and skills in managing the behaviour and psychological symptoms of dementia (BPSD) a number of staff had yet to receive this mandatory training. However, inspectors found that during the inspection staff management of this aspect of care needs was seen to be good.

Good systems of information governance were in place. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire safety equipment. The majority of records and documentation as required by Schedule 2, 3 and 4 of the Regulations were securely stored, well maintained and easily retrievable. Residents' records such as care plans, assessments, medical notes and nursing records were detailed and relevant.

A sample of staff files was reviewed. Most of these files were found to contain all the necessary documentation including the required An Garda Síochána vetting (GV) clearance. The person in charge confirmed that staff had this clearance in place prior to taking up employment in the centre. However, some gaps were noted as regards employment history and relevant references for all staff. Volunteer files included a description of the volunteer's role and responsibilities and GV clearance certification.

#### Regulation 14: Persons in charge

Both persons in charge fulfilled the requirements of the regulations for a person in charge of a designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection staffing levels for cleaning and activity were not clearly and

accurately rostered. Staffing levels for cleaning were not adequate.
Judgment: Not compliant
<b>Regulation 16: Training and staff development</b>
A number of staff had yet to receive mandatory training.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
The directory of residents' record was maintained according to the regulatory requirements.
Judgment: Compliant
<b>Regulation 21: Records</b>
Not all records were accurately maintained, for example staff files and the roster.
Judgment: Not compliant
<b>Regulation 22: Insurance</b>
The centre had documentation in place which indicated that insurance was available.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were issues of non-compliance with regulatory requirements which indicated to inspectors that the system of management did not fully support a service that was safe, appropriate, consistent and effectively managed.

Judgment: Not compliant
<b>Regulation 24: Contract for the provision of services</b>
Contacts did not contain all the necessary information.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
Additional information was required in the Statement of Purpose. For example, all rooms including the function and size of each room to be included, such as the dining room, toilets and bathrooms.
Judgment: Substantially compliant
<b>Regulation 30: Volunteers</b>
The required staff records were maintained for volunteer staff. However, the roles and responsibilities were not set out for one volunteer who performed a key role.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
Notifications had been submitted in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Documentation on complaints management was compliant and complete.
Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, social events and comfortable accommodation. Bedrooms were single or double occupancy with appropriate storage facilities and a lockable space for valuables. Nevertheless, due to the ongoing building work the main sitting room was lacking natural light as discussed briefly in the previous section of the report. While residents were supported in recreation, interaction and exercise by staff and the physiotherapist, inspectors found that the activity coordinator had not been employed in the centre for a period of time. Notwithstanding this finding a recent audit result of activity provision had stated that the person was working in the centre for 20 hours per week to provide activities. The consistency and frequency of activity provision varied as a consequence even though management staff said that this ambiguity would be resolved in the near future. Residents were facilitated to engage in activities outside the centre with family and community involvement. Visitors were plentiful and they were seen to be familiar with staff. Residents were seen to be engaged in activities over the course of the inspection including reminiscence, ball games, mass and music. They looked happy and relaxed when engaging with staff and inspectors observed respectful interactions. Residents' feedback was sought through surveys, the results of which were viewed by inspectors. These were seen to contain positive comments. Contact information for an independent advocate was displayed in the centre which afforded residents an independent outlet to express concerns or wishes. A volunteer staff member was also available to speak with residents. Minutes of resident meetings indicated that residents had the opportunity to provide feedback on areas such as activities, laundry, current building works and staff.

Inspectors found that residents' healthcare and nursing needs were met. Care plans were individualised and staff spoken with displayed an understanding of the needs of residents. Appropriate resources were available to meet these diverse needs. General practitioners (GP's) attended the centre on a regular basis and residents were reassured by the accessibility of a doctor, if required. Allied health services, such as physiotherapy, palliative care specialists and speech and language therapy (SALT) were available, as necessary. Clinical assessments took place for example on nutritional status, oral health, cognition and falls risks which promoted early identification of areas for attention either medically or socially.

Medicine management audits were undertaken and the use of psychotropic medicines was monitored. Staff confirmed that arrangements were in place in relation to accessing pharmacy services. The pharmacist was readily available for advice and consultation. Relevant training was provided in medicine management for the nursing staff. Inspectors reviewed documentation in relation to medication errors and found that these were addressed. Learning from any incident was

disseminated at staff meetings which minimised repetition of errors.

Risks to residents, staff and relatives were reviewed and policies and procedures relating to risk management and health and safety were seen to be specific to the centre and up-to-date. There was an emergency plan in place and a personal evacuation plan (PEEPs) had been developed for each resident. Daily, weekly, three-monthly and other required checks of the fire safety system were carried out, including checks of the emergency lighting, fire-safe doors and fire extinguishers. Call-bells were fitted in all rooms. Emergency exits were unobstructed. Nevertheless there had been no simulated fire evacuation drill carried out and fire drill records were not adequate. This meant that it was difficult to discern which staff had yet to take part in a drill and what issues, if any, had to be addressed following the drills. Not all risks had been identified and addressed however. Inspectors noted that there were a small number of wedges in use on fire safe doors which negated their purpose in slowing the spread of fire by preventing their automatic closure in the event of the fire alarm sounding. These wedges were removed immediately. In addition, the outdoor area was not secure as the gate to the builders' yard was not closed, the gate from the back garden was not locked and a sloped wooden ramp, adjacent to the small garden, had not been made safe in the event that a resident went outside unaided. Oxygen was stored in the staff office without appropriate safety signage in place. A further risk to resident safety was identified by inspectors. The call bell system upstairs was routinely turned off when all residents had come downstairs according to staff. However, at the particular time that inspectors found that the system was turned off two residents were still upstairs and were at risk of not being able to risk for assistance in the absence of a working call bell. In addition, inspectors noted that a small number of residents were coming and going from the upstairs bedrooms at various times during the day. No staff member was specifically assigned to check the bell system in order to mitigate the risk of it being turned off inappropriately.

In relation to infection control practices, inspectors found that cleaning routines were not consistent and inspectors noted a strong odour in some bedrooms, shower rooms and the bathroom. There was a shortage of cleaning staff in the centre at the time of inspection. Some toilet areas were found to be stained and drains in the bath and in one shower appeared clogged. The sluice room sink downstairs was leaking and there was also a leaking pipe in one toilet area, which posed a risk to residents in relation to falls. These issues were addressed immediately and in the afternoon inspectors found that thorough cleaning had been carried out in the identified areas. There was a high use of commodes in the centre as a consequence of the lack of suitable and accessible toilets to meet the dependency needs of residents. Commodes were stored in bedrooms during the day due to lack of alternative storage space. This was particularly problematic in the shared bedrooms where residents were not able to carry out personal and intimate routines in private with the resultant embarrassment and risk to their personal dignity. Since the previous inspection a small sluice room had been installed in the upstairs section of the centre to facilitate the cleaning and emptying of commodes. Staff had been trained in the use of hand-sanitisers and the wearing of personal protective equipment to prevent the spread of infection. Inspectors found that there was good

practice among staff in this area.

There was a culture in the centre that promoted the safeguarding of residents which was supported by appropriate policies on the prevention, detection and response to abuse. Staff spoken with were clear in their understanding of the procedure for reporting concerns. Residents said that they felt safe in the centre due to the approachability of management staff and the kindness of staff. Residents' financial records were appropriately managed. Receipts were maintained for all financial transactions. The centre actively promoted residents' independence and where restraints, such as bed-rails, were required appropriate risk assessments had been undertaken. A restraint register was in place which indicated that regular monitoring of residents' status was undertaken, whenever bed-rails were in use.

### Regulation 11: Visits

Visitors had free access according to the needs and wishes of residents.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate storage for residents' clothes and personal possessions.

Judgment: Compliant

### Regulation 17: Premises

Floor levels, cleaning regimes, lack of sanitary facilities, lack of natural light in communal areas, lack of suitable private visiting areas apart from bedroom space.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were happy with the choices on offer. Residents' weight and nutritional

status was reviewed and access to specialists was facilitated.

Judgment: Compliant

### Regulation 26: Risk management

A number of risks had not been identified and addressed.

For example:

- \*a small number of wedges in use on fire safe doors
- \*the outdoor area was not secure as the gate to the builders' yard was not closed
- \*the gate from the back garden was not locked
- \*a sloped wooden ramp, adjacent to the small garden, had not been made safe
- \*oxygen was stored in the staff office without appropriate safety signage
- \*the call bell system upstairs was routinely turned off when residents were downstairs

Judgment: Not compliant

### Regulation 27: Infection control

Cleaning routines were not consistent and there was a strong odour noted in some areas on the day of inspection.

Judgment: Not compliant

### Regulation 28: Fire precautions

Adequate records had not been maintained of fire drills carried out in the centre. A small number of door wedges were in use which posed a fire safety risk.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medicine management appeared to be well audited and safe.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

On the day of inspection the sample of care plans reviewed were seen to be compliant, had been reviewed and were personalised.

Judgment: Compliant

## Regulation 6: Health care

There was access to a comprehensive range of allied health services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Not all staff had the required training on the day of inspection. This was attended to following the inspection.

Judgment: Substantially compliant

## Regulation 8: Protection

Staff had been afforded suitable training, they were knowledgeable of their responsibilities and residents' finances were well managed.

Judgment: Compliant

## Regulation 9: Residents' rights

Findings of non-compliance in relation to residents rights and dignity included: use of commodes due to lack of sufficient toilet/shower provision, dirty toilet areas, lack of privacy, inconsistent activity provision, lack of safe outdoor space, lack of natural light in main living/communal area. Lack of alternative/choice of areas to sit during the day outside of the bedrooms.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0020917

Date of inspection: 10/05/2018

## 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> <p>A new Roster has been compiled which reflects all staff on duty accurately and also allows for any changes that may occur to be documented. A full roster for household staff is now back in place.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training in Behaviours that Challenge was completed on 31/05/2018, a copy of which was submitted to HIQA. A training program is in place to ensure training needs of all staff is being addressed throughout the year.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>The 2 staff files in question have been updated.</li> <li>A New Roster has been introduced.</li> </ul>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Files in relation to record keeping, staffing levels and risk assessments have been updated.</li> <li>• Statement Of Purpose has been updated to include all room sizes.</li> <li>• The risk assessments in relation to the new extension was in a separate folder , these risks have now been included in the main risk assessment folder,</li> <li>• Fire evacuation drills will take place Bi-annually and will be available for inspection.</li> <li>• Brighter lights have been installed in the dayroom areas.</li> <li>• New murals to be put in place along with resident consultation.</li> </ul> <p> </p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contracts of Care now contain the Bedroom number and also the number of occupants in the room.</p> <p> </p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated to include the dimensions of each room within the center.</p> <p> </p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>Sage has provided us with a booklet of what is expected from Advocates and this has been passed on to our Advocate  </p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>a. Floor levels will be addressed with the new Extension.</li> <li>b. New cleaning schedules are in place.</li> <li>c. All new rooms will have ensuite facilities.</li> <li>d. New bright lights have been installed in the Dayroom.</li> <li>e. Residents have been consulted in relation to murals.</li> <li>f. In the new extension a meeting area will be available to all residents.</li> </ol>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ol style="list-style-type: none"> <li>a. All wedges have been removed from doors.</li> <li>b. A new gate has been erected to the builders yard.</li> <li>c. A daily check list has been put in place to ensure that the gates are secured at all time.</li> <li>d. The existing ramp adjacent to the small garden will be reassessed by our Health &amp; Safety Officer.</li> <li>e. Appropriate signage has been put in place where Oxygen cylinders are stored.</li> <li>f. Call bells upstairs are switched on at all time.</li> </ol>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new cleaning schedule has been put in place. On the day of inspection two household staff were on sick leave, one of these has returned and a full roster is now in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>a. Adequate records are now maintained of fire evacuation drills in the center.</li> <li>b. Wedges have been removed from fire doors.</li> </ol>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Training on behaviour that challenge had been booked prior to inspection and completed on the 31/05/2018 and a copy of attendees sent to HIQA</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>a. The need for use of commodes will be reassessed in consultation with residents when the new building is completed.</li> <li>b. New cleaning schedules are in place and a household staff that was on sick leave has returned to work.</li> <li>c. Lack of privacy will be addressed in the new building.</li> <li>d. Our activity coordinator has returned and activities are now consistent and accurately reflected in the roster.</li> <li>e. Lack of safe outdoors will be addressed in the new building.</li> <li>f. The lack of natural light has been addressed.</li> <li>g. Dedicated sitting areas for residents will be available in the new building.</li> </ul>	

## 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	25/06/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2018
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	Not Compliant	Orange	31/01/2019 25/06/2018

	the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/01/2019
Regulation 21(1)	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.	Not Compliant	Orange	25/06/2018
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	25/06/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the	Substantially Compliant	Yellow	12/05/2018

	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.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	a,b,c,e,f, 25/06/2018  d 25/07/2018
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	25/06/2018
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding	Substantially Compliant	Yellow	25/06/2018

	and furnishings.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/06/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/05/2018
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	28/06/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/05/2018

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	a-31/01/2019 b-26/06/2018 c-31/01/2019 d-25/06/2018 e-31/01/2019 f-26/06/2018 g-31/01/2019
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.	Not Compliant	Orange	31/01/2019