Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Announced
Date of inspection:	03 March 2020
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0022736

About the designated centre

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

Ratoath Manor Nursing Home is set in the village of Ratoath in county Meath. The two-storey premises was originally built in the 1820's and is located on landscaped gardens. It now provides accommodation to 63 male and female residents over 18 years of age. Residents are admitted to the centre on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Residents of all dependency levels are provided for.
Residents are accommodated in single and twin bedrooms across three units; St Oliver's Unit, St Patrick's Unit and Ground Floor Unit. A proportion of these bedrooms have en-suite sanitary facilities. Communal shower rooms, bathrooms and toilets are available throughout the building. A variety of communal rooms are provided for residents' use across both floors, including, sitting, dining and recreational facilities, and an oratory. A number of outdoor areas are also available, including large gardens on the ground floor and two internal courtyards on the first floor.
The registered provider employs a staff team consisting of managers, registered nurses, care assistants, activity co-ordination, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

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:

Date	Times of Inspection	Inspector	Role
Tuesday 3 March 2020	09:00hrs to 18:10hrs	Manuela Cristea	Lead
Tuesday 3 March 2020	09:00hrs to 18:10hrs	Ann Wallace	Support

What residents told us and what inspectors observed

All residents who met the inspectors spoke positively about what it was like to live in the centre. They commended the management and staff for the caring and compassionate service that was provided to them. Residents reported that they were cared for in a respectful manner and that their privacy was respected. Residents said that they could exercise choice in how they wanted to spend the their day.

All residents spoken with said that they were very happy living in the centre, they felt safe and 'at home'. They described staff as 'highly understanding, compassionate and supportive', very friendly and always willing to provide assistance. While the level of satisfaction with the care, service and facilities was overwhelmingly high, two residents also mentioned that on occasions they have to wait a long time for their call bell to be answered, particularly in the morning. This was verified on inspection when inspectors had to call the attention of staff to a call bell that had been ringing for more than four minutes.

The inspectors also reviewed 12 questionnaires completed by residents and/or their relatives prior to the inspection. They were unanimous in their views that the food and the activities available to them were of high quality, that their rights were respected and that if they had any complaints staff would respond quickly and appropriately.

The inspectors spoke with a number of visitors and relatives on the day of the inspection. Relatives confirmed that they were always welcomed into the centre and kept informed about any changes in the condition of their loved one. Some commented that they felt as if they were part of "one big family" and others told the inspectors how much they valued the location of the centre within the heart of the village. Inspectors were informed that there were no visiting restrictions, however one relative wrote a comment in the feedback questionnaire that in the evenings they had to wait a long time for the front door to be answered.

Residents spoke positively about the quality and choice of food available to them, and reported how much they enjoyed the afternoon tea which they described as 'hotel-like'.

Residents and relatives reported high levels of satisfaction with the variety of activities available and the level of consultation and engagement they had in the running of the centre. Inspectors observed that activities were available every day and that there was a variety of group and one to one activities as well as a range of entertainments.Throughout the inspection, residents were seen participating in group activities such as art classes, music, playing board games as well as one to one communication with staff, friends and a visit from the therapy dog.

The inspectors observed staff communicating with residents and found that the

staff/resident interactions were positive and supportive.

All residents were able to identify a person who they could talk to if they had any complaints or worries. Relatives confirmed that they would feel able to raise a complaint with a member of the management team, the nurse in charge or any member of staff.

Capacity and capability

This was an announced inspection carried out for the purpose of renewing the registration of the centre. There had been no unsolicited information received by the Chief Inspector of Social Services since the last inspection. The inspectors found that most findings from the previous inspection carried out in July 2019 had been acted on, while the action plan in relation to the premises, specifically the manually operated lift, remained outstanding. An additional condition had been placed on the registration which stated that the physical environment was to be reconfigured by 31 Dec 2020. The findings of this inspection show that further improvement was required in respect of the premises. However, the inspectors were satisfied that the provider had an effective plan in place and was actively working to address this issue within the required time frames.

The registered provider representative, the person in charge and other persons participating in management were on site and facilitated the inspection process. They all demonstrated a good attitude to regulation and good knowledge of the legislation. The provider demonstrated a commitment to provide a good quality service for residents in order to enhance the quality of life for the residents living in the centre. There were plans in place for the expansion of the centre, extensive internal refurbishment of the existing building and the reconfiguration of a number of twin bedrooms to create single en suite bedrooms for existing and future residents. The works had been approved and were due to commence shortly. Residents and relatives confirmed that they had been informed about the proposed changes at the resident and family meetings.

Overall, the inspectors found that this was a good centre. The governance arrangements were robust and the management team worked cohesively to ensure a safe and quality service was provided to the residents.

The registered provider representative supported the person in charge and visited the centre on a regular basis. The systems were found to be of a good standard and provided good oversight and assurance to the provider that the service was being delivered effectively. Weekly governance meetings occurred where various strategic and operational issues in relation to the centre were discussed. These included resource management, budgets, staffing, risk management, facilities and care quality indicators. In addition, a summary compliance report was presented to the board of management on a monthly basis.

There were robust systems of clinical governance in place to review the quality of the care provided. Regular audits were carried out in areas such as care planning, use of restraints, end-of-life care, hand hygiene, falls and medication management. Where areas of improvement were identified, the audits were followed up with concrete action plans and the resulted learning was shared across the organisation.

There were good systems in place to ensure the information was effectively communicated to all staff. The inspector saw minutes of the staff meetings which were held regularly with staff from all departments. The meetings were used to communicate relevant operational information to staff and to ascertain staff views and suggestions about how the service might be improved for residents. Staff from various disciplines reported that they felt supported and valued as part of the team, irrespective of their role. Staff supervision arrangements were in place and a new process of appraisals had recently been implemented.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre had been submitted by the registered provider in a timely manner. However, while the application was completed in full, the information contained in the statement of purpose and the floor plans submitted with the application was not up to date.

Judgment: Substantially compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake the role. She had been employed in the centre since April 2019 and had completed a post registration management qualification.

The person in charge was well-supported by the governance team and residents and relative reported that she was approachable and quick to respond to any issues identified.

Throughout the inspection, the person in charge demonstrated good knowledge about individual residents' care needs, their personal routines and health conditions.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were adequate to meet the needs of the 55 residents on the day of inspection. From an examination of the staff duty rota, communication with residents, relatives and staff it was found that there were sufficient staff to meet the needs of the residents. There was at least one nurse on duty at all times.

There were no staffing vacancies at the time of inspection and the centre was in the process of recruiting for a bank system, as a contingency plan for potential staff shortages.

Samples of documents required to be held in respect each member of staff regarding the person's identity, vetting disclosure, relevant qualifications, registration details, employment history and references were available for inspection and were found to be satisfactory.

All nurses had their registration up to date. Staff had completed all mandatory training and there was evidence that appropriate supervision arrangements were in place.

Judgment: Compliant

Regulation 21: Records

Records (hard and soft copies) were stored securely and were accessible when required.

Judgment: Compliant

Regulation 22: Insurance

A valid contract of insurance was in place against injury to residents, loss or damage to their property and public liability.

Judgment: Compliant

Regulation 23: Governance and management

The centre was appropriately resourced to ensure the effective delivery of care.

The management team had clear lines of responsibility and they met on a frequent

and consistent basis to discuss the management of the centre. Staff spoken with during the inspection were clear of who they reported to and those who were responsible for the running of the centre.

Established systems to review the quality and safety of care delivered to residents were being maintained. The inspector was satisfied that there was good oversight and good systems in place to ensure the service was effective, safe, consistent and appropriately monitored for the benefit of the residents accommodated in the centre.

The views of the residents were sought regularly and used to plan the service delivery. An annual review, which included consultation with residents, had been completed for 2019 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.

While the contracts of care met the regulatory requirements, the inspectors recommended a review of the legalistic language used in the contracts, for the purposes of enhancing accessibility and promote residents' understanding.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in the centre, which had been reviewed and revised in the past year. This document outlined the facilities and services available, the details about the management and staffing and described how the residents' wellbeing and safety was being maintained.

Judgment: Compliant

Regulation 30: Volunteers

There were eight volunteers operating in the centre at the time of the inspection. Their roles and responsibilities were set out in writing and An Garda Síochana

vetting disclosures had been received for these persons.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy for the management of complaints provided a clear procedure and named the person responsible in the centre for managing complaints and the oversight arrangements. The procedure was on display in the centre and residents and relatives who gave feedback to the inspectors confirmed they understood the process and felt any issues raised would be addressed.

There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

There were no open complaints at the time of inspection.

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. The policies were centre specific and all had been reviewed and revised in the previous three years. They were available in hard and soft copies and accessible to all staff. There was evidence to show that staff had been inducted in the policies and procedures in the centre.

Judgment: Compliant

Quality and safety

Overall, there was evidence of individual residents' needs being met and a good level of compliance with regulations and standards in relation to the nursing and social care provided in the centre. From a review of records, residents' and relatives' feedback as well as direct observation, the inspectors were assured that residents' needs were being met to a high standard and that residents were supported to live a good quality of life and felt safe in their home. However while, there were clear efforts to create a homely environment, further review of the premises was required to ensure that it met the needs of the current residents and that regulatory

compliance and good infection control practices were promoted. These issues are discussed under regulations 17 and 27 respectively.

Detailed daily progress notes, comprehensive assessments and access to specialist interventions and treatment also confirmed that care provided was based on best available evidence. The inspectors reviewed the management of wounds and falls and found they were appropriately managed. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and the risk of malnutrition.

Restraint usage was low and used in accordance with national policy, as a last resort when other alternatives were trialled. Staff were seen to implement behavioural support care plans, reassure residents, divert attention appropriately and use a variety of psychosocial interventions to reduce residents' anxieties.

Overall, the centre was warm and suitably decorated and efforts to enrich the environment and create a homely atmosphere for the residents were evident. Appropriate use of colour and dementia-friendly signage had been incorporated in the design of the premises. Communal areas were domestic in style and there were several areas available to residents, including quiet spaces, where they could sit and spend time during the day. A large hairdressing room and oratory were also located within the centre. Residents' bedrooms were personalised.

The centre is divided in three units, each with 21 bedrooms with a mixture of single and twin occupancy. Some of the rooms had en-suite facilities. The designated centre is a two-storey building, and a lift was available on the premises. However, improvements were required in respect of the number of bathrooms available for residents on St Patrick's unit, the design and layout of some twin bedrooms, the heating in a number of bathrooms, adequate sluice facilities and the storage available in the centre. In addition the current passenger lift required a member of staff to accompany the resident using the lift as it was difficult to operate. This meant that residents had to wait for a member of staff to become available before they could use the lift.

Appropriate equipment such as hoists and specialised beds was available to meet the resident's needs . Handrails were available along the corridors and in bathrooms and toilets. The inspectors observed a number of residents mobilising around the centre either independently or with the support of staff.

The centre was bright and homely with secure outdoor space that was well-maintained. A large, beautifully landscaped garden was available to residents at the back of the centre and two safe internal courtyards were accessible to residents accommodated on the top floor. The outdoor space was accessible to residents at all times and the inspector found that the doors were open.

The food served was attractively presented and residents reported that they enjoyed their meals. The dining areas were warm, inviting and homely decorated. Tables were nicely set with tablecloths, napkins and condiments.The dining rooms were light and spacious and well-organised to ensure that residents could sit comfortable at mealtimes. There was a dining area in each unit, however, residents could choose

to have their meals wherever they wanted. Residents from the upper floor were seen to come downstairs to the larger dining room and enjoy the company of other residents.

The atmosphere in the centre was calm, friendly and welcoming. A busy activity programme was on display, which included a range of activities happening in different areas across the centre. this helped to ensure that there were suitable activities available to meet residents' individual needs and preferences. In addition the centre had developed a number of methods of maintaining residents' links with the local community, and the activity programme included weekly structured visits from a Montessori crèche which were very popular with the residents.

Laundry services were provided to residents and there were effective systems in place to ensure the laundered clothes were returned to the residents in a timely manner. However, the segregation of contaminated linen and the storing of clean dry linen trolley required review in order to ensure that effective infection control practices were in place to protect the residents.

Residents' meetings were held on a regular basis, and there was evidence to show that any issues raised were appropriately followed up.

Regulation 10: Communication difficulties

Residents had a communication care plan in place and their communication needs were known by staff. Staff demonstrated good communication skills in their interactions with the residents, including an awareness of non-verbal approaches.

There was good signage in the centre and the residents could communicate freely.

The inspectors observed good person-centred practices in how staff ensured they could communicate with residents whose first language was not English.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' personal possessions were valued and respected. Property lists were in place and checked regularly to ensure they were up-to-date. Residents' were encouraged to personalise their room and bring in their personal possessions.

Each resident had access to large wardrobes and individual lockers, which had been upgraded since the last inspection. Clothing was laundered regularly on site and a discreet labelling system had recently been introduced. All residents and relatives who spoke with the inspection reported satisfaction with their laundry

arrangements.

Judgment: Compliant

Regulation 13: End of life

The end of life care plans outlined the physical, psychological and spiritual needs of the resident and contained person-centred information in relation to specific wishes such as choice of garments, place of repose and the religious rites chosen.

There was evidence of family involvement with resident's consent and a person-centred approach to end-of-life care. Where decisions had been made in relation to advanced care, such decisions were recorded and later reviewed at regular intervals. Information leaflets about bereavement and care at the end-of-life were provided to relatives to provide additional support during difficult times.

Judgment: Compliant

Regulation 17: Premises

The current premises did not meet the needs of the residents in the following areas;

- In St. Patrick's unit there were insufficient shower and bathroom facilities to meet residents' needs, with one bath available for up to 12 residents.
- The design and layout of some of the twin rooms in the centre required review to ensure regulatory compliance. For example the twin rooms 9 and 19 in St Patrick's unit did not promote residents' privacy and dignity- however, the inspectors were satisfied that at the time of inspection these rooms were single occupancy.
- There were inappropriate heating arrangements in some of the communal shower and bathrooms facilities in the centre.
- The existing lift was manually operated with solid heavy doors which restricted resident's free movement around the centre, as they required to be operated by staff - this was an action plan from last inspection and formed part of the refurbishment works which were expected to be completed in line with the condition of registration.

In addition the current premises did not meet the requirements of Schedule 6;

- While sluicing facilities were available in each unit, they required review to ensure they promoted good infection control practices.
- There were insufficient storage facilities in the centre. For example, the linen trolleys were stored in assisted bathrooms and communal shower areas.

.

Judgment: Not compliant

Regulation 18: Food and nutrition

The nutritional needs of the residents were met. All food was cooked fresh daily and the menu displayed choices available for the day. Specific requests were facilitated and residents confirmed that they enjoyed the quality and the food provided. Residents on specialist diets were provided with meals that suited their needs. There were good communication systems in place to ensure all staff, including catering staff, were aware of residents' recommended diets.

Residents' weight was recorded regularly and appropriate referrals made for dietetic support. Where required, food and fluid intake charts were maintained by the nursing staff to monitor residents' nutrition.

There were adequate numbers of staff on duty to assist the residents with their dietary needs. Staff provided assistance in an unhurried, kind and discreet manner, sitting down with the residents and engaging, providing gentle encouragement and prompting when required.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and accessible. This contained information on the visiting arrangements, the procedure relating to complaints, a summary the services and facilities available, as well as the terms and conditions relating to the residence in the centre.

Judgment: Compliant

Regulation 27: Infection control

Overall, procedures consistent with the standards for prevention and control of healthcare-associated infections were implemented by staff. Alcohol gel points were available throughout the building and staff were observed to use them. Staff had received training in infection control precautions and in their conversations with the inspectors, they demonstrated good knowledge of best practice in line with the

national standards.

However, the inspectors found that the infrastructural deficits associated with the premises impacted on the ability of staff to deliver safe care from an infection control point of view. The following issues required review:

- The practice of storing clean dry linen in communal showers and bathrooms due to lack of appropriate storage facilities.
- The use of uncovered linen skips to collect residents' personal laundry did not ensure that the segregation of contaminated items was effective and appropriate in line with best-evidence practice.
- While each of the three units was equipped with a sluice facility, the size, access and layout of these rooms did not support good infection control procedures.

Cleaning practices in the centre were safe. There were good systems in place such as the use of single mop heads per residents' rooms and colour-coded wipes and solutions for cleaning different areas within the centre, in line with best evidence and to prevent cross-contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident. It was based on individualised assessment, and it reflected a person-centred approach to care. The language used in the nursing documentation was based on a social model of care, where the voice of the resident was at the fore and their unique needs, wishes and preferences clearly documented.

Residents were assessed on admission and regularly afterwards using a good range of evidence-based assessments. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. In their daily interactions staff were observed to be person-centred and to know residents' current health needs and their preferences as expressed in their care plans.

There were formal arrangements in place for the involvement of family and relatives in the care planning process at regular intervals. This was an action plan from the last inspection.

Judgment: Compliant

Regulation 6: Health care

Residents' health care was being maintained by a high standard of nursing care with appropriate medical and allied health care support.

Residents had access to their own general practitioner (GP) as well as a variety of allied health care professionals based on referrals and as per assessed need. A physiotherapist was visiting the centre weekly. Residents could avail of additional professional expertise and treatment, when required.

Access to national screening programmes was facilitated for those residents who qualified and wished to participate and this was discussed with residents on their admission to the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours (how people with dementia and other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Staff were knowledgeable regarding residents' behaviours and were observed to use de-escalating techniques effectively. The care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to prevent the behaviours and to support the resident if the behaviour escalated. They included details on the use of chemical restraints only as a last resort and showed regular reviews by the (GP).

The use of any measures that could be considered as restraints such as bed rails or lap belts was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident and their representatives after all alternative options such as floor beds, crash mats and sensor alarms were considered.

A culture of promoting a restraint free environment was in place, with records indicating that restraint was only used as a last resort and following a risk assessment.

Judgment: Compliant

Regulation 8: Protection

There were good measures in place to safeguard residents from abuse. A policy was

available and procedures were in place to inform management of any suspicions, allegations or incidents of abuse. Staff were observed to provide care in a respectful and sensitive manner and relatives confirmed this was always the case. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Residents identified at risk had safeguarding care plans in place, which provided appropriate guidance to staff on how to protect the resident.

Staff who communicated with the inspectors confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. Staff confirmed that there were no barriers to raising issues of concern.

There were transparent systems in place to safeguard residents' money. The registered provider representative acted as pension-agent for a number of residents. The inspectors saw evidence that the residents' money were held in a residents' account separate to the centre's account.

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:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ratoath Manor Nursing Home OSV-0000152

Inspection ID: MON-0022736

Date of inspection: 03/03/2020

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**
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Site maps sent to HIQA on the 23rd March outline the following :The site plan showing garden areas within red line and updated floor plans showing numbered bedroom accommodation indicating number of beds within blue boundary that corresponds with the statement of purpose which shows the size and room types. The building outline is indicated in red. The extension floor plans show the centre as it will look when the 27 bed extension is completed in Phase 1 in purple. The Yellow area shows how the centre will look following phase 2 alterations to the existing building. The construction line is indicated by the red line and the existing and new passenger lifts are indicated in red. Our current expectation on the commencement date for the extension is May 2020. We are not in a position at present to provide an expected date for completion of the replacement existing lift but our contractor has been made aware that the lift replacement needs to be prioritised within the work programme. However, as our Registered Providers' Representative stated when we met with HIQA on 3rd March our intention is that the existing lift will be replaced be the end of 2020 as part of the extension works.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

To resolve the issues regarding the ratio of the number of showers/baths to the number of residents, three twin bedrooms will be converted to three single room occupancy. This will reduce the occupancy from 21 residents to 18 residents, 2 of which have a shower en-suite, leaving the ratio of two shower/bath to 16 residents. (Ratio 1 shower/bath: 8 residents).
The twin rooms to become single occupancy in St Patrick's Unit, are room 9, 14 and 19. The Home's floor plans and Statement of Purpose have been amended to reflect these changes.

Additional radiators will be installed into the identified shower room on the ground floor located opposite Bedroom 1 (Ref 7), on the First Floor St Patrick's toilet opposite Bedroom 1 Ref 8 and Toilet at entrance to St Oliver's (Ref 9).

The existing lift which is manually operated will be replaced with a modern fully automated lift in the same location.

The existing sluice facitilies on the Ground Floor (Ref 1) and in St Patricks Unit (Ref 2) on the First Floor are to be reloacted.
On the Ground Floor a new sluice room will be created in the area marked Ref 3 beside Room 10, which is currently used as a visitors toilet. This visitors toilet will be relocated to an area beside the Church at Ref 4.

On the First Floor a new sluice room will be created beside Room 17 at Ref 5.

The slucie room on the First Floor in St Oliver's Unit (Ref 6), will be modified and redesigned by removing the existing storage press, creating a larger room conducive with good infection control practices.

All storage areas have been reviewed. There will be no linen stored in communal bathrooms or shower areas.
There is now a dedicated linen press available in each unit for appropriate storage.
There are now specified storage areas for linen transport equipment in the laundry room area. All linen equipment now have appropriate covers to ensure segregation of contaminated items.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
All storage areas have been reviewed. There will be no linen stored in communal bathrooms or shower areas.
There is now a dedicated linen press available in each unit for appropriate storage.
There are now specified storage areas for linen transport equipment in the laundry room area. All linen equipment now have appropriate covers to ensure segregation of

contaminated items.
The sluice facitilies on the Ground Floor (Ref 1) and in St Patricks Unit (Ref 2) on the First Floor are to be reloacted.
On the Ground Floor a new sluice room will be created in the area marked Ref 3 beside Room 10, which is currently used as a visitors toilet. This visitors toilet will be relocated to an area beside the Church at Ref 4.

On the First Floor a new sluice room will be created beside Room 17 at Ref 5.

The slucie room on the First Floor in St Oliver's Unit (Ref 6), will be modified and redesigned by removing the existing storage press, creating a larger room conducive with good infection control practices.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	08/04/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	08/07/2020
Regulation 17(2)	The registered	Not Compliant	Orange	15/11/2020

	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.			
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.	Substantially Compliant	Yellow	08/07/2020