



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

Issued by the Chief Inspector

Name of designated centre:	Raheny House Nursing Home
Name of provider:	Raheny House Nursing Home Limited
Address of centre:	476 Howth Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0000138
Fieldwork ID:	MON-0034061

About the designated centre

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

Raheny House Nursing Home is a centre in a suburban area of north Dublin providing full-time care for up to 43 adults of all levels of dependency, including people with a diagnosis of dementia. A core objective outlined within the centre's statement of purpose is 'To care for those who have entrusted themselves to us. To provide for their physical, social, emotional and spiritual needs to the best of our ability as per best practice nationally and globally'.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

There is an oratory onsite close to a spacious dining room. A smoking room adjoins the main recreation room and an enclosed outdoor garden courtyard is accessible from the ground floor recreation room and from the conservatory.

The centre has a spacious car park and is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Wednesday 8 September 2021	08:30hrs to 18:00hrs	Margaret Keaveney	Lead
Wednesday 8 September 2021	08:30hrs to 18:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

The overall feedback from residents who inspectors met with, was that the management and staff of the centre were kind and caring, and that residents' choices and wishes were respected. Residents received a good quality of clinical and social care in this centre from experienced and competent staff. The premises however impacted on the daily lives of residents and challenged staff to provide the kind care observed. The premises also impacted on the safety of residents with regard to fire evacuations. This will be further discussed in the report below.

On arrival to the centre, inspectors were met by a staff member, who ensured that temperature checks and hand hygiene were completed prior to gaining access to the centre. Following a short opening meeting, the person in charge accompanied inspectors on a tour of the premises. Inspectors observed many residents up and dressed for the day and that they were seated or mobilising around in the various communal areas, with many enjoying breakfast in the dining room. Inspectors observed that residents appeared content and comfortable.

Residents' accommodation was laid out over two floors and access to the first floor bedrooms was via a stairs, lift or a stair lift. Bedrooms comprised of both single and shared rooms and there were a number of shared toilets and bathrooms throughout the centre for residents' use. Since the previous inspection, the provider had completed works to ensure that residents had easy and safe access to these facilities. Inspectors observed that residents were encouraged to personalise their bedrooms with pictures and photographs to reflect their life and their interests, and a number of bedrooms included memory prompts such as wedding and family photographs. Feedback from residents spoken with was that they were content with their bedrooms.

Residents had access to communal space within the garden day room, a conservatory, seating areas beside the nurses' station and an oratory. There was clear written directional signage throughout the centre which assisted residents to these areas. While some communal and bedroom spaces were seen to have a homely environment, improvements were required with the maintenance of the premises such as the replacement of flooring and repair of cracked paintwork on skirting boards and doors. A call bell was also required within the smoking area and one call bell within a communal area was not working on the day of inspection. In addition, the configuration and layout of the garden dayroom was institutionalised and did not reflect a homely environment with three rows of chairs facing the television. The provider had committed to some refurbishment works in the centre, in order to improve the residents' lived experience, such as upgrading of bathrooms and replacement of some damaged flooring.

There was a well-maintained enclosed garden with hanging baskets, flowers and trees and suitable garden furniture. The area was wheelchair-friendly with wide paths and ramps to assist residents to mobilise within. Residents were seen outside,

with staff, enjoying the sunshine as part of the activities programme. However, inspectors observed that the doors to the enclosed garden from the day room and conservatory were locked. One resident told inspectors that they "go into the garden if the door is open". Inspectors raised the locked door issue with management on the day of inspection and were told this was for residents' safety reasons. However when requested by inspectors, a risk assessment on this safety issue was not available. Inspectors were later provided with a draft risk assessment which was completed on the day of inspection. Management had not assessed this to be a restrictive measure for the residents' living within the designated centre. The management team committed to further review this arrangement.

Throughout the inspection, inspectors met with many of the residents within communal areas but spoke with four residents in more detail and spent time observing residents' daily lives. Inspectors observed positive and supportive resident and staff interactions, with one resident commenting that staff "couldn't be better". Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents to walk. However, inspectors observed and heard loud call bells going off throughout the inspection. Inspectors discussed response times to call bells with the person in charge and were told that call bells can be heard more frequently during morning time when residents want assistance to get up. One resident told inspectors that staff are very helpful but "you have to be patient when you need something as there are times when you could be waiting five minutes". Inspectors also found that sensor alarms on chairs were quite loud. Inspectors observed that during an activity, although staff were providing one-to-one care for a resident, the sensor alarm on their chair remained active when the resident moved and the alarm was frequently ringing.

Residents were offered frequent drinks and snacks throughout the day. Mealtimes were seen to be a social and enjoyable occasion and inspectors observed staff offering discreet assistance to residents where required. Printed menus were set out on tables and displayed on a noticeboard outside the dining room. Residents were offered choices for the lunch time main course, dessert and evening meal. Resident meeting records showed that the chef attended these forums, where residents were consulted with regard to their feedback and any changes to menu options. A number of residents told inspectors that they were happy with the food provided.

Inspectors saw that the provider was committed to delivering meaningful activities for residents and had provided resources to cater for residents' social care and needs. There were two staff members dedicated to leading activities with other staff available to support them, and activities are provided over seven days of the week. A weekly schedule of varied and innovative activities was displayed on a noticeboard for residents. Inspectors observed lively and quieter group activities taking place during the inspection such as chair exercises, a sing-along session, news and weather updates and celebrating a resident's birthday. This was celebrated with a birthday cake and birthday wishes. Inspectors were told that on occasions such as birthdays, residents are offered a choice of an alcoholic beverage with their meal. Activity staff were also seen to spend one-to-one time with residents who preferred

to spend time in their bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

While there were effective management systems in this centre, ensuring good quality clinical care was being delivered to the residents, inspectors were not assured that the provider had sufficient oversight of and adequate systems in place to monitor the risk of fire and to protect and safely evacuate residents in the event of a fire. An urgent action plan on fire safety concerns was issued to the provider following the inspection, in order for the provider to give assurances that immediate measures were being taken to protect residents. These assurances were received by inspectors within the time frame required.

Raheny House Nursing Home is operated by Raheny House Nursing Home Limited, and this designated centre is one of a number of nursing homes managed by the registered provider. There was a well-defined management structure in place, which consisted of the registered provider representative, the director of operations and the person in charge. The person in charge was responsible for the day to day operations of the centre, and was supported in their role by an assistant director of nursing. Other staff members included nurses, healthcare assistants, catering and domestic staff, activity staff, a maintenance person and an office administrator.

There were clear structures around how the centre was being run with a suite of regular meetings, such as a monthly management meeting and a quarterly health and safety meeting, held to oversee and discuss the day to day operations of the centre. Records of management meetings showed that audit results, facilities issues, complaints, staffing levels, and residents' care and welfare were discussed at these meetings, and were appropriately escalated. Regular audit and quality assurance systems informed the provider of the residents' clinical care and operational issues within the centre. Since the last inspection, the provider had appropriately updated the centre's written policies and procedures and statement of purpose, and had put in place measures to improve risk management within the centre. However, they had not addressed concerns around fire safety and gaps in the oversight and governance systems associated with fire safety precautions. These systems required improvement to ensure the service was safe and effective for residents. The provider had also not appropriately updated residents' contracts for the provision of services since the last inspection.

The provider had developed good contingency and preparedness plans should the centre experience an outbreak of COVID-19. A comprehensive annual review report for 2020 had also been completed, which included consultation with residents and

family members.

During the inspection worked rosters were reviewed and staffing levels were seen to meet the needs of residents. Staff were observed to be competent and well supported, and this had a positive impact on the care and support for residents. It was evident that staff were familiar with residents' needs and preferences.

Staff had access to the required training to enable them to care for residents safely, however records reviewed by inspectors showed that a number of staff required refresher mandatory and COVID precautions training. The provider had identified these gaps in fire safety, safeguarding and manual handling training and inspectors were told that training sessions in fire safety were scheduled for the week following the inspection and that the physiotherapist, attending residents, would provide manual handling training but that no dates had yet been set. Orientation and a comprehensive induction programme was provided by the person in charge to all new staff members. Annual appraisals were completed to supervise staff and to promote continuous professional development.

Inspectors reviewed a sample of contracts of care. Each set out the terms and conditions and fees associated with the residents' residency in the centre. All contracts reviewed were signed by the resident or their next-of-kin. However, inspectors observed that contracts for the provision of services required updating to reflect current contractual arrangements between residents and the registered provider.

Inspectors viewed the complaints logs from 2020 and 2021, which contained two complaints in total. Both were clearly recorded and investigated promptly. Residents and their families were consulted during the complaints process. For example when one family member made a complaint the person in charge referred to them about the issue and also considered the residents preferences when resolving the complaint. Residents spoken with said that they were comfortable raising any complaints or concerns with staff.

Written operational policies to inform practice were available and reviewed as required. A number of policies identified at the last inspection as requiring review had since been updated to guide staff in delivering care and services based on best practice. For example, policies on safeguarding, on managing challenging behaviour, on responding to emergency and on fire management.

Regulation 15: Staffing

There were suitable numbers and skill-mix of staff available to meet the assessed needs of the residents, and taking into account the layout of the centre.

There was at least one registered nurse on duty during the day and the night to oversee the clinical needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and updates relevant to the safe care of residents; however, a number of staff were not up-to-date with mandatory training in fire safety, safeguarding, manual handling and infection control precautions.

Staff were appropriately supervised and developed in their roles by means of a robust orientation and induction programme and an annual appraisal system.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not have robust fire management systems in place to ensure that the service provided to residents was safe and effective. An urgent compliance plan on fire safety was issued to the provider following the inspection due to the following concerns identified. This is further discussed under regulation 28 Fire precautions.

Further improvements were also required in the providers' oversight of the premises which impacted on the infection control measures, fire safety and residents rights. This is further discussed within this report.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors noted that contracts for the provision of services had not been updated to identify a change in registered provider.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The designated centre had a comprehensive complaints policy which identified a nominated person to deal with complaints. The complaints procedure was

prominently displayed in the foyer explaining how residents and their families could make a complaint, and the appeals process for complaints if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The designated centre had up-to-date policies and procedures in line with Schedule 5 of the regulations, which were available to staff.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents. Residents had good access to healthcare. Residents had opportunities to participate in activities in accordance with their interests and capabilities. However, improvements required were identified within restrictive practices, premises, infection control and fire precautions.

The centre was in the process of moving resident assessments and care plans from paper to computer based. Resident assessments were undertaken using a variety of accredited assessment tools to support the identification of individual resident's needs in areas such as falls, mobility and nutritional requirements. Records reviewed showed that residents were closely monitored for any deterioration in their health and well-being. Care plans were developed following these assessments to guide staff on how to support residents.

Residents had regular access to general practitioners (GPs), with two visiting the centre on the day of inspection. Referrals were made to health and social care professionals with timely access for residents to these services. Residents were also seen to be supported to access local community services such as opticians, chiropody and dental care.

Inspectors reviewed a sample of care records relating to restrictive practices such as the use of sensor alarms and PRN medicines (medicines to be taken when required) given to residents, and saw that in each there was a risk assessment with clear rationale to evidence their use. Inspectors found that all recognised restrictive practices were subject to regular review. Residents' consent was obtained or if they were unable to provide consent, discussions were held with family members. However, some improvements were required as the centre had environmental restraints in place which prevented residents from moving without hindrance in and out of the garden which had not been acknowledged and assessed as a restrictive

measure.

The provider had arrangements in place to support residents to receive their visitors. Visiting was occurring in line with the Health Protection Surveillance Centre (HPSC) guidance on COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs). Residents spoken with expressed satisfaction with the management of visiting within the centre and commented that the provider was very accommodating.

The person in charge ensured that residents had adequate wardrobe and drawer space in their bedrooms to store their clothes and personal possessions. Lockable storage space was available in bedrooms if residents wished to use it. There was an organised laundry system in place, which included ensuring that residents' clothing was labelled prior to their admission to the centre.

The provider was a pension agent for a number of residents. The provider also held small amounts of monies for residents, which they could access when needed. This arrangement was well controlled, with a system of recording deposits, withdrawals and residents current balances.

Residents were supported to avail of good activity provisions. The activity schedule displayed had a variety of activities available such as hand massage, walks within the enclosed garden, reiki, letter and card writing, chair travel and music therapy. The centre also displayed information relating to a recent summer barbeque and a trip to Howth. A review of resident meeting records showed that residents were consulted with regarding the activity provision within the centre.

Staff were observed following good practice regarding adherence of PPE with wearing of face masks and good hand hygiene. Inspectors reviewed monitoring logs and found that the centre was attentively monitoring temperatures of residents and staff to ensure that symptoms and potential cases of COVID-19 were promptly detected.

Although the provider had committed to a programme of refurbishment works in the centre, which included amongst others, works in the front and back gardens, new curtains and new bedding, repainting of the dining room, and repainting and panelling of bathrooms, inspectors observed that further improvements were required in respect of the premises to allow for effective infection prevention and control practices. For example, doors and paint work on skirting boards and door frames were in a state of disrepair which meant that they could not be cleaned to the required standard. In addition, inspectors' observed poor storage including oxygen cylinders within a room without sufficient signage or stored securely and a commode stored within a communal area.

Inspectors were also not assured that that, although the floor space in multi-occupancy bedrooms met the regulatory size requirements in terms of overall space, the observed design and layout of these bedrooms afforded each resident a minimum of 7.4 square metres of floor space, as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 S.I. 293 which is due to take effect on 1 January 2022. On the day

of the inspection, the management team were requested to review the layout of these rooms in order to ensure that they complied with the aforementioned S.I 293 by 1 January 2022.

The centres' risk management policy contained all the requirements of the regulation, and specified risks were either part of the policy or referenced and described in accompanying policies. The centres' emergency response plan was reviewed, and was found to address all relevant areas of service provision in the event of a major incident occurring. A risk register was in place which specified clinical, health and safety and COVID-specific risks identified by the provider. Inspectors found that all identified risks were risk rated with existing and additional controls, responsible persons and time-bound review dates identified. Gaps in the risk register identified during the last inspection had been addressed, such as the potential failure of the chair lift and main lift in the building, however inspectors found that the register again required further review and development. This detailed under Regulations 28 Fire precautions.

The provider had a number of arrangements in place to protect residents against fire risks. There was a fire safety policy and evidence of annual servicing of fire alarms and fire safety equipment. Fire safety training was provided to staff annually and staff spoken with were knowledgeable on actions to be followed in the event of the fire alarm sounding. However, urgent improvements were required to ensure adequate precautions were in place to protect residents against the risk of fire, for example personal emergency evacuation plans were not sufficiently detailed to guide staff and fire evacuation route maps were not displayed. The provider submitted documents evidencing that these improvements were made in the time frame set by inspectors. This is further discussed below under regulation 28 Fire precautions.

Regulation 11: Visits

The centre had a visiting policy reviewed in July 2021 which was seen to be updated in line with COVID-19 guidance. The centre also had a risk assessment and necessary control measures completed for visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control of their personal possessions. Laundry services were provided to residents and the service was seen to be well-organised.

The provider had a safe which allowed for the safekeeping of resident money and

valuables when required.

Judgment: Compliant

Regulation 17: Premises

The registered provider needs to further improve the maintenance of the centre to promote a safe and comfortable living environment for all residents. For example, call-bell provision required review, some flooring in communal areas and corridors was marked and damaged, inappropriate storage was observed and there were cracks seen on paint and woodwork.

During the inspection, the layout and design of multi-occupancy rooms was discussed with management. The provider committed to ensuring that these rooms would be reviewed and if necessary works completed to ensure compliance with the Health Act 2007 (Care and Welfare of residents in designated centres for older people) (Amendment) Regulations 2016 S.I. 293 after 31 December 2021.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations including the management of specified risks such as abuse and self-harm. The provider had developed a risk register, and had appropriately addressed identified risks.

The registered provider had arrangements put in place for the identification, recording and learning from serious incidents or adverse events involving residents and staff.

Judgment: Compliant

Regulation 27: Infection control

The following issues, important to good infection prevention and control practices required improvement:

- The worn and defective surfaces on paintwork could not be effectively cleaned and decontaminated.
- Inappropriate storage led to a risk of cross contamination. For example,

incontinence wear stored out of packets, a commode stored in a communal day room and some toiletries belonging to one resident stored in a shared bathroom.

- Some equipment was seen to be unclean to include commode lids and urinal bottles stored on a rack for drying.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Immediate improvements were required to ensure adequate precautions were in place to protect residents against the risk of fire. During the inspection, inspectors observed the following and brought them to the attention of the management team:

- The provider had not completed a fire risk assessment.
- Bedroom doors were not fitted with fire door closers, and this was not accounted for in the fire evacuation procedure. There was also no risk assessment on the providers' decision to not fit bedroom doors with fire door closers.
- Fire evacuation route maps were not displayed throughout the centre, to guide staff in the event of a fire.
- The provider did not have sufficiently robust arrangements in place to monitor fire doors and evacuation routes to ensure that they were kept clear of all obstructions. For example, damage to some fire doors was seen and chairs were observed placed in the stairwells of fire escape routes and hoists were inappropriately placed beside a fire escape door.
- Personal emergency evacuation plans (PEEPs) were insufficiently detailed to guide staff on evacuating residents in the event of a fire. For example, they did not contain details of the escape route to be followed, details of the residents' disabilities other than mobility disability or residents' understanding and compliance with their PEEP.
- The evacuation techniques in the centre were to drag residents out physically without the protection of sheets or pads. This technique had not been risk assessed or discussed with residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care records held in the centre, focusing on new admissions, fall risks, mobility and wound care. Overall, resident records and care plans were person-centred and guided care. A comprehensive pre-assessment was completed prior to a resident's admission to identify and ensure the centre could

meet the residents' needs before moving in. Care plans were seen to be informed by resident assessment and ongoing input from health and social care professionals.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, residents had comprehensive access to GP services. There was evidence of appropriate referrals to health and social care professionals such as chiropody, physiotherapy and speech and language therapy. Residents had access to the National Screening Programmes where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed the restraint register for the designated centre. However, not all environmental restraints were documented in this register. For example, the register did not include where residents were unable to exit into the enclosed garden without the assistance of staff, due to doors being locked.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were not assured that residents' rights to undertake personal activities in private were respected. For example, inspectors observed that some of the doors of the toilets within the centre could not be locked. Inspectors raised this with the person in charge and were told that due to resident's cognitive impairment, toilets could not be locked.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Raheny House Nursing Home OSV-0000138

Inspection ID: MON-0034061

Date of inspection: 08/09/2021

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 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>The majority of staff had completed all mandatory training on the day of the inspection. All mandatory training by all staff will be completed by the end of October 2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire procedures, which had previously been judged as complaint, have been reviewed following the inspection and the expressed concerns of the Inspectors. A fire safety expert came to the home and assisted in the review and amendment of plans and procedures, as well as in the acquisition of a piece of equipment. Staff have received training in this, and fire drills have taken place. Complete.</p> <p>The cleaning schedules of the home have been updated and audits of same will be added to the audit schedules already in place; To be in place by the 30th Oct 2021</p> <p>The refurbishment works as explained during the inspection, have commenced and we hope to be well under way before the year end. These works will address the areas of flooring that are cracked in some places as well as some of the other refurbishment issues discussed on the day.</p> <p>We are confident that when complete, the home will be refreshed, and our residents will enjoy their new facilities. We hope to complete these works before the end of the first</p>	

quarter of 2022, however this may be sooner if we can get trades on site sooner.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The non-compliance referred to the absence of the word "Limited" in the provider's name.

All contracts were amended the day after the inspection. Complete.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The call bell system was identified as requiring review prior to the inspection of. The completed review has identified the need to upgrade the system in place. This is ordered and is expected to be in place before the end of 2021. Complete
- Refurbishing of parts of the home, as explained during the inspection have been in planning for some time and had already commenced prior to the inspection. Once these works are complete, any cracked paint and flooring will have been addressed. This work is expected to be complete by the end of the first quarter of 2022, however that will be sooner if we can get trades on site before that.
- The armchair that was placed at the top of a flight of stairs has been removed. Complete.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- As stated previously, painting of the worn and defective surfaces is included in facility refurbishment plans and we expect will be completed by the end of the year. 30th December 2021.
- Storage of incontinence wear was reviewed. Previously incontinence wear had been removed from its plastic bag / wrapping in order to make it more accessible for staff to

get. Following the inspections, we will no longer take them out prior to being needed. Complete.

- Residents own commode and toiletries are stored appropriately. We have added daily checks to include this. Complete.
- Cleaning is monitored and audited and with the refurbishment of the home, there will be no concerns regarding cracked surfaces. Audits in place; complete. Refurbishment to be complete by 30th December.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
There is a fire risk assessment in place; Complete

The absence of door closers is in line with residents wishes. We have included this in our fire evacuation procedure and staff have been made aware. A risk assessment on the decision not to include door closers is in place. Complete.

Fire evacuation route maps are displayed around the home. Complete.

All items in stairwells are cleared away and are kept clear. The one damaged fire door to an empty room has now been repaired, and the hoist which was placed close to but not blocking a fire escape, is no longer stored there. Complete.

There are detailed PEEP's in place for all residents and same are being monitored daily and updated as needed. Complete.

The evacuation process has been reviewed and new equipment has been purchased to manage this process going forward. Complete.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A keypad lock will be installed on the Garden room door so that residents who wish to come and go, may do so as we will provide them with the code. Our residents have confirmed that this is an acceptable approach. For our more frail and cognitively compromised residents, an individual risk assessment has been carried out. Where appropriate we will engage with their relatives to assess their preferences as regards

unsupervised access to the garden. Where this form of restraint is considered appropriate and, in the resident's, best interest, the necessary paperwork will be completed and a HIQA notification of Restrictive Practice /Environmental restraint will be made quarterly. All paperwork to be complete by 30th November 2021.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Locks with safety function will be installed in the doors as part of the refurbishing of the bathroom. To be in place 30th November.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2021
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.	Substantially Compliant	Yellow	31/12/2021
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	30/10/2021
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	09/09/2021

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms 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.			
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	30/12/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	10/09/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	10/09/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means	Not Compliant	Red	10/09/2021

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	10/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	10/09/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Red	10/09/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	30/11/2021

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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	30/11/2021