



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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore House Nursing Home
Name of provider:	Raicom Holdings Limited
Address of centre:	Ballinamore, Kiltimagh, Mayo
Type of inspection:	Unannounced
Date of inspection:	05 February 2021
Centre ID:	OSV-0000317
Fieldwork ID:	MON-0031895

About the designated centre

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

Ballinamore House Nursing Home is registered to care for 42 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located in a rural setting a short drive from the town of Kiltimagh in County Mayo. It is a large period house that has been converted for use as a nursing home. Bedroom accommodation consists of 20 single rooms, 2 double rooms and four rooms that accommodate four residents. There are four sitting areas where residents can spend time during the day. Other facilities include a dining room, visitor's room, kitchen and reception area. There is stair lift access between floors.

In the statement of purpose the provider describes the service as aiming to provide a high standard of care in accordance with evidenced based practice and to provide a living environment that as far as possible replicates residents' previous life style and ensures residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Friday 5 February 2021	11:00hrs to 16:30hrs	Geraldine Jolley	Lead

What residents told us and what inspectors observed

Residents told the inspector that the centre was a comfortable and good place to live. They said that staff were kind and always available to care for them when they needed them. Residents described how their daily lives and usual routines had changed since the start of the COVID-19 outbreak. They said that they really missed seeing their family and friends and were pleased to have had the vaccine as they hoped this might help with easing the restrictions. Three residents described how staff had made great efforts to make life enjoyable for them. They said that their activity organiser arranged lots of entertainment for them. They all said they had plenty to do and the activities they enjoyed most included sing-a-longs, discussions and games. The inspector saw that there was an activity on display and that some activities were targeted to meet the needs of residents who had dementia care needs. Residents said that the regular video and phone calls were a great help as they could see family members and the calls reassured them that everyone was well. All residents said that staff talked to them regularly about the pandemic and provided up-to-date information that helped reduce their anxieties and helped them understand what was going on. One resident said " the whole situation was a constant worry. I am concerned about getting sick in any way and also concerned for the staff". Residents said they had "freedom and choice" and that the centre was like "home". The catering service was also appreciated with residents saying that the food was lovely and that catering staff knew their likes and dislikes.

There was appropriate social distancing arrangements in place and there were several sitting areas available to facilitate this. The inspector saw group activities in one sitting room and residents were enthusiastically taking part in the discussion and in the news being discussed. Residents also took part in a lively sing-a-long organised by staff during the afternoon. Residents told the inspector that the staff organised impromptu music sessions and singsongs regularly and these were fun parts of the day and kept them entertained. They said staff made great efforts to boost their morale and keep their spirits up and several said they were very grateful for the work the staff did every day.

This was not a typical day in the centre as administration of the second dose of COVID-19 vaccine was being administered and residents and staff were occupied with this most of the day. Residents said they were delighted that the centre had not had a big outbreak and complemented the staff team for their hard work in keeping everyone safe.

One of the sitting rooms is organised as a sensory room and is used by some residents as their preferred sitting area as they like the layout and the atmosphere there. The inspector saw that all areas occupied by residents were supervised and that staff were appropriately engaged with residents.

Capacity and capability

This centre is undergoing a period of transition. A major building programme is underway and this aims to remedy the premises deficits that compromise the privacy of residents and that have been described in previous reports. Twelve single bedrooms, a large communal area and the installation of a passenger lift are all part of the new construction. The completion of this has been delayed by the restrictions imposed by COVID-19 that resulted in the cessation of building work for several months during 2020 and again in January 2021 when this inspection was completed. The plans put in place by provider representative will address the premises shortfalls which have presented a challenge in this listed building. The building programme commenced as scheduled but the unplanned delays due to COVID-19 control measures have caused delay to the completion of the project. A revised time line for the completion of the work underway is now required.

The provider representative had implemented several measures to improve safety and privacy standards for residents since the last inspection. Admissions were restricted since the onset of COVID-19 and the occupancy of the communal bedrooms was reduced to protect residents from possible infection transfer. The provider representative had reorganised the bedrooms that accommodate four residents and had reduced the occupancy to three during the pandemic to ensure that there was plenty of space between beds to enable residents and staff to move around freely and provide appropriate social distance between beds. There were measures in place to ensure the privacy, dignity and safety of residents was maintained and these included adherence to conditions applied to the registration of the centre. The commitment made at the last inspection to keep the occupancy of room one to two high dependency residents and two residents who required the assistance of one person for mobilising has been maintained. The condition that required that no residents who need the support of more than one member of staff can be accommodated on the upper floor has also been adhered to.

The management structure as described in the statement of purpose identified the lines of authority and accountability for the staff team. The provider representative works full-time in the centre and is identified as the person participating in the management of the centre on the application for renewal of registration. She is a registered nurse and deputises for the person in charge in her absence. When both are off duty there is a deputy to take charge. A member of this management team is on-call to provide advice and guidance to staff when needed and out of regular working hours.

Records showed that there were arrangements in place to manage a COVID-19 outbreak in the centre. The person in charge had been appointed as the infection control lead and she had completed the Train the Trainer course for infection control. Another nurse was completing an infection control management course to ensure there was adequate staff expertise on site to advise on infection control. This quality improvement approach ensured that all staff in the centre could be updated promptly on infection prevention and control and this contributed positively to the

centre's risk management planning. There was a clear pathway in place for testing for COVID-19 so any suspected cases of COVID-19 that might occur would be identified promptly and managed effectively. At the time of inspection, there was no suspected or confirmed COVID-19 cases in the centre.

The number of complaints to the centre was very low, and were managed promptly. Residents said they knew how to make a complaint and said they could raise any concerns with the staff team or the owner.

All staff had completed their mandatory training in addition to other relevant courses to enable them to provide safe and appropriate person centred care. Throughout the inspection, the inspector observed staff consistently adhering to infection prevention and control measures such as social distancing as per public health guidelines, including during break times. This and the staff resources allocated to care and ancillary services provided assurance that there was adequate oversight and resources in place to ensure that despite the challenges posed by the virus that consistent safe care was provided and that the safety of the residents was maintained.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was complete.

Judgment: Compliant

Regulation 15: Staffing

The person in charge worked full-time and generally worked from 08:00 hrs to 16:00 hrs Monday to Friday, according to the rota provided to the inspector. She has been the person in charge since 2008. The inspector reviewed the duty roster and found that she was supported by a registered nurse and the provider representative who is also a nurse each day.

The staffing complement reflected the information supplied in the statement of purpose. The allocation of carers ensured that both floors where residents spent time during the day were supervised at all times. There were three nurses on duty during the inspection. An extra carer was also on duty to support the nurses and ensure residents had suitable support, supervision and monitoring during the vaccine administration procedure.

The inspector saw that there was An Garda Síochána vetting disclosures available for all staff employed.

Judgment: Compliant

Regulation 16: Training and staff development

The training record confirmed that all staff were up to date with their mandatory training on safeguarding, moving and handling and fire safety during 2019 and 2020. Staff had also completed training on food hygiene, dementia care, the management of responsive behaviours and emergency resuscitation.

In discussion with the inspector staff demonstrated good knowledge of the current guidance; Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. In addition the inspector observed that staff implemented good infection control practices in hand washing, social distancing and in the personal care of residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that residents received appropriate good quality care and support that met their needs. While the restrictions and management arrangements related to the COVID-19 pandemic had caused disruption to normal life in the centre the inspector found that the governance structure and resources ensured that the provider could manage the service safely.

This centre has a small management team and the lines of authority and accountability were clear. The registered provider maintained good oversight of the service provided as she worked daily in the centre and ensured that there were adequate resources allocated to staffing, equipment, facilities and catering arrangements. There was good emphasis on person-centred care in line with the centre's statement of purpose and stated objectives. The inspector found that records maintained and the comments of staff confirmed this. Staff conveyed good knowledge of residents' routines and said they adhered to their choices when carrying out their day to day personal care.

There was an audit and review systems were in place to support the delivery of a safe quality service. Risk management and quality assurance frameworks were in place. There was a plan in place for responding to COVID -19 and this was updated when revised guidance it was published. Hazard identification audits completed in 2020 identified where improvements could be made. Additional hand gel dispensers, work stations to locate PPE and a routine for the regular cleaning of equipment and surfaces were needed and these areas had been remedied.

The quality of care and experience of residents was monitored. A resident said that she was regularly asked about her care and how she found life in the centre and another resident said that when he expressed a view about his care that staff were responsive and accommodated his choices.

The person in charge and staff team has systems in place to ensure families were kept up to date with residents' care and the arrangements worked well as residents said they were in touch with family members regularly.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents knew how to raise a concern and told the inspector that when they raised issues and expressed their views that staff listened and rectified the problem. There were no complaints in receipt of attention at the time of this inspection.

The person in charge was the nominated person with responsibility to investigate and manage complaints. The provider representative provided oversight of the complaints procedure and ensured the required records were maintained. A summary of the complaints procedure was displayed in the centre and was included in the statement of purpose.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions and the restrictions on visits continued in place at the time of the inspection. Despite the impact of this the inspector found that residents were happy in the centre and their comments, records viewed and the positive attitudes to care practice conveyed by staff confirmed that the care and support residents received was of a good quality and ensured their safety. Residents' medical and health care needs were met. Staff had organised a varied social care programme to meet the individual needs of residents, taking into account the current restrictions on social distancing and the number that could take part in group activities at any time.

Residents had care plans that were based on an ongoing comprehensive assessment of their needs. These were implemented, evaluated and reviewed as required. Staff the inspector talked with were fully aware of the signs and symptoms of COVID-19 and said that they would report any concern or change in a resident's presentation promptly. They had all received training in standard precautions,

including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

The provider and nurses liaised with the acute services regarding admission and discharge arrangements and since the onset of COVID-19 residents admitted to the designated centre were cared for in single rooms in an area allocated to this purpose for 14 days. This was in line with the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspector found that residents received a high standard of nursing care and health services to meet their needs. This was confirmed by residents and care records reviewed described consultations with community professionals that included speech and language therapists and members of the mental health team. Currently residents' general practitioners were recommencing on-site visits to carry out medical reviews of their residents. Residents normally had weekly access to a physiotherapist but this had been discontinued due to the prevalence of COVID-19 but was due to resume the inspector was told.

Residents described the food as "very good" and said that meals were varied and tasty. The inspector saw that drinks were freely available and that drinks and snacks were offered to residents regularly.

Staff were aware of residents' spiritual needs and services were streamed in accordance with residents' choices to ensure their spiritual well-being.

The design and layout of the premises compromises how staff can effectively provide and promote high standards of privacy and dignity. The building is a large period residence that is a listed structure. The shortfalls in the premises have been described in previous reports and include multiple occupancy rooms that accommodate four residents, the availability of stair-lifts to access different floors which does not meet the needs of highly dependent residents, poor storage arrangements and a ramp access from the ground to the upper floor. The provider has a plan to address these matters and an extension that includes 12 single rooms, the installation of a shaft lift and additional communal space is under construction. These matters are being addressed by the extension that is under construction. The completion of this has been subject to delay due to the COVID-19 national restrictions which caused construction to cease for five months during 2020.

The inspector found that the risk management policy was fully implemented. Up to date moving and handling assessments were available for residents with mobility problems and risk in relation to the centre's layout was identified and there were systems in place to manage them.

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment. The provider had a clear admission strategy for prospective residents and there was an area identified on the lower

ground floor for isolation. Staff said they were well informed about the symptoms of COVID-19, the use of personal protective equipment and the precautions they had to take to keep themselves and residents safe. They were advised of infection control measures and updated on the latest guidance from Health Protection Surveillance Centre (HPSC) by nurses.

There were fire safety measures in place and some improvements to signage and the information on floor plans were required to guide staff effectively in a fire situation.

Regulation 17: Premises

The premises are undergoing major renovation and extension to meet appropriate standards of privacy and ensure safe access between floors for residents of all dependency levels. The premises have been the subject of documented on-going non-compliances with the (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) regarding the provision of multi-occupancy bedrooms and the negative impact this has on the privacy and dignity that this configuration has on residents. Until the works are complete the provider is putting measures in place to ensure the safety and well being of residents during the COVID-19 pandemic. The four communal bedrooms that accommodate four residents have been reorganised and the capacity has been reduced to three which has enhanced the personal space for residents and ensured that social distancing can be effectively managed. Privacy screening that have a defined life span was available around each bed and bedrooms were noted to be visibly clean. Two conditions are attached to the current registration of this centre. The provider also ensures that room one accommodates two high and two low dependency residents who are weight bearing or mobile as it is not suitable for four highly dependent people.

Residents who are independently mobile or who require the assistance of one staff may be accommodated on the first floor as detailed in a condition of registration for this centre. This condition has consistently been adhered to as evidenced during the last inspection completed on 25 and 25 April 2019 and this inspection. The evidence that the provider was complying with Condition 8 was evidenced in the manual handling assessments for residents accommodated on this floor. Residents could access other parts of the building by the use of the two stair lifts available.

Condition 9 related to the reconfiguration of the centre which had a timescale of 30 November 2020 for completion. The provider has requested to extend this condition due to the unforeseen delays associated with the national COVID-19 restrictions that meant the builders could not work for several months during 2020.

Room 9 is no longer in use as the space here is required for the installation of the shaft lift.

The inspector viewed the building work that has been completed. There are 12 single bedrooms, a hallway and a large communal area in the new lay-out which was at the "wind and water tight " stage. Plumbing and electricity systems were due to be installed when workmen were next allowed on site. The provider was aware that this area will require registration prior to being occupied. The plan is that when this is registered residents will be moved here to enable an upgrade of the older part of the building to be completed.

Judgment: Not compliant

Regulation 26: Risk management

The centre had a risk management policy and the required risk management procedures in place.

An emergency plan that took into account a variety of emergency situations was in place. Clinical risk assessments were completed and included falls risk assessments, nutritional care assessments, responsive behaviour risks and risk associated with infection control practices.

Records were maintained of accidents and incidents. These were noted to describe the factual details of the accident/incident, the date the event took place, details of any witnesses and what action was taken to care for and protect the person involved. The inspector noted that the centre had a low incidence of falls that resulted in injury.

There were moving and handling assessments available for all residents and these provided guidance to staff on how to support residents safely including the type of equipment required where needed. All staff were up to date with their training in moving and handling handling.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the provider and staff team had good infection control arrangements in place. There were systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. The inspector observed good hand hygiene practices on the day of the inspection. Staff were using PPE appropriately and were observed to wear face masks at all times. Staff knew the infection control measures they had to observe including the cleaning arrangements.

Overall, there were robust cleaning processes in place. There was a schedule for cleaning and in the evening additional cleaning of equipment was completed by maintenance staff. The inspector observed staff cleaning equipment between use and adhering to infection control guidelines. There were safe laundry and waste management arrangements in place.

Appropriate staff changing facilities were available. An additional staff break room had been made available to ensure that social distancing could be maintained safely.

There were checks in place to ensure no one entered the centre without completing the safety precautions. A digital thermometer scanning system had been introduced at the entrance to monitor staff and visitors' temperature in a contactless manner and there was a checklist completed before anyone entered the building. Staff temperatures were recorded twice daily and staff were aware of the policy to report any feelings of illness promptly. There was a staff uniform policy and all staff changed their clothes on coming on and off shift. They sanitised their shoes on entering and exiting the centre. Hand sanitizers were placed strategically to ensure staff could access them easily and use them regularly in line with current best practice guidance. The provider had a good supply of PPE and this had been organised into smaller readily accessible supplies that staff could locate and transfer easily to a bedroom if needed. There was an escalation plan to guide staff on what action to take should a resident display any symptoms of concern and this had been role played to ensure staff were familiar with the actions they were required to take.

An area for isolation has been organised on the lower ground floor. This area contained single rooms with an accessible bathroom. A sluice area was available in close proximity and this was suitably organised with a bedpan washer and racking for bedpans.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety procedures and the layout of the centre. The provider representative had a well established programme of fire drills, which were completed regularly and included the simulation of night time scenarios where staffing levels are lowest. The records of fire drills conveyed that the simulated evacuations took place at varied times including early morning when night staff were on duty. The exercises were completed in a timely manner with zones evacuated in less than three minutes which was the usual time frame for all evacuations.

There is a staff member trained to fire warden standard on duty during the day and night.

There is a daily check of the fire alarm panel and fire exits and these were noted to be up to date. A complete set of emergency information including personal evacuation plans for residents is readily accessible in a fire proof box for staff.

The inspector noted the following areas that required attention:

- Signage to guide staff to the fire assembly point should be provided at all exits to ensure staff follow the correct route
- The floor plans should indicate the current occupancy of rooms following the changes made to manage infection control measures

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a selection of care plans. There was a pre-assessment undertaken prior to admission and following arrival in the centre an assessment of resident's needs was completed and included how residents could manage the activities of daily living, essential information to guide staff practice and the delivery of personal care and risk assessments for factors that included falls, nutrition and moving and handling.

Overall, the inspector found that care plans were person centred and residents likes and dislikes and preferred daily routines were recorded. Care plans were reviewed at four-monthly intervals, in consultation with residents and their representatives. There was "A Key to Me" document completed and this provided staff with information on residents' background and life styles to guide them in providing person centred care.

There were COVID-19 care plans outlined to guide staff and risks that included age, underlying conditions and living in a communal environment were described to inform the assessments completed for residents. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day in line with the current guidance.

New admissions were accommodated in the isolation area for 14 days. Signs were available to place on bedroom doors, to ensure that in the event of a resident being a confirmed or suspected case of COVID-19, all staff were immediately aware of the infection prevention and control precautions needed when caring for the resident.

Judgment: Compliant

Regulation 6: Health care

Residents had access to primary care services. The general practitioner (GP) services had been limited to video and telephone calls in some instances but on-site visits were now resuming the inspector was told. An "out of hours" service was available if required.

Allied health professionals were accessible and the weekly visit from a physiotherapist that had been discontinued was due to resume now that vaccines had been administered. The mental health team reviews residents who have mental health problems regularly.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector said they felt safe in the centre and that their rights, privacy and expressed wishes were respected. The inspector observed residents and staff engagement in two sitting rooms. The atmosphere in the centre was calm and relaxed despite the day being very busy and there was a sense of well being and optimism due to the vaccine rollout. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy and content despite the limitations of the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

There were arrangements for regular recreational activities and residents were observed throughout the day enjoying activities and the company of staff. In addition, where residents had higher dependency needs there were one to one activities that took place in the resident's bedroom.

At the time of inspection, some residents were in their bedrooms while others were in the communal areas participating in activities such as reading the newspaper, watching television, chatting to each other or taking part in the group activity.

Residents spoken with said they understood the reasons for the restrictions. They were very grateful to the staff for supporting them during the last year and were particularly happy with the actions taken to keep them in regular contact with their families. Residents had access to video messaging and telephones to facilitate them to stay in contact with their families and keep up to date on the news.

Visits on compassionate grounds were arranged as necessary.

There are some aspects of the premises that compromise how the privacy and dignity of residents can be maintained and which are to be remedied when the building programme is complete. For example some of the multi-occupancy rooms on the first floor are located approximately 11.5 or 15 metres away from the nearest shower and are four metres from the nearest toilet. It is a challenge for staff to protect the privacy and dignity of residents over this travel distance. The provider has a plan to address these issues.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballinamore House Nursing Home OSV-0000317

Inspection ID: MON-0031895

Date of inspection: 05/02/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The plans submitted to the Chief Inspector on the 27th of March 2017 are being effectuated at present, with building work recommencing on the 15th of February 2021. As a result of Covid-19, the build has had to be divided into two parts, with the intention to finish the single bedrooms and the church area by the 31th of July 2021. This will allow the movement of residents to this side of the building consequently permitting the completion of the lift and Kitchen extension. This division is to ensure that outside contact is reduced within the building. The work is being completed at a now expedited pace to ensure our compliance with the deadline of the 31st of December 2021 as provided in Condition 5 of the registration. However, this is, of course, subject to any potential outbreaks amongst the construction industry/within the community. Overall, the completion of the above will ensure that the building is appropriate for the needs and number of the residents, as required in Regulation 17.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Directional signage has been erected at both exits of the bottom corridor to direct persons to assembly point. Additionally, a second assembly point has been erected to accommodate the residents from the back of the building temporarily and then be moved to the main assembly point from here and further directional signage has been placed outside to direct persons to this assembly point. Signage has also been placed at all exits in the building which provides information on one’s nearest assembly point. This has all been encompassed into the Centre’s fire plan and Staff are aware of it. Laminated Sheets have also been created which sit by the fire plan in the top of the main House and by the</p>	

Main fire board Which provides information on the number of residents occupying the multi rooms at any given time. These are created in such a way that they can be amended at source if changes occur in the room occupancy. All of the above ensure that the fire plan of the Centre is bolstered in compliance with Regulation 28.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There will be additional Bathrooms added to this area within the new build, consequently ensuring that the rights of the residents are maintained.

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 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	Yellow	31/12/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	24/02/2021
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.	Substantially Compliant	Yellow	24/02/2021
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	31/12/2021

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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