

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

Issued by the Chief Inspector

Name of designated centre:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0034017

About the designated centre

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

Rosemount House provides 24 hour nursing home care for adults ranging in age from 18 to 65 and older, both male and female, in a comfortable, relaxed and homely environment. Residents who require convalescent, respite, short and long term care with low, medium, high and maximum dependencies can be accommodated. Care provided includes palliative and mental health care.

The facilities include the single storey purpose built nursing home and secure garden/courtyards.

The accommodation comprises of 15 twin bedrooms, one twin bedroom en-suite, five single bedrooms and two single bedrooms en-suite.

There is a structured activity plan for residents taking place in the nursing home on a daily basis. Rosemount House also facilitates live music, pet therapy and special occasions by arrangement in the nursing home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Wednesday 8 September 2021	09:20hrs to 19:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff who knew them well. The feedback from the residents was that they were happy and content. The staff were observed to deliver care and support to the residents which was kind and respectful and in line with their needs, however the care planning arrangements in place required improvement as they did not consistently reflect residents' current condition. Although the provider had made great efforts to maintain a safe environment, the inspector found that improvements were also needed in the areas of governance and management, staff supervision, care planning, fire safety and premises.

This unannounced risk inspection was carried out over one day. There were 35 residents accommodated in the centre on the day of the inspection and five vacancies.

The centre had experienced a significant outbreak of COVID-19 in January 2021. A total of thirty-five residents and fifteen staff were affected. Throughout the outbreak the management team had worked closely with local public health professionals and the Health Service Executive (HSE) to implement the centre's COVID-19 contingency plan and to ensure the outbreak was managed in line with the recommended guidance. The inspector acknowledged that residents and staff living and working in centre has been through a challenging time. They acknowledged that staff and management always had the best interests of residents at the forefront of everything they did during the outbreak and since.

Rosemount House Nursing Home was operated by Rosemount Nursing Home Limited. The centre was a purpose built facility situated in the town of Gort in County Galway. The facility was a single story premises which provided accommodation for 40 residents which comprised of single and twin bedrooms. There were a variety of communal areas for residents to use depending on their choice and preference including day rooms, a dining area, a sunroom, a conservatory and outdoor courtyards. There was also seating provided in the reception area.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

The inspector spoke with approximately 17 residents and two visitors during the inspection. The residents spoke positively about the centre and the care and support they received from the staff. They told the inspector that they could choose to spend their days as they wished. One resident told the inspector that they felt at peace as the centre felt like home and that the staff were lovely. Another resident said they were given everything they needed by the staff. One resident was

preparing for a trip to Medjugorje and was going to be accompanied by a staff member. A number of residents who spoke with the inspector said they felt very safe in the centre and said they would be happy to raise any concerns they may have with the staff. Many residents praised the food and were observed to enjoy their snacks and meals throughout the day.

The visitors who spoke with the inspector indicated that they were satisfied with the care received by their relatives.

A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally were observed by the inspector to be very content. The staff were attentive and respectful in their interactions with the residents.

The inspector completed a walkabout of the centre together with the person in charge (PIC) and the registered provider representative (RPR) on the morning of the inspection. The RPR informed the inspector that there was an ongoing programme of refurbishment and maintenance in place. This included the recent replacement of wooden grab rails along the corridors with rails that were easier to clean and maintain along with new door and wall protectors. The RPR also informed the inspector that a painter was due to commence work in the centre in the coming weeks. The inspector observed the schedule of proposed/completed works and was sufficiently assured by the commitment of the provider to provide a facility that met the needs of the residents living there.

There was a warm, friendly atmosphere throughout the centre on the day of the inspection and residents were seen to be relaxed and content in various communal areas and personal bedrooms. Overall, the premises was laid out to meet the needs of the residents and to encourage and aid independence. Walls were decorated with interesting artwork and pictures. The day rooms were comfortably furnished with sufficient seating available for the residents. There were grab rails in place along all the corridors to assist residents with mobility. The building was warm and well ventilated throughout. The inspector observed some doors and walls that were scratched or severely stained/marked which were on the schedule of work to be completed.

Residents were observed enjoying their meals and snacks at various points in the day in the dining area. This room had been recently redecorated and was a bright and airy space with pleasant views of the outdoors. The menu for the day was on display and included information about any allergens contained in the food.

Overall, the bedroom accommodation had sufficient space for residents to live comfortably including adequate space to store personal belongings. Many bedrooms were personalised with photographs, mementoes and furniture. The residents who spoke with the inspector were happy with their rooms. One resident told the inspector their room was 'the finest'. However, one twin bedroom required improvements as it did not have the minimum floor space of 7.4m² to ensure compliance with S.I. 293 of 2016. There was a restrictive condition in place which required the provider to reconfigure this room by 01 January 2022.

Activities were provided to the residents seven days a week by the activities staff. There was a daily plan of activities for the residents and it included small group and one to one activity. Activities included exercise, reminiscence therapy, pet therapy and card games. There was a lively game of bingo held on the afternoon of the inspection and many residents told the inspector they looked forward to this activity. There were a number of planned activities including an outing to Knock Shrine in the coming days and the conversion of an outdoor space to a 'pub' for the residents. The inspector observed numerous positive interactions during the day of the inspection in the communal areas and residents' bedrooms. Many residents were observed enjoying activities and socialising with each other and staff throughout the day. Other residents were observed spending time in their bedrooms, smoking room or outdoors having quiet time. Communal areas were supervised most of the time and staff were observed checking residents who chose to stay in their own rooms. Residents were observed to mobilise freely within the centre, either independently or with the assistance of staff members. The inspector observed that call bells were responded to in a timely manner.

The centre was clean and tidy on the day of the inspection. The housekeeping staff who spoke with the inspector were knowledgeable about their role and responsibility to ensure that the centre was kept clean.

Residents had access to television, radio, newspapers and books. Arrangements were in place for visiting in line with current guidance (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place. Residents who spoke with the inspectors were aware of the pandemic and resulting restrictions. Many told the inspector they were delighted and relieved that they had received their vaccines.

In summary, this was a good centre with a dedicated team of staff delivering good standards of care and support to the residents. Areas that were identified as requiring further improvement are discussed under the following two sections of the report.

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 on the quality and safety of the service being delivered for the residents.

Capacity and capability

Overall, the inspector found that residents were supported to live a good quality of life. There was an organisational structure in place with identified lines of authority and accountability. There had been noted improvements in compliance with the regulations since the last inspection January 2020. However, improvements were required to the governance and oversight of the service to improve compliance with the regulations.

There was a new person in charge (PIC) in place since the last inspection. Whilst the new person in charge demonstrated an understanding of their role and responsibility, they did not meet the regulatory requirements. This will be discussed further under Regulation 14. The PIC was supported in their role by a full complement of staff including nursing and care staff, activity coordinators, housekeeping staff, catering staff, maintenance and administrative staff. However, there was no senior nurse/clinical nurse manager role to support the PIC. Consequently, this impacted on the effectiveness of the oversight of the service in a number of areas and is reflected in the findings of the inspection. This will be discussed further under Regulation 23.

The centre had sufficient resources to meet residents' individual assessed needs on the day of the inspection. There was a stable team which ensured that residents benefited from continuity of care from staff who knew them well. The number of the staff was appropriate to the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 training and infection prevention and control (IPC). Whilst there were policies and procedures in place to guide staff, the inspector observed that the storage of the medication trolleys was not in line with the local policy on the day of the inspection. This was rectified before the end of the inspection.

The inspector observed there were good communication processes in place including regular staff group meetings including management and staff meetings. The most recent meeting minutes were reviewed and showed that COVID-19, fire safety, training and care plans were discussed.

The inspector found that systems to assess, evaluate and improve the quality and safety of the service provided to residents required improvement. There was no audit schedule in place and consequently there was no system to identify the areas of non-compliance found by the inspectors on the day of the inspection.

There was a programme for continuous improvement identified for 2021 which included refurbishment and purchasing of new furniture and equipment.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There was a low level of complaints and there were no open complaints on the day of the

inspection.

Regulation 14: Persons in charge

The person in charge was a registered nurse with a qualification in management who was actively engaged in the day to day management of the service. However, she did not have the required managerial experience specified in the regulation.

Judgment: Not compliant

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and completed training appropriate to their role. This included Infection Prevention and Control, Manual Handling , Safeguarding and Fire Safety Training. However, some required improvements were identified;

- Whilst the provider had provided fire training to staff, the training was not effective in supporting staff knowledge of the emergency procedure to be followed when the fire alarm is activated.
- The supervision and oversight of staff practices in the centre required improvement to ensure that care delivery was appropriately supervised to ensure the safety of residents at all times. In particular, communal areas were not supervised at all times on the day of the inspection. Also, the inspector observed that cleaning schedules were not monitored to ensure accuracy.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the designated centre had sufficient resources to ensure the effective delivery of care and support to residents in line with the centre's statement of purpose. There were good communication systems in place between the person in charge and the registered provider representative.

The inspector found that the systems to assess, evaluate and improve the quality and safety of the service provided to residents was not in place. For example, an audit schedule had not been developed and consequently there was no formal assessment of areas such as clinical assessment and care planning, fire safety and risk management. As a result, the inspectors found that the oversight of a number of key areas was not robust and the areas of non-compliance found on this inspection were not identified by the management team.

Although there was a risk register in place, the inspectors observed that this register was not up to date and did not include the risks identified by the inspectors on the day of the inspection.

- There were a number of storage areas unlocked (internal and external) which housed a variety of items including kitchen supplies, equipment, PPE and incontinence wear.
- Gloves and hand sanitiser were inappropriately stored on open shelving/window sills.
- The staff room was unlocked.
- There were a number of hoists stored in a resident bedroom.
- There was inappropriate storage in the kitchen cleaning room.
- There were a number of fire doors propped open.

An annual review of the quality and safety of the service had been completed for 2020. However, this did not include consultation with the residents and their families. In addition, it was not available to the residents on the day of the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were managed in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The residents living in the centre enjoyed a good quality of life. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities.

Residents had good access to medical care with the residents' general practitioner (GP) providing on-site reviews. Residents were also provided with access to other health care professionals in line with their assessed need.

Individual resident care plans were informed by validated assessment tools which were regularly updated. However, the inspector was not assured that all care plans contained up to date and accurate information to guide the staff in person-centred care delivery. This will be discussed further under Regulation 5.

Residents' rights and choices were respected. Meetings were held regularly where the residents were given the opportunity to give their views on the service. Feedback and suggestions made by individual residents were noted and acted upon.

The communal areas were arranged to support the residents to comfortably participate in social interactions with each other and staff. Staff were observed providing help and guidance with activities and were seen to be familiar with the residents and their preferences.

Closed circuit television cameras (CCTV) were used widely in the centre including some of the communal areas. There was an up to date policy in place to guide staff and appropriate signage was in place. The RPR informed the inspector the use of CCTV in the communal areas would be discussed with the residents in the near

future.

Arrangements for the identification and recording of incidents were in place.

Although storage areas were available which housed a variety of equipment and supplies, there was inappropriate storage arrangements in place on the day of the inspection. This will be discussed further under Regulation 17 Premises.

Infection Prevention and Control (IPC) measures were in place. Staff had access to and completed appropriate IPC training. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. The centre had a comprehensive COVID-19 contingency plan in place which included guidance from Health Protection and Surveillance Centre (*Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*).

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident and updated on a regular basis. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire evacuation drills were undertaken in regularly which included identifying areas for improvement and learning opportunities for staff. However, the inspector observed a small number of areas for improvement on the day of the inspection and these will be discussed under Regulation 28 Fire Safety.

Regulation 11: Visits

Visits were facilitated in line with the current guidance, (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*). Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, a number of areas required review

to ensure regulatory compliance.

For example;

- Paintwork and door frames was visibly scuffed in a number of areas.
- There were items of furniture found to be visibly scratched and rusty.
- There were not enough foot operated bins available.
- The kitchen cleaning room required reorganisation as it was used for multiple purposes on the day of the inspection including storage of food stuffs, cleaning equipment and cleaning products and files.

Although there was storage facilities available in the centre, on the day of the inspection better organisation of equipment was required to ensure the residents could move freely around the building e.g commodes and cleaning equipment were stored in communal bathrooms, commodes stored in resident bedrooms, moving and handling equipment was stored in one resident bedroom. A number of storage areas were cluttered and untidy. Housekeeping equipment was also observed stored in the sluice room.

The inspector discussed Condition 4 of the centre's registration conditions with the RPR and was informed that there was an action plan in place to ensure the twin bedroom referred to will be compliant with S.I. 293 of 2016 by 1 January 2022.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an up to date Residents Guide available to the residents which contained the required regulatory information.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place which included all of the required elements as set out in Regulation 26 .There was an emergency plan available with the required actions to be taken in response to major incidents.

Judgment: Compliant

Regulation 27: Infection control

There was a comprehensive infection prevention and control policy in place which included details about COVID-19. The inspector was assured that the centre was compliant with the guidelines.

COVID-19 and IPC were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required.

However, the inspector observed a small number of areas that required attention;

- The management of sharps required improvement as the sharps box in use on the day of the inspection was not labelled in line with best practice.
- The cleaning schedules were signed by staff before cleaning was completed.
- The housekeeping trolleys were not fit for purpose.
- The inspector was not assured that the cleaning process was in line with national guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety measures were in place in the centre and all staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire.

However the inspector observed the following areas that required attention on the day of the inspection;

- The inspector released multiple fire compartment doors and observed that two doors did not seal as there was a visible gap evident between the doors. The doors therefore did not provide the necessary seal to prevent the spread of smoke in the event of a fire. A third door was slow to release due to uneven flooring. The RPR was requested to have all fire doors assessed by a suitably qualified person.
- A small number of fire doors were observed to be wedged open. This was brought to the attention of the RPR and rectified immediately.
- A small number of staff were unsure of the procedure to be followed when the fire alarm was activated.

- There was no fire fighting equipment in the smoking room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident files and found evidence that most residents had a comprehensive assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess falls risk, skin integrity, nutritional status and level of dependency. Overall, most care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

However, the inspector observed that a number of care plans were not up-to-date and did not reflect the residents' current needs. Improved oversight of assessment and care planning arrangements was required as the following issues were identified;

- One pre-admission assessment did not contain sufficient information regarding the resident's up to date medical/surgical history. Consequently, this resident's care plan lacked required detail to guide care delivery.
- Three care plans contained inaccurate information regarding a resident's mobility requirements.
- Two care plans did not contain information regarding managing skin integrity for residents assessed as a high risk of skin breakdown.
- One care plan referred to the use of a smoking apron when the resident was smoking but there was not a smoking apron in use on the day of the inspection.

Judgment: Not compliant

Regulation 6: Health care

The inspector found that residents had timely access to appropriate medical assessments and treatment by their General Practitioners (GP) to meet their needs. The person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents who required the use of bedrails. Resident records contained evidence of risk assessments being carried out prior to use. Alternative options that were considered were not documented in the residents' records. A register of all bed rails in use was maintained and reviewed on a regular basis to ensure usage remained appropriate.

The inspector observed the use of a table placed in front of a resident as a falls prevention strategy. The inspector did not find any evidence in the resident's record that this strategy was recommended as a result of a risk assessment or advice from a physiotherapist. The use of this restraint was not included in the restraint register.

Judgment: Substantially compliant

Regulation 8: Protection

Inspector found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspector said they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day.

Staff were observed to engage in positive, person-centred interactions with

residents.

There were no arrangements in place for the residents to access independent advocacy services on the day of the inspection.

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	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0034017

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>We are actively looking to recruit a Person in charge through a wide range of media and three recruitment agencies. We are in discussions with two potential candidates at present and are hopeful of filling the vacancy in the near future.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff are aware of the emergency procedure. The PEEP indicators are inside each resident's room which is easily accessible for all our staff.</p> <p>We are to plan for further fire drills.</p> <p>Training on infection prevention control practices is ongoing.</p> <p>Plan for more supervision and oversight of staff practices.</p> <p>Commenced every hourly/half hourly check for residents.</p> <p>Staff on duty have their allocated time for the supervision of communal areas.</p> <p>Housekeeping staff are supervised regularly. The cleaning schedule is being monitored and all rooms are checked by the manager.</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>We completed an audit from an external source the day before the inspection to assist in the audit schedule around areas of clinical assessment, care plans, fire safety and risk management. The independent audit will improve the safety and quality of the service we provide.</p> <p>The risk register will be kept up to date to include the identification of hazards and the control of such risks in the centre.</p> <p>The annual review of quality and safety in the centre will include consultation with the residents and their families. Furthermore the annual review will be made available to the residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting has commenced with some rooms getting fully repainted such as the smoking room, food store, kitchen store, bedroom door frames and communal corridor areas.</p> <p>Protection for door frames and fire compartment doors has been ordered.</p> <p>Furniture that is visibly marked or scratched will be replaced.</p> <p>New stainless steel foot pedal bins will be purchased.</p> <p>Storage rooms will be reorganized better and equipment will be properly stored.</p> <p>We have submitted plans to the Health Information and Quality Authority regarding compliance with room standards and registration condition. The bedroom concerned number 4 (twin) currently measures 14.4 m² and in the new plan will measure 14.9 m². We are satisfied this meets the standard of 7.4 m² per resident.</p> <p>Also proposed is to construct an additional equipment store.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new infection control person has been selected from our nurse team. She has completed infection control trainers training and started audits on hand washing. Training is ongoing.</p> <p>Commenced staff monitoring and implementation of best infection control practices.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The three compartment fire doors concerned have been assessed and addressed by a competent person.</p> <p>All staff now understand the procedure when the fire alarm panel is activated.</p> <p>Fire fighting equipment has been ordered for the smoking room.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Assessments and care plans are being reviewed and updated by the nurses for their allocated residents under the supervision of the deputy person in charge.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The residents who are on bed rails were reviewed by GP and physio, advised to continue</p>	

same. Alternatives were tried before using bedrails and were documented in the restraint assessment.

The resident who is using table as a falls prevention strategy was reviewed by GP and physio, advised to use a special able assist table which has already commenced. The resident is more comfortable and relaxed at the table.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We will source arrangements for residents to be provided access to independent advocacy services.

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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	31/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/09/2021
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	23/12/2021
Regulation 23(c)	The registered	Not Compliant	Yellow	09/09/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	17/09/2021
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	17/09/2021
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	30/09/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for	Substantially Compliant	Yellow	30/09/2021

	staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/10/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	09/09/2021
Regulation 5(4)	The person in	Not Compliant	Orange	30/10/2021

	charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	09/09/2021
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Not Compliant	Yellow	30/10/2021