



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

Issued by the Chief Inspector

Name of designated centre:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	16 June 2022
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0036645

About the designated centre

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

Araglen House Nursing Home is a purpose-built residential centre, with accommodation for 57 residents originally. It is currently undergoing an expansion. The centre is located close to the village of Boherbue on landscaped grounds with ample parking. The centre provides long-term, short-term, convalescence and respite care to both female and male residents with 24 hour nursing care available. The centre is divided into four units, Honeysuckle, Primrose, Daffodil and Bluebell. All of the bedrooms are en suite, single or double, with shower, toilet and wash hand basin. Bluebell is the designated dementia unit. It is self-contained with its own sitting and dining rooms. There is a large sitting room and dining room and other smaller communal rooms located throughout the centre. There is an oratory available for residents. Outdoor areas comprise a large secure garden and two courtyards, one of which is accessible from the dementia unit. These are furnished with colourful garden furniture and raised flower boxes, planted by residents as part of the extensive activity programme.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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
Thursday 16 June 2022	10:30hrs to 18:00hrs	Mary O'Mahony	Lead
Thursday 16 June 2022	10:30hrs to 18:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that Araglen Nursing Home was a comfortable place to live where residents were known to staff and felt safe. Inspectors spoke with the majority of residents during the day of inspection and met with a number of visitors also. Residents felt that their rights and choices were respected. Survey results were seen which confirmed their contentment. Residents said that staff were kind and caring and available to listen to any concerns they might have.

The designated centre is located near the town of Boherbue in spacious rural grounds with adequate car parking spaces for staff and visitors. On the day of inspection there were 51 residents in the centre and six vacant beds. Building works were underway at the time of inspection and this was discussed throughout the report. Two inspectors arrived unannounced to the centre and followed the infection control protocol for this era of Covid-19. Following an introductory meeting with the person in charge inspectors were accompanied on a tour of the premises and external patio areas. The residents' section of the centre was located on the ground floor while staff facilities were upstairs.

Residents were seen walking or being wheeled on wheelchairs to the dining room for breakfast, if this was required due to a mobility issue. Inspectors observed that there was a nice, easy relationship between staff and residents who were seen to chat and interact with each other in a relaxed manner. Inspectors spoke with two residents in the dining room. They stated that they enjoyed watching the progress of the new extension and they were not adversely effected by the work, which was external to the lived area at present. Inspectors found that residents' bedrooms were nicely decorated with soft furnishings, ornaments and photographs. One lady said that the private shower and toilet was a great facility as she had lived alone and would not like to use a shared facility. A number of them told inspectors that they had previously lived in the locality and they had access to their visitors regularly. Residents made positive comments to inspectors about living in Araglen, such as "I couldn't be happier", and "staff are kind and good". They added that they felt "at home" with staff who in some cases were personally known to them.

Inspectors saw that there was a lively activity session underway in the sitting room in the afternoon which was attended by a number of residents. Residents who were present at the activity said they really enjoyed it. They were seeing carrying out chair based exercises to music, discussing the news and singing their favourite songs. Bingo was described by those spoken with as a "favourite" activity mainly due to the social cohesion and fun that was promoted by the activity staff. Inspectors spoke with a group of residents out in the patio availing of the sunshine. They were seen to be supported by one of the full time activity coordinators who had ensured that all residents wore sunhats and sunscreen. Residents were delighted with the snacks, drinks and the music provided. Residents were observed to sit outside with their visitors also and they said it was a "huge advantage" to

have a patio door out to the garden from some of the bedrooms and the communal rooms. The staff member involved was seen to have formed close relationships with residents and was familiar with their life stories. She explained how this helped to provide real meaningful activities which took account of the residents' abilities and interests.

Residents who spoke with inspectors said that they were relieved that visitors were allowed in, with the new arrangement for a nominated visitor for each individual, and a number were seen to have a visitor in the afternoon. Visitors followed the protocol set out to protect themselves and others from an infection or the virus. Visitors spoken with said that communication had been maintained during the pandemic which they admitted had been a very difficult and worrying time. Residents said that they had been kept informed about COVID-19 and understood why staff and relatives had to wear masks. Relatives and residents informed inspectors they were thankful to the staff who had worked tirelessly during the pandemic to keep them cheerful and safe. Residents told inspectors that they felt their opinions were listened to at residents' meetings and that their rights were respected, as their views were sought in surveys and at the meetings. Residents felt confident that any concerns would be addressed. One concern was discussed with the staff and the resident involved and it was found that appropriate action had been taken to ensure the resident felt safe.

Food was plentiful, varied and nicely presented to residents. Residents spoken with at dinner time were very complimentary about the portions and said that the staff took note of their meal choice daily. A staff member was seen going around to residents in the afternoon discussing the meal choices for the following day. Residents said that they were glad of the social occasion presented by mealtimes, this was even more special since the isolation of the early days of the pandemic. Inspectors saw that a trolley with tea, drinks and snacks was brought around to residents in the afternoon. Where residents requested help from staff to access drinks, they were seen to respond without delay.

Inspectors saw that, generally, there was a good level of compliance with infection control guidelines around the centre. Throughout the day staff were seen to wash their hands frequently in one of the conveniently located hand washing sinks on each corridor and to use the hand sanitising gel provided.

Overall, residents expressed contentment and a sense of homeliness about living in Araglen Nursing Home. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

On this inspection the governance and management arrangements required by

regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. There was a comprehensive audit and management system set up in the centre which ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in the management of fire safety, care planning, medicines and notifications of incidents to the Chief Inspector, as addressed under the respective regulations in this report.

Araglen House was a designated centre for older people operated by Araglen House Nursing Home Limited, which was the provider. There was a clearly defined management structure in place, with clear lines of authority and accountability. At operational level, support was provided by one director of the company representing the provider, who was present in the centre each week including on the day of inspection. The second director, a registered nurse, undertook assessments of new residents and also attended clinical meetings. The person in charge was supported by an assistant person in charge, clinical nurse managers (CNMs), a healthcare team, as well as household, maintenance and catering staff. Minutes of regular management and staff meetings were seen and discussed with staff. Topics such as training needs, COVID-19, recruitment, complaints and incidents were discussed.

The service was appropriately resourced as evidenced by the new building works and programmes of renovation. On this inspection seven new bedrooms were ready for inspection and registration, which would bring the occupancy to 64 by the beginning of July. The application to register these new rooms was progressed. The provider was continuing to expand the centre and proposed to accommodate 91 residents when the extension was completed by the end of the year. Overall, the staffing levels on the day of inspection appeared to be appropriate to meet the care needs of residents. The provider stated that staff retention was generally good.

The annual review of the quality and safety of care had been completed for 2021 and the actions which were identified formed part of an action plan for quality improvement. A quality management system, which included a schedule of audits, was in place to ensure that the service provided was safe and effective. Key performance indicators were collected weekly and audited, such as falls, infections, the use of restraints and skin integrity. The recording and investigation of incidents and complaints was part of the review process. Nevertheless, inspectors found that some incidents required a specific regulatory notification which had not been submitted to the Chief Inspector. By way of explanation these regulatory notifications enable inspectors to risk assess the centre with greater accuracy when serious incidents are notified, as set out under Regulation 31.

Staff received training specific to their various roles. Relevant and up to date training supported staff to provide best evidence-based care to residents. The assistant person in charge was qualified in infection prevention and control and delivered training sessions to staff on correct hand washing techniques and managing any outbreak of infection. Consequently, staff were aware of the actions to take to keep residents safe and were generally seen to demonstrate good practice.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies, the insurance certificate and other documentation required under Schedule 2, 3, and 4 of the regulations were seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

Registration Regulation 4: Application for registration or renewal of registration

All documents required for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted applications to increase the number of residents accommodated in the centre on a phased basis.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the required fees were received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements. She was found to be knowledgeable of the regulations and standards and led an experienced team of nursing, care, catering, administration and household staff.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were sufficient to meet the needs of residents.

A plan had been developed for the projected increased staffing complement when the resident cohort would increase, on occupation and completion of the new rooms later this year.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were seen which indicated that staff had attended appropriate and mandatory training for their respective roles.

The management team supervised staff training and staff practices.

There was a comprehensive induction, appraisal and probationary protocol in place.

Judgment: Compliant

Regulation 21: Records

All the regulatory records were well maintained and available for inspection purposes. These included records of incidents, staff files and medicine errors where applicable.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems pertaining to oversight of fire safety and submission of notifications were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

- Fire safety issues to be addressed such as: following up on the outcome of fire drill reports, the formulation of more detailed personal evacuation plans and other issues as described under regulation 28.
- Not submitting all the incident reports required under the regulations, as outlined under regulation 31 in this report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated in line with the current building developments and staffing levels.

It contained details of the complaints process, the ethos of the centre and the medical and social supports available to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the complaints indicated that a number of specified incidents set out in the regulations for the sector had not been notified to the Chief Inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were generally documented and written records relating to complaints was made available to inspectors. The complaints process was displayed in the foyer and there was an appeal process in place.

One complaint was still under review and was not closed off. Recent correspondence related to this was read by inspectors.

Judgment: Compliant

Regulation 4: Written policies and procedures

The fire safety management policy required updating as it contained details of procedures which were not currently being deployed in the centre and this could lead to confusion.

Judgment: Substantially compliant

Quality and safety

Overall, residents in Araglen House Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of effective consultation with residents and their needs were being met through timely access to healthcare services and good opportunities for social engagement. Nonetheless, this inspection found that some improvements were required in relation to medicine management, care planning and fire safety in this dimension of the report.

The centre was beautifully decorated with good quality curtains, furniture, pictures and ornaments throughout. Residents' bedrooms were spacious and equipped with full en suite facilities. These were described in more detail under regulation 17: premises. There were a number of communal rooms available in the centre such as, dining rooms, sitting rooms, the oratory, visitors' room, the sensory room and the quiet room. This meant that choice was available for personal preference throughout the day to facilitate residents in how they spent the day or where to go with a visitor for enhanced privacy. Residents stated that they enjoyed the accessible patio and garden views. Plans were in place to extend the dining and sitting space available to residents in the dementia specific unit as the existing dining space meant that two sittings would be required for meals. More spacious dining facilities support an environment more conducive to creating a relaxed atmosphere for residents with dementia who required a quiet environment or more personal space at communal activities.

In the main, there was good fire safety management in place. The registered provider was proactive to issues identified on inspection and demonstrated a willingness to address those issues. Assurances where sought were received. From a fire safety perspective, the new bedrooms and ancillary sluice and store rooms, were finished to a high standard and were compliant with regulation 28. There was an L1 type fire detection and alarm system, with the main fire alarm panel located inside the front entrance and two repeater panels in other areas of the centre. There was also emergency lighting and fire fighting equipment such as fire extinguishers and

fire blankets in use. The fire safety register was available for review. Some documentation gaps were noted for the testing of the fire alarm system however and the storage of excess oxygen cylinders required review, as outlined under regulation 28.

The layout of the centre afforded residents and staff with alternative escape routes and sufficient exits. However, the external escape route from one exit was obstructed by scaffolding for the construction work to an extension of the building. While adequate alternative exits were located nearby, staff had not been notified that this alternative exit was unavailable; the provider immediately issued a memo to all staff during the inspection.

Inspectors noted gaps and deficiencies to a number of fire doors in the centre. The provider was pro-active and had commissioned a fire door assessment for the centre. Work to repair identified fire door deficits had already commenced and was ongoing at the time of inspection. The provider confirmed that upon completion of the works the fire doors would be inspected and signed off by a competent fire safety professional.

The assessed evacuation needs of residents were determined by a collective personal emergency evacuation plan (PEEPS) document. It included information such as the dependency level of the resident and brief information regarding their evacuation requirements. The inspectors found that the information contained in the document was not sufficient to ensure a safe evacuation for all residents. It didn't detail the number of staff required to evacuate a resident, nor did it differentiate between the requirements for daytime and night time. There was one resident who was identified as requiring an evacuation sheet, however there was not one fitted to the resident's bed. Assurances were sought and received by the provider the day following the inspection. Inspectors reviewed a sample of fire drill reports. The reports were detailed and included pertinent information such as the scenario simulated, the location of the drill and learning outcomes. Inspectors noted that problems or deficiencies experienced in the fire drills were not always followed up on. The evacuation procedure explained to inspectors included a mix of bed evacuation and mattress evacuation, depending on size of the door to the room. The fire drills reviewed did not reflect bed evacuation, as described to inspectors. Fire safety findings above are highlighted under regulation 28.

Inspectors were assured that residents' health care needs were met to a good standard. There was attentive care from the general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place to a range of health care professionals. Records in a sample of care plans seen evidenced that a comprehensive assessment was carried out prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores and malnutrition. These assessments informed the care plans, which guided staff to deliver individualised, best evidence-based care. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Issues related to medicine management were further outlined

under regulation 29.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and confident that staff would respond to their concerns. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance at these. Records indicated that issues raised at these meetings were addressed for example, food preferences.

Regulation 11: Visits

Residents stated that they were happy with the visiting arrangements.

Visits were managed in line with the new guidelines to support all residents by assigning a nominated visitor to ensure access to a visit at all times, even during an outbreak of COVID-19, once the risk was accepted and explained to the visitor.

The provider had ensured that there were suitable private and communal areas available for residents to receive their visitors. Visitors were seen to be appropriately risk assessed on entering the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained. There were building works underway at the time of inspection as previously outlined.

The design and layout of the home promoted a good quality of life for residents.

- The corridors were sufficiently wide to accommodate walking aids, movement hoists and wheelchairs.
- Handrails were available in each hallway and toilet area for residents' use.
- Bedroom accommodation consisted of mainly single, fully en suite bedrooms as well as eight double bedrooms.
- There were a variety of communal spaces for residents to enjoy, including sitting rooms, a spacious oratory, dining rooms and visitors'/quiet rooms. Inspectors saw that the communal rooms were comfortable, nicely decorated spaces.
- Suitable signage was in place to orientate residents to their bedrooms and in the direction of communal rooms.
- Appropriate pictures were displayed around the walls which were placed at a suitable height for residents' enjoyment.
- Residents had access to an enclosed garden with colourful, substantial,

- outdoor furniture and raised flower boxes planted by residents and staff.
- A specialised dementia care unit was set up in the centre with its own separate sitting area and dining area.
 - Staff informed inspectors that a number of residents from this unit also availed of communal rooms in the main section.
 - The bedroom doors in this section were seen to be painted in different, bright colours which supported residents in locating their own bedrooms.
 - Colourful murals decorated the wall and there was easy access to a lovely internal courtyard which contained flower boxes.

Judgment: Compliant

Regulation 26: Risk management

The risk register was maintained and was seen to have been updated. Risk associated with the new build had been assessed and appropriate controls put in place.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that there was good practice in relation to infection control.

- Issues identified on the previous inspection had been addressed.
- There were sufficient hand wash sinks, hand sanitising gels and appropriate masks and gloves available.
- Staff were seen to wear PPE appropriately.
- A recent infection outbreak had been managed well and resident had recovered well.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire.

For example:

- There were a number of extra oxygen cylinders within the treatment room, which were at risk of being knocked over or getting damaged. Arrangements

- were made to move any excess cylinders to an outside storage area.
- While adequate means of escape was available, the interim arrangement where one external route was temporarily not available, was not communicated to staff.
- To ensure adequate containment of fire, the programme of work to repair identified fire door deficits, will need to be completed.
- Inspectors were not assured that adequate arrangements were in place to ensure the safe evacuation of all residents. The assessed evacuation requirements of residents was not sufficiently detailed to ensure they are safely evacuated.
- Further assurance was required regarding the evacuation of one specific resident. The provider provided those assurances the day following the inspection.
- Inspectors noted that problems or deficiencies experienced in the fire drills were not always followed up on.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that there were a number of issues relating to medicine management which required improvement:

- While medicines were well managed in general, labels were not legible on all medicines and medicine for a nebuliser (to support improved lung function) was not labelled for the individual resident.
- In addition a new stock of medicines was amalgamated into the original box. This was not the recommended practice in relation to the type of drugs involved which required careful management and twice daily count of the balance in stock. Each sealed box held four patches and the open box seen now had seven medicine patches.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed additional detail was required to guide staff in best evidence based practice, in particular in relation to care planning on wound care which had insufficient detail to guide care. Also in relation to where there was an identified risk of absconsion in a resident with a diagnosis of dementia there was not sufficient detail on precipitating factors and issues provided assurances for residents.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to local general practitioners (GPs), the pharmacy, the dentist, the chiropodist and a consultant if required. Residents had availed of a range of other health professional advice and care such as physiotherapy and occupational therapy (OT). Dietitian and Speech and Language therapy (SALT) visits to residents were documented. There was also input and advice available from local palliative care services and psychiatry of old age. Residents were seen to avail of external appointments during the inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in this aspect of care for any resident with behavior and psychological symptoms of dementia (BPSD).

Care plans were available in residents' care plans which provided advice on residents' usual communication methods and how to pre-empt any behaviour escalation.

Judgment: Compliant

Regulation 8: Protection

Inspectors was satisfied with the measures in place to safeguard residents and protect them from abuse.

All staff had An Garda Síochána (Irish police) Vetting (GV) disclosures in place, prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training. Those spoken with were knowledgeable of how to report any allegation of abuse. Records reviewed provided assurances of the ongoing commitment to training.

Financial records were carefully maintained and receipts were available for additional services such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

The provider aimed to promote a human rights-based approach to maintaining residents' rights, and training in this approach to care was due to be undertaken by all staff.

Residents said that their choices were respected in relation to breakfast choice, visits, bedtimes, to access outdoor activities, personal newspapers and mobile phones. For example, one resident said he liked to stay up until 11pm to watch TV before being assisted to bed. He confidently informed inspectors that staff would support him to stay up later but he said this was his chosen time as there was an early start in the morning.

The hairdresser and the chiropodist attended residents on a regular basis and these visits were documented.

Survey results described staff as 'kind' and 'helpful' and one person said that she was 'well looked after' and could 'talk to everyone'. She told the inspector that she was happy that she knew a lot of the staff and said this helped her feel safe.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0036645

Date of inspection: 16/06/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Our Fire Safety Management Plan is being reviewed in line with the action plan outlined under Regulation 28</p> <p>Our notification of incidents will be reviewed to ensure that all notifications will be submitted in the required manner.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Our notification of incidents will be reviewed to ensure that all notifications will be submitted in the required manner.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	

The Fire Safety Management Plan is being reviewed in line with the action plan outlined under Regulation 28
 The PEEPS are being reviewed and updated to better ensure the safe evacuation of all residents.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 All Oxygen cylinders are now being stored appropriately.
 The escape route that had been restricted due to the erection of builders scaffold has been fully restored and staff have been informed of same.
 The program of repairs to all fire doors is ongoing and will be completed shortly. A letter from a suitably qualified person will be forwarded onto the Authority in due course confirming the satisfactory completion of the repairs.
 The PEEPS are being reviewed and updated to better ensure the safe evacuation of all residents.
 A robust clear PEEP for the single resident referred to in the report has been developed and put in place.
 Suitable action plans will be drawn up after fire drills and will then be followed up on.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 All nurses advised and reminded re: importance of correct protocols being in place for medication management as per An Bord Altranais guidelines.
 All items will be individually labelled with the resident's name.
 All DDA medication is now in original packaging with max of 4 patches per box.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:

Care plans are being reviewed and updated as per changing need of the resident including the resident identified as a risk of absconding.

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 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.	Substantially Compliant	Yellow	05/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	05/09/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	05/09/2022

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	05/09/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	14/07/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	05/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/07/2022
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	Orange	05/09/2022

Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	14/07/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	14/07/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	14/07/2022
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	05/09/2022

	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.			
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