



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

## Issued by the Chief Inspector

Name of designated centre:	St. Brendan's High Support Unit
Name of provider:	Mulranny Day Centre Housing Limited
Address of centre:	Mulranny, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	19 June 2023
Centre ID:	OSV-0000389
Fieldwork ID:	MON-0038984

## About the designated centre

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

St. Brendan's High Support Unit is a purpose-built facility which can accommodate a maximum of 25 residents. It provides care to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. This centre is situated in the village of Mulranny on the N59 Newport to Achill road and just off the Great Western Greenway. It is part of a supported housing complex and day care service operated by Mulranny Day Centre Housing Limited. The building is split level over two floors with lift access to the upper floor. Bedroom accommodation for residents is available on both floors with all bedroom accommodation provided as single rooms. A variety of communal space is available for residents to use during the day and includes two sitting rooms, a dining area and a visitors' room. The centre is set in spacious grounds and overlooks the sea.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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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
Monday 19 June 2023	11:15hrs to 18:30hrs	Ann Wallace	Lead

## What residents told us and what inspectors observed

The inspector spoke with a number of residents and staff on the day of the inspection. The residents were very positive about the care and support that they received from the staff in the centre. Residents said that they were comfortable, that staff were very kind and that they felt safe living in the centre. This feedback was validated by the inspector's observations and findings on the day.

There was a well-established staff team who knew the residents well and were familiar with their preferences for care and daily routines. There was an open and friendly atmosphere in which staff worked well together to ensure that residents' needs were met in a timely manner. Staff addressed the residents with respect and their interactions with residents were empathetic and kind. A number of staff were local and had known some of the residents prior to their admission to St Brendan's. This helped to ensure that residents' past lives informed their daily routines and life in the centre. For example residents who wished to were encouraged to go with staff into the local village which was a short walk away to purchase ice cream or a coffee and then sit overlooking the sea where they were able to chat with people passing by, some of whom they knew, and catch up on local news and events.

Residents were observed participating in a number of activities throughout the day of the inspection. Local musicians came in for their weekly visit to entertain the residents with a music session in which residents were singing and dancing or just watching what was going on. There were enough staff available to ensure that residents were facilitated to participate in this session if they wished to do so.

There were also ball games and a quiz for residents to join in with. Other activities were more focused on one to one participation. For example one resident was facilitated to watch their preferred movie on the centre's resident computer which was equipped with head phones and a sound system to maximise the resident's enjoyment. The resident was able to enjoy their film without disturbing the other residents around them. Another resident was facilitated to complete a jigsaw puzzle which they obviously enjoyed and which gave them a real sense of achievement. These activities were mostly provided by one member of the activities team which limited the number of residents who could enjoy this type of interaction and could have been provided to more residents if care staff has been allocated this as part of their daily work schedule.

The premises had been improved since previous inspections and all rooms are now single. The additional bedrooms in the Brid's unit had en-suite shower facilities. The rooms were nicely laid out and spacious. However bedroom the layout of bedroom 18 had not improved since the last inspection and this room was only suitable for residents who were admitted for short term care and who were independently mobile. The resident accommodated in this bedroom was independently mobile however they had been admitted for an undefined period of time and not for short term care in line with the centre's conditions of registration. The inspector spoke

with the resident who said that they were comfortable in the bedroom but that they did not have enough room to store some of their clothing that they wanted to bring in from their home. The layout of the remaining bedrooms on East wing and West wing had improved since the previous inspection and the rooms are well laid out for single occupancy. Residents told the inspector that the new layout met their needs with some residents telling the inspector that they were enjoying the additional space and the privacy a single room afforded them.

Overall the centre was clean and dust free however the main storage room beside bedroom one was cluttered and there was dirt and dust visible on the floor. The lack of appropriate storage space remained an ongoing issue in the centre and equipment such as hoists and wheelchair chairs were still being stored in the main communal room on St Brid's unit although they were now screened behind a new partition which had not been painted since it was erected and was unsightly in the room. The layout of this room was quite institutional with the residents' chairs set along the perimeter wall of the room which did not promote interactions between residents.

Residents had access to two garden areas which were accessed from St Brid's unit. Other residents preferred to sit on the benches outside the main entrance and enjoy the views across to Clew Bay. A number of residents were seen using this facility on the day of the inspection however residents were not using the garden areas even though the weather was fine. Residents told the inspector that they used one of the gardens at the front of the centre in the fine weather but residents said that they did not use the new enclosed garden to the side of the centre. This area was set out with a table and chairs for eating for four residents however there was little in the way of planting or items of interest for the residents to enjoy.

There is a spacious nicely laid out dining room where most of the residents took their lunch time meal. There were enough staff available at lunch time to support residents with their dietary needs. Residents were supported to eat independently and were offered a choice off the daily menu. Residents were enjoying their food and told the inspector that they really liked the menus and snacks that were prepared for them each day.

There was a pleasant positive atmosphere in the centre on the day of the inspection. Staff resident interactions were respectful and empathetic. Staff knew the residents well and worked together to ensure residents' needs and preferences for daily routines were met. It was evident that care was person centred and that residents had choices about how they spent their day and the activities that they chose to take part in. Residents told the inspector that they particularly enjoyed going into the local village to buy a coffee or an ice cream and to sit on the bench watching the views over the beach to Croagh Patrick. Residents were also attending the local whist drive which was held in the adjacent community hall one evening each week. A resident said that they had never played card games before and that this was a new skill that they had learnt and were enjoying.

The next two sections of the report set out the findings of the inspection for each of

the regulations under the capacity and capability and quality and safety pillars.

## Capacity and capability

This inspection found that overall governance and management systems had improved in the centre and that the changes in the layout and the reduced occupancy in the bedrooms in East wing and West wing had improved the residents' personal space and their privacy. The oversight of care and services had improved since the last inspection, however the oversight of admissions was not robust and did not ensure that the centre was operating within its conditions of registration.

The provider for St Brendan's High Support Unit is Mulranny Day Centre Housing Company Limited. The registered provider representative and board members attend the centre regularly to meet with residents and staff. This was evident in the record of clinical governance and management meetings and from talking with staff and residents.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to follow up on an application that had been received to vary condition 1 on the centre's registration which required that bedroom 18 was used to accommodate mobile residents for short term care. This condition was in place because three previous inspections had identified that although this bedroom met the minimum size requirements of the regulations, the layout of the room and the lack of available storage space for resident's personal possessions meant that it was not suitable for long term living. This commitment is reflected in the provider's statement of purpose dated 27 January 2023 against which St Brendan's High Support Unit was been registered. This inspection found that the layout of the room had not improved and that the provider was in breach of the designated centre's conditions of registration as a resident who needed longer term care had been admitted to the room.

The inspector found that there is a clear management team in place. The person in charge works full time in the designated centre but was on annual leave on the day of the inspection. The inspection was facilitated by one of the two clinical nurse managers. A member of the voluntary board of management which forms the provider entity, Mulranny Day Centre Housing Limited, also attended on the day to support the clinical manager.

There were sufficient staff on duty to provide care and support for residents. Call bells were answered promptly. Staff knew the residents well and often anticipated resident's needs in advance of the resident having to call for support. The staff team worked well together to ensure that residents preferences for care and support were

addressed.

### Regulation 14: Persons in charge

There was a person in charge who was an experienced nurse and who had responsibility for the day to day management of the designated centre including admissions and staff recruitment and selection.

The person in charge was well known to residents and staff.

Judgment: Compliant

### Regulation 15: Staffing

There were enough staff on duty to ensure that residents' needs were attended to promptly.

The staffing levels on the roster were in line with the staffing strategy set out in the provider's statement of purpose.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had not ensured that there were sufficient resources to refurbish and upgrade the lived environment for the residents and to ensure that the premises and fixtures and fittings especially in some bedrooms were of a good standard.

The provider was not operating in line with the designated centre's conditions of registration. One resident had been admitted 6 March 2023 into short stay bed and was still occupying bed at time of inspection with no date for transfer or discharge. This was breach of registration conditions as the centre's statement of purpose clearly stated bedroom 18 was only suitable for short stay ambulant residents. Long stay beds had become available but the resident had not been offered an appropriate bedroom.

The oversight of fire safety still required improvement to ensure that fire safety processes such as daily and weekly fire escape routes and fire equipment checks were completed in line with provider's own policies and procedures. This is discussed further under Regulation 28.

The oversight of admissions to the designated centre was not robust and did not ensure that:

- the centre could meet the ongoing needs of the residents including their private accommodation needs.
- residents were admitted in line with the centre's conditions of registration.

Although the quality assurance processes including audits had improved since the last inspection further actions were required to improve oversight and ensure that ;

- Medication and care plan audits were completed within the time frames set out in the audit calendar.
- Audits identified where improvements were required as a number of issues found on inspection eg bedrooms and storage had not been identified on the provider's own environmental audits.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which was signed by the resident or their representative. The contract stated the bedroom number occupied by the resident and the room occupancy.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose in place which set out the information required under Schedule 1 of the regulations. The statement of purpose was updated in January 2023.

Judgment: Compliant

### Regulation 31: Notification of incidents

One notifiable incident where a resident had an un-witnessed fall at night and banged their head sustaining a minor laceration had not been referred to the Chief Inspector within the required time frame.

Judgment: Substantially compliant

## Quality and safety

This inspection found that the residents received a good standard of person centred care and support in line with their assessed needs and that residents were facilitated to maintain links with their friends and families within the local community. The designated centre is well supported by the local community and this goodwill and effort is used to ensure residents are an integral part of that community.

The provider had made significant improvements to the premises since the previous inspection. All bedrooms had been reduced to single occupancy and a number of bedrooms benefited from new furniture and a changed layout. Most bedrooms were spacious and provided enough storage for residents to keep their personal belongings. In contrast bedroom 18 did not provide adequate storage for residents personal belongings and the layout of this room was not suitable for long term residents or for residents who had mobility needs. Furthermore a number of bedrooms did not have a comfortable chair for residents to sit out beside their bed.

The provider had also developed an additional outside garden which was accessible from the main communal room on St Brid's unit. The garden would benefit from planting and colour so that residents had something of interest to enjoy when they were in the garden and from the windows overlooking the area.

Storage remained an issue in the centre especially storage of large items of personal equipment. In addition store rooms were untidy and not well organised which made it difficult to keep equipment clean and ready for use. In addition the floor in one storage room was completely inaccessible to cleaning staff because of the clutter in the room.

The provider had improved the infection prevention and control practices in the centre however more effort was required to ensure that the housekeeping room was kept tidy and clean. In addition the layout of the room did not provide adequate waste disposal and hand washing facilities.

Fire precautions had improved and the provider had completed all of the substantive fire safety improvement works earlier in 2023. However the management of fire risks required further focus and effort to ensure that all reasonable precautions were in place to protect residents in a fire emergency. These findings are discussed under Regulation 28.

Overall medication practices were found to be safe and well managed however improvements were required to ensure all medications were administered in line with the prescriber's instructions.

Each resident had a comprehensive assessment of their needs prior to their

admission and on admission. This helped to ensure that the designated centre could meet the resident's needs and that a good client home fit was achieved. Care plans were in place for each resident and these were found to be comprehensive and up to date with sufficient information to ensure staff were able to provide safe and appropriate care for the residents.

Residents health care needs were well met with good access to general Practitioners (GPs) and specialist services when these were needed.

Since the previous inspection the provider had improved the management of responsive behaviours ( how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had attended additional training and demonstrated good knowledge and skills to support residents in a positive manner when they became agitated or displayed responsive behaviours.

Residents had access to television and radio in their bedrooms and in the communal areas. Residents also had access to WIFI for games and streaming television and films. Residents were observed enjoying all of these facilities on the day of the inspection.

Care was person centred and resident's were able to make choices about how they spent their days in the centre. Residents told the inspector that they could get up when they wished to and breakfasts were served later if the resident chose to sleep in. Meal times were scheduled but could be flexible if the resident wanted to take their meal at another time. However residents did not have open access to their safe enclosed garden space as the doors to the area were keypad activated and needed a member of staff to open them if the resident wanted to go outside.

Residents were supported to stay in contact with their family and friends and visitors coming and going on the day of the inspection were made welcome.

Residents activities had improved since the last inspection. Dedicated activities staff were working with individual residents and small groups throughout the day of the inspection. Residents were also seen enjoying a music session in the afternoon. Residents who spoke with the inspector were happy that they had enough to do during the day. Residents were able to access their local community and take the short walk to the shops and facilities in the village. Residents also attended community events in the adjacent community centre including weekly card games.

## Regulation 12: Personal possessions

Bedroom 18 was registered to take short stay residents only. This room was small and did not have room for shelving or drawers to store resident's personal possessions.

Judgment: Substantially compliant

## Regulation 17: Premises

There was not sufficient storage available in the designated centre. For example;

- The main store room beside bedroom one was cluttered with various items of resident equipment. This meant that items were not easily accessible for staff and that there was no access to the floor in this room for cleaning.
- The dirty linen trolleys were being stored along the corridors in two areas as there was no appropriate storage space available.
- The clinical store room did not have enough shelving and items were being stored in boxes on the floor which increased risk of cross contamination to the items in these boxes and meant that the floor could not be cleaned effectively

The oversight of maintenance including the service of equipment required some improvements. For example;

- The bedpan washer in sluice on the West wing had not been serviced since March 2022.
- Flooring in a number of bedrooms was worn or damaged and needed to be replaced. Flooring was a source of odours in a small number of bedrooms.
- Bedroom furniture such as wardrobes and chests of drawers in a number of bedrooms needed to be refurbished or replaced.
- The sluice on St Brid's unit was out of use awaiting a new door lock. This was delivered on the day of the inspection and was due to be fitted. However there was no record of the fault in the maintenance record and staff were not sure how long the sluice had been out of use.
- Some bedrooms and communal areas required painting and refurbishment.
- The new enclosed garden was largely set to tarmac with a paved seating area. There was little of colour or interest for the residents.

The layout of some bedrooms did not meet the requirements of the regulations. For example;

- Three bedrooms did not have a comfortable chair beside the bed for the resident to sit out.
- There were no grab rails in the en-suite in bedroom 18.

Judgment: Not compliant

## Regulation 27: Infection control

Further improvements were required to ensure that the facilities promoted good infection prevention and control standards. For example the hand washbasin in the cleaner's room was small and did not facilitate good hand washing practices. The inspector also observed that there was a paintbrush and roller left sitting on the sink which prevented staff using the sink. Furthermore there was no soap available at the sink.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Daily fire checks had not identified paint cans and a bicycle which were blocking an external fire exit route from the link lounge. These items were removed at the time of the inspection.

Two sets of external fire exit doors were not opening easily on the day of the inspection. This reflected ongoing issues reported in the weekly fire door checks carried out by the centre's own staff. There was a record that these issues had been reported to the fire door company but there was no record that they had been repaired.

Fire drills completed in the centre did not reflect the personal evacuation plans for one high dependency resident accommodated in that fire compartment. As a result the inspector was not assured that staff would be able to evacuate the resident in a timely manner.

There were some inconsistencies in the in house fire safety checks completed in the centre. For example the weekly fire door checks had not been completed for two weeks in April 2023. The weekly emergency lighting and attic fire door checks had not been completed for one week in February and for a week in April. Furthermore these gaps in weekly checks had not been identified on the provider's own fire safety audits.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensure where the prescriber gives specific instructions for administration of medications such as, before food or with food, that these instructions are followed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs on admission. From the assessment a care plan is developed for each area of need. There was clear evidence that residents and or their representative were involved in the assessment and care planning processes. As a result care plans are person centred and reflect the resident's preferences for care and daily routines.

Care plans had been reviewed regularly and reflected the residents current needs.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to their General Practitioner and to specialist medical services including out of hours services.

Where residents required a specialist assessment or intervention the nursing team referred the resident promptly. Residents had access to physiotherapy, occupational therapy, speech and language and dietitians. A tissue viability nurse was available for advice with wound care. In addition the nursing team had links to community infection prevention and control services for support and to ensure best practice in the centre.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff demonstrated good skills and knowledge of how to support and distract residents who may display responsive behaviours.

There was a clear commitment to work towards a restraint free environment. For example bed rails had been reduced from 10 at the last inspection to five bed rails on this inspection. Where restraints were used this was done following a risk assessment with the resident and alternatives were trialled to ensure the least restrictive measures were implemented.

Judgment: Compliant

### Regulation 9: Residents' rights

Access to the enclosed garden from the lounge on St Brid's unit was key pad activated and residents did not have open access to their safe outside space. .

The location of a television set in one bedroom was too far away for the resident to see the screen and to enjoy their television programmes. This was a particular issue as the resident had poor vision.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St. Brendan's High Support Unit OSV-0000389

Inspection ID: MON-0038984

Date of inspection: 19/06/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Admission criteria in place to ensure St Brendan’s can meet the ongoing needs.</li> <li>- All residents are in single rooms to help meet all residents’ private accommodation needs.</li> <li>- Respite Room 18, a resident can only be admitted for 4 weeks.</li> <li>• SOP updated to reflect admission criteria and duration of stay.</li> <li>• All medication and care plan audit are up-to-date. Plans set to ensure going forward these are completed within set time frames.</li> <li>• Registered Providers audit complete and identified improvements documented in same.</li> </ul> <p>An action plan devised to complete these works. The providers aim is to complete this 31st December 2023. Complying with Regulation 23 Part 7(d).</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• Learning from isolated incident of not notifying HIQA following an un-witnessed fall. Education provided to management team about notification of incidents to ensure this will not occur again.</li> </ul>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• Room 18 – The Registered Provider have accessed this room and have installed shelving and drawers to adequately store resident’s personal belongings for a maximum period of 4 weeks.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Store room next to Room 1 cleared and organized with labels to ensure ease accessibility for all staff and effective cleaning.</li> <li>• Dirty linen trolleys are no longer stored on corridors.</li> </ul> <p>Designated areas identified:</p> <ol style="list-style-type: none"> <li>1. West wing - Sluice room</li> <li>2. Dirty linen store.</li> </ol> <ul style="list-style-type: none"> <li>• Clinical room has been sorted and stocked reduced.</li> <li>- Signage use to ensure all stock is stored correctly.</li> <li>- Monitoring implemented to ensure this is maintained.</li> <li>• Bedpan washer in west wing serviced booked Nov 2023.</li> <li>- A service scheduled plan has been established</li> <li>• All flooring that was worn or damaged has been replaced.</li> <li>• Bedroom furniture needing refurbishing or replacement has been identified and actioned as required. These are reviewed quarterly as part of checks.</li> <li>• Sluice in St Brid’s door lock fitted.</li> <li>• Maintenance recording formatted and in use. This will be overseen by management and reviewed on a monthly basis.</li> <li>• There is a system in place for reporting areas requiring attention and these will be reviewed and actioned in order of priority.</li> <li>• Redecorating – This has been addressed. All wall surfaces throughout the building have been repaired and repainted. This is reviewed on a monthly basis. There is a system in place for reporting areas requiring attention and these are reviewed and actioned in order of priority.</li> <li>• Garden area will be upgraded with colour and plants/flowers to meet the interests of the resident. The providers aim is to complete this 31st December 2023. Complying with Regulation 17 Part 3(m).</li> <li>• Comfortable chairs are in all bedrooms to allow residents to sit out in their rooms.</li> <li>• Grab-rails have been applied in en-suite in bedroom 18.</li> </ul>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• All Handwashing sink are now clearly signed.</li> <li>• IPC training undergone to educate all staff the importance of effective Handwashing. This will continue on regular intervals. Audit will be conducted to ensure this practice remains to a high standard.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Twice daily fire checks have commenced. This is documented in fire check log.</li> <li>• The external fire doors in question have been serviced by Fire Door Company and are now opening with ease.</li> <li>• Fire Door Company will service all fire doors throughout the building. The provider assures that regulation 28 (a) will be completed 31st October 2023.</li> <li>• A new fire door record, reporting and monitoring system has been initiated.</li> <li>• The importance of everyone's role in the prevention of fire prevention has been reiterated and strongly outlined in annual fire training.</li> <li>• Fire Drills conducted in all zones that reflect the PPE plans for residents in that area.</li> <li>• All Fire safety checks have been added to management calendar to ensure no gaps.</li> <li>- Dedicated fire officer in place to oversee.</li> <li>- New fire safety audit completed to reflect this.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Prescriber's specific instruction clearly documented on drug kardex.</li> <li>• Drug administration audit and clinical supervision will monitor that this is being adhered to.</li> </ul>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"><li>• The TV in question has been moved to a new location that can be viewed.</li><li>• The key pad will be removed, push bar access to open the doors, with signage explanation. Risk assessment will be completed. Door will be alarm activated and camera monitored, to ensure residents safety, while using enclosed garden. In doing so the registered provider will be compliant with Regulation 9(2)(a)</li></ul>	

## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	30/06/2023

	and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/06/2023

	consistent and effectively monitored.			
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	31/08/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/10/2023
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	Substantially Compliant	Yellow	31/08/2023

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 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	31/08/2023
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	30/06/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	30/06/2023

	practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.			
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