



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

Issued by the Chief Inspector

Name of designated centre:	Kilbarry Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Carrigea Crescent, Kilbarry, Waterford
Type of inspection:	Announced
Date of inspection:	21 March 2024
Centre ID:	OSV-0008637
Fieldwork ID:	MON-0041570

About the designated centre

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

Kilbarry Care Centre is a purpose-built facility which can accommodate a maximum of 90 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. The home is divided over three floors, and all residents have access to a secure courtyard, garden to the rear of the centre and balconies on each of the upper floors.

There is a designated Memory Care Centre which offers care for residents with a diagnosis of Dementia and/or cognitive impairment, specifically during periods of time when they may require focused care for the behavioural and psychological symptoms associated with their condition.

The home is located in a residential area and a local bus service is within walking distance. There is ample parking to the front of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 21 March 2024	09:00hrs to 18:10hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, staff and visitors, Kilbarry Care Centre was a nice place to live. There was a welcoming and relaxed atmosphere in the centre. On arrival the inspector signed the centres visitors book and was greeted by a member of the administration team. Following an opening meeting with the person in charge, assistant director of nursing and healthcare manager to discuss the format of the inspection, the inspector was accompanied on a walk around the premises.

Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spoke with six residents in detail and two visitors on the day of inspection. All residents were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. Residents' stated that the staff were always available to assist with their personal care and that staff were always quick to answer their call bells. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed.

Kilbarry Care Centre is a modern three story designated centre registered to provided care for 90 residents on the outskirts of Waterford city. The centre was registered as a designated centre in September 2023 and opened to admissions following registration. There were 48 residents living in the centre on the day of inspection.

The design and layout of the premises met the individual and communal needs of the residents. The building was well lit, warm and adequately ventilated throughout. Residents had access to a dining room and day rooms on each floor. Residents had access to a private visiting room and a hairdressing room on the ground floor. Residents were accommodated in 90 single rooms all with en-suite wash hand basin, toilet and shower facilities. Resident's bedrooms were clean and tidy. Many occupied bedrooms were personalised and decorated in accordance with resident's wishes. Lockable storage space was available for all residents and personal storage space comprised of a locker, set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. Residents had access to a separate bathroom on the ground floor and two assisted shower rooms on the first and second floors.

Residents had access to two enclosed courtyard yards, two terrace gardens and a large enclosed garden to the rear of the building. The courtyard, terraces and garden had level paving and comfortable seating. The centres designated smoking area was in the smaller of the two courtyards.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service. There were a small number of reports of items of clothing missing recorded in the complaints logs in the centre.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent. The menus for meals and snacks were displayed in the dining rooms. Jugs of water and cordial were available for residents in communal areas and bedrooms. Water dispensers were available on all floors. The inspector observed the dining experience on the first floor at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company.

Residents' spoken with said they were very happy with the activities programme and told the inspector that the activities suited their social needs. The daily activities programme was displayed on each floor. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

A residents' committee had been established in October 2023 and resident's views and opinions were sought through monthly resident meetings. Resident satisfaction surveys had been undertaken in December 2023 and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents stated that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical and social care needs.

Prior to the inspection, the office of the Chief Inspector had sent surveys to residents and relatives in the centre. The inspector reviewed 14 completed surveys during the inspection, which contained positive comments on all aspects of life in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out to monitor compliance with the regulations and standards following registration of the centre in September 2023. The inspector followed up all statutory notifications and two pieces of unsolicited

information submitted to the Chief Inspector of Social Services since the centre was registered. On this inspection, the inspector found that actions were required by the registered provider to address compliance in areas of Regulation 9: Residents Rights, Regulation 17: Premises, Regulation 27: Infection Prevention and Control and Regulation 34: Complaints Procedure.

Mowlam Healthcare Services Unlimited Company is the registered provider for Kilbarry Care Centre. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had two directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by an assistant director of nursing, a clinical nurse manager, a team of nurses and healthcare assistants, an activities co-ordinator, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a healthcare manager, a catering manager and had access to facilities available within the Mowlam Healthcare group, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. Staff had access to an online training platform to support them with their training and development, this included modules such as skin care and wound management. Staff had access to a software training application which provided staff with easy access to human resource specific training, and group policies and procedures. Fire safety, dementia awareness, restrictive practice and cardio-pulmonary-resuscitation (CPR) training was scheduled to take place in the centre in the weeks following the inspection. All staff had completed an induction programme and there was a schedule for staff annual appraisals. Staff were supervised by the person in charge, the assistant director of nursing and the clinical nurse manager.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. The centre had an electronic auditing system. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, falls, infection prevention and control, medication management and observational audits.

Audits were objective and identified improvements. Records of local management and staff meetings showed evident of actions required from audits were completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. The person in charge completed a monthly action register with action plans for improvement from audits and meetings which was discussed with the healthcare manager. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints analysis and audits findings.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified since the centre was registered and found these were managed in accordance with the centre's policies.

The registered provider had integrated the update to the regulations (S.I 628 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard however some further improvements were required to bring the regulation into full compliance. The inspector reviewed the records complaints raised by residents and relatives. Details of the investigations completed and communication with the complainants were included. The complaints procedure was available in the main entrance area in the centre. Residents spoken with were aware of how and whom to make a complaint to.

The inspector followed up on two pieces of unsolicited information that had been submitted to the Chief Inspector since the centre was registered. The unsolicited information received related to resident's rights, protection, staffing, and governance and management. These regulations were reviewed by the inspector, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management were found to be compliant. However further improvements were required in Regulation 9: Resident's Rights.

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

The registered provider had submitted an application to vary condition 1 of the designated centres registration, to remove a wall between the day rooms on the ground floor. The required information was submitted with the application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations. They worked full time in the centre and displayed a good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were three registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaints policy and procedure required revision to meet amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). For example:

- Staff involved in the complaints procedure had not completed suitable training to deal with complaints.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents had a good quality of life living in Kilbarry Care Centre. Resident's health, social care and spiritual needs were well catered for and overall the rights were upheld. However; this inspection found that resident's rights were not being met in relation to the additional weekly charges made by the provider and in relation to residents being able to use their mobile phones to communicate with family and friends.

Residents had regular access to general practitioner (GP) services. There were referral arrangements in place to services such as, the dietitian, physiotherapy, occupational therapy (OT), speech and language therapy (SALT), dental and

opticians. Residents' health and well-being was promoted and residents had timely access to psychiatry of old age and to consultant geriatricians. Residents had access to a mobile x-ray service referred by their GP. Residents had access to local pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. Whilst residents were being supported to access medical and health services to which they were entitled residents were also being charged an additional weekly charge for physiotherapy, occupational therapy, dietitian and speech and language therapy services. This is discussed further under Regulation 9 Resident's Rights.

There was a good standard of care planning in the centre. In a sample of five nursing notes viewed residents' needs were comprehensively assessed prior to admission and by validated risk assessment tools. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and prevention of pressure sores. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the residents to review the care plan at intervals not exceeding 4 months.

The centre had arrangements in place to protect residents from abuse. There was a centre-specific policy on the protection of the resident from abuse to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff whom the inspector spoke with said that they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

Apart from a call bell required in one of the courtyards on the ground floor, the overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The centre was bright, cleaned to a high standard and free of clutter. Bedrooms were personalised and residents had ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, en-suite toilets, the bathroom, shower rooms and assisted toilets. Voile curtains were in place on all residents bedroom windows to provide privacy. Residents has access to a call bells in their bedrooms, en-suite rooms, bathroom, shower rooms and assisted toilets.

Alcohol gel was available, and observed in convenient locations throughout the centre. Secure cabinets were available on all corridors to store personal protective equipment (PPE). Staff were observed to have good hygiene practices. Sufficient housekeeping resources were in place. On the day of inspection there were two housekeeping staff on duty allocated to the ground and first floors. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. There was evidence that infection prevention and control (IPC) was discussed at staff meetings in the centre. IPC agenda items included training, actions required from specific IPC audits, for example; hand hygiene and

environmental audits. There were records of a hand hygiene, equipment, sharps, antimicrobial and environmental audits. The centre had an antimicrobial stewardship register and the person in charge had good oversight of antibiotic usage. There was an up to date IPC policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. Improvements were required in infection prevention and control which is discussed further in this report under Regulation 27.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. Weekly fire doors check records indicated that four compartment fire doors were not closing on activation of the fire alarm system. Assurances were received that all four doors were in working order at the feedback meeting on inspection. Fire training had been completed by staff and there was evidence that fire training was scheduled for the week following inspection. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment with a simulated night time drill having taken place in the centre's largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, fire evacuation equipment, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There were fire safety evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centre's evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the day of the inspection there were two residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire aprons, fire blanket, fire extinguisher and fire retardant ash tray were in place in the centre's smoking area.

There was policy in place to inform staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. There was a clear care plan for the management of resident's responsive behaviour. It was evident that the care plan was being implemented. The use of bed rails as a restrictive device was kept to a minimum. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as low beds. The entrance door to the ground floor reception area was locked. The intention was to provide a secure environment, and not to restrict movement. Residents' were seen assisted by staff to leave the centre and visitors were seen accessing the centre throughout the day of inspection.

Residents were actively involved in the organisation of the service. Regular monthly resident committee meetings had been established and informal feedback from

residents informed the organisation of the service. The centre promoted the residents independence. The residents had access to SAGE advocacy services. The advocacy service details and activities planners were displayed on all floors. Residents has access to newspapers, Internet service, books, televisions, and radio's. However; mobile phone coverage was poor which meant that some residents were not able to communicate with family and friends as they wished. Mass took place in the centre each week. Group activities of baking, and arts and crafts took place on the inspection day.

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A call bell was required in one of the enclosed courtyards on the ground floor.

Judgment: Substantially compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A commode in the en-suite toilet of room 5 had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the commode.
- A shower chair in the en-suite of room 43 was visible dirty and stained. This posed a risk of cross-contamination as staff could not effectively clean the back support area of the shower chair.
- The storage of residents' wash basins required review as inappropriate storage of wash hand basins on en-suite toilet floors created a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely.

Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, skin assessments and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were completed on a four monthly basis to ensure care was appropriate to the resident's changing needs and there was evidence of consultation with the residents or their care representative in the reviews in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when

restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents were consulted about or had opportunities to participate in the organisation of the designated centre. For example;

- The additional fees outlined in the contracts of care required revision. Part A of the contract outlined an additional charge of €10 per day or €70 per week, to cover services including activities, physiotherapy, occupational therapy, speech and language therapy and dietitian. Part B of the contract listed these services and their individual charges. A sample of contracts viewed showed that these residents were required to pay the €70 per week, regardless of if they availed of these services or not. Furthermore, the statement of purpose clearly outlines that residents shall be supported to access activities in the centre free of charge, and that speech and language therapy and dietitian services were free of charge under the HSE Medical Card scheme.

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- The mobile phone coverage in the centre was not consistent and required review to ensure that all residents had access to telephone facilities which could be accessed in private.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilbarry Care Centre OSV-0008637

Inspection ID: MON-0041570

Date of inspection: 21/03/2024

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> • We will revise the centre's complaints policy and procedure to meet amendments to the regulations that have come into effect in March 2023 (S.I. 628 of 2022). • We will arrange for training in complaints management for all staff involved in reviewing and responding to complaints, including the management team. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • We will ensure that a call bell will be installed in the enclosed courtyard on the ground floor. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • The commode in the en-suite toilet of room 5 has been disposed of and a replacement commode was ordered to replace it. • The shower chair in the en-suite of room 43 has been cleaned thoroughly and will be repaired. This is the property of the resident. 	

- The storage of residents' wash basins is currently being reviewed to ensure that they will be stored off the floor when not in use.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The contracts of care will be revised to provide clarity and transparency regarding services covered by the additional service charge, and to confirm that there is an opt-out clause for residents who may wish to pay for individual services separately, or for those who do not avail of additional services.
- The mobile phone coverage in the centre will be reviewed to ensure that all residents have access to telephone facilities which could be accessed in private.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024
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	31/05/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers	Substantially Compliant	Yellow	31/07/2024

	receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.			
Regulation 9(3)(c)(iii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to telephone facilities, which may be accessed privately.	Substantially Compliant	Yellow	31/07/2024
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/06/2024