



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Belmullet
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Tallagh Road, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	23 August 2024
Centre ID:	OSV-0005589
Fieldwork ID:	MON-0039841

## About the designated centre

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

Sonas Nursing Home Belmullet is registered to provide care to 48 residents over the age of 18 who require long or short term care. Residents with dementia care, physical disability or palliative care needs are accommodated.

The centre is located in a residential area approximately one kilometre outside the town of Belmullet Co. Mayo. It is largely a single-storey bungalow style building with some facilities for storage and staff accommodation on part of the upper floor. Bedroom accommodation for residents consists of twenty four single and twelve twin bedrooms. The communal space includes two sitting areas, a visitor's room/office, a dining room, oratory and a smoking room. There is a suitable enclosed garden that is readily accessible to residents. Adequate showers, toilets and bathrooms are available.

The overall objective of the centre is to promote, maintain and maximize the independence of each resident in accordance with his or her wishes.

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

Number of residents on the date of inspection:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 23 August 2024	09:30hrs to 16:30hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that staff promoted a person-centred approach to care, and actively engaged with residents to promote individualised care which supported residents' independence and autonomy. The inspector met with many residents during the inspection and spoke with several throughout the day. Residents spoken with gave positive feedback about the staff, their kindness and consideration, and this was observed on the day of the inspection. One resident told the inspector " I am looked after very well".

Notwithstanding the positive feedback the inspector found that there were actions required to ensure the service provided met the assessed needs of the residents. These areas are discussed in more detail under the relevant regulations and under the themes of Quality and Safety and Capacity and Capability.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to take, as part of their compliance plan which was submitted following the previous inspections in January and June 2023. Upon arrival the inspector completed the sign in process and proceeded to meet with the clinical nurse manager and later by the person in charge to discuss the format of the inspection. Following the introductory meeting, the inspector commenced a tour of the designated centre where they had the opportunity to meet residents and staff as they began preparation's for the day. There were 40 residents living in the centre on the day of the inspection.

Sonas Nursing Home Belmullet provides long-term care and respite care for 48 male and female adults with a range of dependencies. The designated centre is located on the outskirts of Belmullet town in County Mayo. Accommodation is provided in single and twin room accommodation with all rooms serviced by an ensuite facility which includes a wash hand basin, toilet, and shower area. The single bedrooms were well laid out and met the needs of the residents however the layout and storage facilities in the twin rooms required review as these rooms did not ensure that residents accommodated in both beds could carry out activities in private and did not ensure that both residents had enough storage for their personal possessions. These findings are set out under the Quality and Safety section of this report.

There was a calm and relaxed atmosphere in the centre and a number of residents were observed relaxing in the two sitting rooms watching television. A small number of residents chose to remain in bed until late morning and their choice was respected. Residents told the inspector that they could get up and go to bed as they wished. Observations confirmed that resident's felt comfortable in their surroundings and viewed this centre as their home. The inspector found that the centre was warm, homely and well furnished throughout. Items of traditional memorabilia that

were familiar to residents were displayed throughout the centre to encourage reminiscence and generate conversation.

Residents told the inspector that they could talk to any member of the staff or management if they were worried about anything or were not satisfied with any aspect of the service. Residents told the inspector that they felt safe in living in this centre. In instances where residents required personal care support, this was found to be provided in a manner that ensured residents views and wishes were respected. Some residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), were supported in a calm and constructive manner which de-escalated potentially risky situations while at the same time respecting the residents autonomy and safety.

Communal rooms were comfortable, tastefully furnished and decorated. The two main sitting rooms and the dining room had unrestricted views out to sea and residents commented that they loved to look out at this view. All communal rooms were in constant use by residents throughout the day of the inspection. Corridors in the centre were wide and provided adequate space for walking. Inspectors observed that walls were decorated with brightly coloured artwork. Handrails were in place on both sides of all corridors to enable residents to mobilise in a safe manner. Residents had unrestricted access to all areas of their home and included access to a secure courtyard area which was used for barbecues and other events held in the centre. This area was well-maintained by the provider and suitable for the assessed needs of the residents.

There was a programme of decoration underway which had not been completed at the time of this inspection. Outstanding works included the replacement of flooring in three resident's bedrooms and the repainting of walls along the main corridor.

There were several activities provided on the day by dedicated activity staff which included quizzes and games. Residents were observed attending a traditional music session which they enjoyed and were seen to actively participate in. Mass was also celebrated and was well-attended by the residents. There was a varied activity programme planned for the coming weeks which included an Abba music tribute. Recent events that residents mentioned they liked included, visits to the centre by local celebrities, Mayo day, International family day, a dog show and a summer festival which incorporated the display of vintage items.

The provider maintained a newsletter which was made available for residents and contained information of key events in the designated centre. The newsletter contained photos of past outings and activities and also gave information about future events that were planned. There was information about advocacy services displayed in the centre and on how residents could access this service.

The dining area was clean and well-designed to meet the needs of the residents. Tables were dressed with tablecloths, menu's were printed and located on each table. The menu on the day consisted of a choice of main meal of salmon or chicken and mushrooms while dessert consisted of cheesecake or ice cream. Residents said

that they enjoyed their food and that their meals always met their satisfaction. The inspector observed a breakfast time meal service and found that there were enough staff to support residents and that it was a pleasant experience for the residents.

The inspector observed visitors attending the centre on the day of the inspection. Residents were facilitated to receive visitors as they wished. A designated visitors' room was available if residents wished to meet their visitors in private.

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

This inspection found that designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted. There were however some improvements required to ensure that existing oversight systems identified all areas that required improvement, these findings are described in more detail under Regulation 23: Governance and Management. In addition, the provider had failed to submit an application to either vary or remove a restrictive condition attached to the centres registration in line with section 52 of The Health Act 2007.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the service's previous inspection in January 2023, a number of non-compliances had been identified. The compliance plan submitted by the provider to address these findings was reviewed at this inspection to determine whether all actions had been completed within the time frames given by the provider. The findings of this inspection confirmed that the provider had implemented the majority of their compliance plan however there were further improvements needed to achieve full compliance with the Regulations.

The registered provider for this designated centre is Storey Broe Nursing Services Limited. There was a clearly defined management structure in place. The local management team consists of the person in charge an assistant director of nursing (ADON) and a clinical nurse manager (CNM). The remainder of the teams consists of nurses, health care assistants, activity co-ordinators and housekeeping, catering administrative and maintenance staff. Additional governance support was provided by the director of quality and governance, and by a regional manager who visits the centre on a weekly basis.

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The registered provider maintained sufficient staffing levels and the inspector found that there was an appropriate skill mix across all departments to meet the assessed needs of the residents. Observations of staff and resident's interactions confirmed that staff were aware of residents needs and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster they were filled by existing team members. This helped to ensure continuity of care for the residents.

Records confirmed that there was a high degree of training provided in this centre. This was provided either on-line or by face to face training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Supplementary training included modules on infection prevention and control, training in medication management, wound management, dysphagia and cardio- pulmonary resuscitation (CPR).



On the whole records were well maintained and made available on inspection. A review of the statement of purpose found that additional information was required to ensure that this document provided detailed information about staff and the services available in the centre.

The provider had a comprehensive quality assurance system in place including an audit schedule of key areas such as infection prevention and control, however some elements of this system were not effective in identifying areas that required improvement. In addition to audits, there were regular management meetings at local and senior management level which provided an additional level of oversight of the service. The provider had completed a comprehensive report on the quality and safety of care for 2023 which also included an improvement plan for 2024. The provider actively sought out the views of residents in order to incorporate resident feedback into the quality report.

The inspector reviewed a sample of residents' contracts for the provision of services and found that contracts accurately described the service provided and the charges for the service. All contracts reviewed were signed and dated on or soon after admission to the centre.

The provider had arrangements for recording accidents and incidents involving residents in the centre. A review of incidents and accidents found that these records were well maintained by the provider. The provider was found to provide timely notification updates to the Chief Inspector in line with the regulations.

There was a low number of documented complaints, and procedures were in place to ensure any complaints received were managed in line with the centre's policy. A review of the complaints log found that there were no complaints open to the centre at the time of this inspection.

## Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and assisted residents with meeting their needs without delay. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training with regard to, safeguarding of vulnerable people, the

management of responsive behaviours, fire safety and moving and handling practices. Staff had also completed training relevant to infection prevention and control.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The provider failed to submit an application to the Chief Inspector in line with Section 52 of the Health Act 2007 to either vary or remove a restrictive condition for which the provider was due to come into compliance by the 30th June 2023.
- Not all systems of audit were effective in identifying areas of current practice that required improvement. Although cleaning records were maintained by the provider, records confirming the cleaning of equipment used in the transfer of residents was not robust. These records did not provide the necessary assurances that transfer and mobility equipment were cleaned in between resident use.

Judgment: Substantially compliant

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

The inspectors reviewed a sample of number number of contracts for the provision of care and services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out the terms and conditions of the agreement and included the type of room offered to the resident upon admission. Details of additional fees for other services were also included in the contract.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities and services available in the designated centre. This document which had been updated on 28 May 2024, and contained information as set out under Schedule 1 the regulations. However, the statement of purpose required amendment to accurately describe,

- The whole time equivalent and their roles for staff working in the laundry, housekeeping and catering teams.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

### Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard and met the assessed needs of the residents. Staff were knowledgeable about the residents' needs and preferences, with residents reporting that they felt safe and well cared for by the staff in the centre. Although the provider had made a number of improvements to address poor compliance's found under the previous inspection, further improvements were required to bring the centre's premises into full compliance with the regulations.

A review of residents care records confirmed that residents admitted to the centre had an assessment of their needs completed prior to being offered a placement. Upon admission care plans were developed to meet those assessed needs. There were robust arrangements in place to review residents care plans and update care interventions to cater for residents changing needs. Care plans were well written with clear goals and interventions describing how the assessed needs would be met.

Residents clinical care was well managed with residents supported to access to a range of health care services, which included a general practitioner (GP) and psychiatry of later life. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support with wound care if required. A review of residents care records confirmed that referrals for specialist healthcare intervention were made in a timely manner and recorded accurately in residents records.

The designated centre is located within a two-storey building, all resident accommodation located on the ground floor with staff facilities and additional storage facilities located on the first floor. The provider had a programme of decoration which was ongoing at the time of this inspection and included repainting and the replacement of flooring in a number of resident bedrooms. Communal rooms were tastefully decorated and spacious. There was a range of suitable seating available for residents to use which was well maintained. The provider had arrangements in place for regular maintenance support to maintain the quality of the building. The centre was found to be clean and odour free.

Residents were accommodated in both single and twin-bedded rooms. Bedrooms were well-maintained and personalised by residents. Residents in single rooms had access to their wardrobes and personal storage areas. However, the layout of all 12 twin bedded rooms did not meet the requirements of the regulations. There was insufficient individual storage space available for residents as they had to share one wardrobe to store their clothing. In addition, one resident had to enter the bedspace of the other resident to access the wardrobe. These findings are set out under Regulations 17: Premises and Regulation 9: Residents rights.

While there was a focus on infection prevention and control strategies to maintain an infection free environment, the cleaning and oversight of resident transfer equipment required improvement. Although, there were records in place to confirm the cleaning of the centre and of equipment, two pieces of resident equipment were found to be unclean. In addition, improvements carried out by the provider in a storage facility meant that the existing flooring could not be cleaned effectively as it had come away from the wall.

There were well managed policies and procedures in place to ensure that residents were kept safe in the event of a fire emergency. Staff were familiar with the evacuation procedures in place, and all staff members were up-to-date with fire safety training. The residents' personal emergency evacuation plans (peeps) were found to be clear and detailed. Regular fire safety checks were carried out in this centre, and staff maintained daily, weekly and monthly checks of fire doors and means of escapes. Service records were available for fire extinguishers and emergency lighting and inspectors found these records to be in order and all were up to date.

Residents meetings were held on a monthly basis and there were clear records maintained which confirmed that residents were informed and consulted about key aspects of the service. Agenda items included feedback on activities, menus, and

information for residents regarding falls prevention, how to register a complaint and how to maintain an infection free environment.

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

### Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents were observed meeting their visitors in their bedroom or in communal area of the centre. Discussions with residents and visitors confirmed that they were satisfied with the arrangements that were in place.

Judgment: Compliant

### Regulation 12: Personal possessions

The current layout of all twin occupancy rooms meant that residents would have to enter the bed space of the other resident with whom they were sharing the room in order to access their clothes.

Furthermore there was only one wardrobe in the room which was used by both residents. This arrangement did not afford each resident enough space to store and maintain control over their clothes and personal possessions.

Judgment: Not compliant

### Regulation 17: Premises

The premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- The inspector observed that residents residing in twin bedded rooms did not have adequate space and suitable storage facilities for their personal possessions.
- The flooring in three resident rooms was damaged and required replacement.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified known risks and included the additional control measures in place to minimise the identified risk.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action is required to be fully compliant. For example;

- A standing hoist and a high chair were visibly unclean.
- The flooring in a store room required replacement so that this area could be cleaned effectively.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of fire which included the maintenance of fire systems and regular review of fire precautions. There is good oversight of fire safety in this centre, records describing simulated evacuations provided the required assurances that residents could be moved from one fire compartment to another within an acceptable time period.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Assessment and care planning were found to be of a high standard which ensured each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- All residents had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents assessed needs.
- Care plans were reviewed at 4 monthly intervals, or as and when required.
- Residents were consulted about their preferences for care interventions and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours, if needed. Residents were supported to safely attend out-patient and other appointments.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. The staff were familiar with the residents and were knowledgeable on the triggers that may cause distress or anxiety. Referrals were made to specialist services that included a geriatrician and psychiatry of later life.

There was a restrictive practice policy in place to guide staff. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the current layout of the twin bedded rooms had a negative impact on residents privacy and dignity, as one resident had to enter the bedspace of the other resident sharing that room in order to access their clothes.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	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 9: Residents' rights	Substantially compliant

# Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0039841

Date of inspection: 23/08/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has submitted an application to the Chief Inspector in line with Section 52 of the Health Act 2007 to remove a restrictive condition.</p> <p>Staff have completed refresher training in IPC. The process of decontamination of resident equipment has been reviewed and a new secure storage press for the cleaning product &amp; a cleaning record has been added to the equipment storage areas. The PIC and daily IPC nurse-in-charge ensure through their daily walkarounds that this practice is implemented.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and updated to reflect the whole time equivalent for staff working in the laundry, housekeeping and catering teams.</p>	
Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Twin occupancy rooms:

We have reviewed and assessed the current twin room layout and developed a comprehensive plan to address the concerns raised. We have a revised layout for the twin rooms which we believe will resolve the identified issues. This new layout ensures that each resident has independent access to their personal possessions and clothes without infringing on the space of the other resident. The design provides each resident with their own dedicated space, including a wardrobe and locker, within their personal area.

To implement these changes, we propose the following scope of works:

- New Wardrobe and Lockers: Installation of individual wardrobes and lockers for each resident. These will be positioned within the personal area of each resident, ensuring they have full control over their belongings.
- Revised Electrical Layout: This will include repositioning of sockets, installation of over-bed lighting, two-way switching, provision of a dedicated TV point for each resident, and individual nurse call buttons.
- New Flooring: Installation of new flooring that complements the updated room layout and enhances safety.
- Full Room Painting: The rooms will be fully repainted to create a refreshed environment in line with the new layout and to ensure a homely, comfortable space for residents.
- Curtains and Rails: New curtains and rails will be installed if required to suit the revised room layout, providing each resident with enhanced privacy and control over their personal space.

Timeline

We plan to commence the work on reconfiguring the twin rooms in January 2025, and work will be completed to ensuring minimal disruption to the residents during this upgrade. The first two bedrooms will be complete by the 28/02/2025. We will then continue on a phased basis to complete the remaining ten twin rooms and plan to complete work by 23/10/25.

We are confident that the proposed layout and accompanying works will resolve the concerns raised ensuring compliance with Regulation 12.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

We have carefully reviewed these findings and are committed to addressing them to ensure our premises fully conform to Schedule 6 of the regulations. As outlined in our response to Regulation 12, we are implementing a revised layout for twin-bedded rooms to provide each resident with adequate personal space and independent access to their belongings. Each resident will have their own wardrobe and locker within their personal area, ensuring privacy, ease of use, and compliance with storage requirements. The

flooring in Bedrooms 1 & 7 has been replaced and the two remaining bedrooms will be completed by the 29th of November 2024.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Staff have completed refresher training in IPC. The process of decontamination of resident equipment has been reviewed and a new secure storage press for the cleaning product & a cleaning record has been added to the equipment storage areas. The PIC and daily IPC nurse-in-charge ensure through their daily walkarounds that this practice is implemented.

Remedial works to the floor in store room 1 will be complete by the 31/10/2024.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: We have carefully reviewed these findings and are committed to addressing them to ensure our premises fully conform to Schedule 6 of the regulations. As outlined in our response to Regulation 12, we are implementing a revised layout for twin-bedded rooms to provide each resident with adequate personal space and independent access to their belongings. Each resident will have their own wardrobe and locker within their personal area, ensuring privacy, ease of use, and compliance with storage requirements. This work will commence in January 2025 and be completed by October 2025.

## 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.	Not Compliant	Orange	28/10/2025
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	Not Compliant	Orange	28/03/2025

	and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	23/10/2024
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	22/10/2024
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	31/10/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the	Substantially Compliant	Yellow	22/10/2024

	information set out in Schedule 1.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	23/10/2025