



**Health  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Unannounced
Date of inspection:	23 September 2024
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0044861

## About the designated centre

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

Dungloe Community Hospital is one of 9 community hospitals in Donegal. It is situated in the town of Dungloe in a region known as The Rosses. The centre is part of a two-storey building where a range of community services that include a day hospital, mental health services and out-patient clinics are located. Accommodation is provided for 34 residents. There are 17 places allocated for long-term care and the remaining places are allocated to residents who have rehabilitation, convalescence, respite or palliative care needs.

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

Number of residents on the date of inspection:	33
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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 23 September 2024	10:00hrs to 15:30hrs	Nikhil Sureshkumar	Lead
Monday 23 September 2024	10:00hrs to 15:30hrs	Brid McGoldrick	Support

## What residents told us and what inspectors observed

Overall, the feedback from residents was highly positive about the care provided by staff in this centre. However, the multi-occupancy rooms were not sufficiently well laid out or designed to ensure the rights and well-being of residents accommodated in these rooms.

Some of the residents' comments were that "this is a nice place, I feel safe here, staff are respectful", there is enough staff available here", "the food is nice and there is plenty of food options available here". The inspectors also engaged in discussions with some residents in relation to personal storage space. One resident who was admitted for respite care indicated that the size of their wardrobes did not significantly concern them, as they were only staying for a short duration. They noted that their families could provide additional clothing if necessary. Conversely, another respite resident remarked that the current wardrobe size was adequate to meet their needs. Another resident informed that female residents might possess more clothing or may not have the family support that they have, and in such cases, a reduction in wardrobe size could be problematic; however, stated that the current space available for their wardrobe was satisfactory, and that a further reduction in size was not acceptable".

This was an unannounced inspection, and upon arrival at the centre, the inspectors were met by the Clinical Nurse Manager (CNM) and later by the person in charge (PIC). Following an introductory meeting with the person in charge, the inspectors went for a walk around the centre. The centre's premises appeared to be generally clean and well-maintained. Equipment was stored in a dedicated storage room; however, the storage room appeared cluttered and did not support effective cleaning and decontamination.

The inspectors went to review some of the residents' bedrooms and found that the single rooms were personalised with their personal items of significance, such as photo albums and other valuable items. However, one twin room, four three-bedded rooms and two four-bedded rooms were not suitably laid out to meet the residents' needs. This was a repeated finding from previous inspections and continued to negatively impact on how residents could use their personal space. For example, while it was observed that some residents had access to specialist chairs designed for their needs, others who required standard comfort chairs were left without such resources beside one twin-bedded room and beside several beds in three and four-bedded rooms. Consequently, those residents who use normal or standard comfort chairs had no choice but to depend on staff members for assistance whenever they needed to sit beside their bed, whether during personal care routines or to simply sit beside their bed or to enjoy the company of visitors.

This was brought to the attention of the person in charge, and the inspectors were informed that they had sufficient chairs available in the centre and that the residents would be provided chairs when they required. Staff also made inspectors aware that

if a resident wanted a chair at the bedside, they could have the same if they wished based on their individual preference and that a number of residents did not sit at their bedside and sat in the communal rooms in the centre.

Additionally, some of the floor spaces in multi-occupancy rooms did not have enough circulating space for the safe manoeuvre of large assistive devices, such as a stand assist hoist or large assistive chairs, without interfering with the rights of other residents in adjacent beds. Furthermore, in some multi-occupancy rooms, the handwash basin was located close to one of the beds, and this reduced the circulatory space around that bed for the resident, with some residents not being able to easily access their own wardrobes because of the reduced space.

The visitor information board was filled with a wealth of information on various topics, including previous inspection reports. However, there was an excessive amount of information about managing the COVID-19 outbreak despite the fact that the centre was not experiencing an outbreak. This could potentially cause confusion for both staff and visitors regarding when to implement COVID-19 outbreak control measures.

The inspectors observed that residents were encouraged to take part in activities, such as bingo and music session in a dining room on the day of the inspection. Staff were observed assisting residents in a relaxed and attentive manner. There were friendly, familiar chats were overheard between residents and staff. The centre has a well-maintained garden; however, the residents were not supported to spend time in the garden, although the weather was pleasant. This was a lost opportunity for residents.

There was a sufficient number of staff available in the dining room to support residents, and a menu choice was available for residents. However, the dining room appeared congested and cluttered, which did not allow residents to have a quiet, calm, and peaceful lunch. In addition, there was limited space for residents to move around this room, increasing the risk of injuries. This was brought to the attention of the person in charge and they informed that the dining room was busier than normal on the day of inspection due to a music session taking place in the second dining room and that if this scenario arises in the future they would facilitate two meal sittings to ensure that residents have a pleasant dining experience.

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

## Capacity and capability

Overall, there were systems in place to ensure that the care provided to the residents was safe. However, the provider's oversight of the service provided to the residents was not robust and did not ensure that they were meeting the needs of

residents.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology.

An application for the renewal of the registration for the designated centre had been received by the Office of the Chief Inspector. The Chief Inspector had issued a notice of the proposed decision, and the provider had made representation to the proposed decision. The inspectors reviewed the information submitted and found on this inspection that the information submitted in the representation, the floor plans and the statement of purpose submitted along with the application were not accurate.

The centre had been recently renovated and has a mix of single, twin, three- and four-bedded rooms. However, although reconfigured, the multi-occupancy rooms were found not to be meeting the needs of residents, and were impacting on the rights and dignity of individuals residing in these bedrooms. This was a repeated finding.

The provider had previously committed to reconfiguring these rooms and, in the interim, has provided assurances that only mobile residents who do not require specialist equipment would be accommodated in the multi-occupancy rooms. However, the inspectors found that higher dependency residents were admitted recently in these multi-occupancy bedrooms, which was not in line with their own admission procedures.

Additionally, the oversight of the centre's fire precautions and laundry procedures did not ensure that procedures were consistently followed and safe standards were maintained in these key areas.

## Regulation 23: Governance and management

Actions were required by the provider to ensure that systems in place are safe, appropriate, consistent and effectively monitored. This was evidenced by:

- The provider had failed to ensure that their own fire safety procedures were consistently implemented in order to protect residents from fire. The specific findings are set out under Regulation 28.
- The provider failed to reconfigure the multi-occupancy rooms in line with the compliance plans submitted to the office of the Chief Inspector.
- The oversight of the lived environment for residents did not ensure that the personal space for these residents accommodated in multi-occupancy rooms supported their rights to access their personal possessions and their right to carry out personal activities in private.
- The oversight of admission processes did not effectively ensure that

appropriate client home fitness in multi-occupancy rooms was considered prior to admitting residents to these rooms in the centre.

- The centre's floorplans and statement of purpose submitted as part of the provider's application to renew the centre's registration did not include crucial areas of the centre that were essential for the day-to-day operations, such as the main entrance, a toilet, staircases to the first floor, an additional room utilised for dirty laundry, and the heating systems located underneath the designated centre.

Judgment: Not compliant

## Quality and safety

Overall, the inspectors noted that a good quality care was provided to the residents in the centre. However, the centre's multi-occupancy rooms were not appropriately laid out to ensure that these bedrooms met the needs of residents and supported their comfort and privacy.

In addition, the multi-occupancy bedrooms did not conform to all of the matters set out in Schedule 6 of the regulations, as the floor spaces available for these individual bedspace in these bedrooms was below the minimum floor space requirement of 7.4 square metres. As a result, there was limited circulating space available in the bed spaces of these bedrooms to ensure sufficient room for residents to have a comfortable chair beside their bed and be able to mobilise around their bed safely and access their bedside locker and wardrobe.

Additionally, the provider proposed to reduce the size of the wardrobes to reconfigure the bedrooms; however, the inspectors observed that the existing wardrobes in the multi-occupancy rooms provided limited space for residents to store their belongings. This was a particular concern as the provider proposed to reduce the size of the wardrobes as part of the reconfiguration of these bedrooms. It was evident that any further reduction of the size would negatively impact on the storage space available for the residents. This was confirmed by a resident who said that they were small enough to accommodate their belongings, and a reduction in the size of the wardrobes was not acceptable as they could not accommodate their belongings if the size of the wardrobe was reduced.

The residents in the centre had access to a safe supply of fresh drinking water at all times. Residents were offered choice at mealtimes, and they were provided with adequate quantities of food and drink. Residents weights were monitored on a monthly basis, and they were assessed for malnutrition using a validated tool.

The provider had a number of assurance processes in place in relation to the standard of hygiene in the centre, which included the use of colour-coded cloths, mops and cleaning trolleys to reduce the chance of cross-infection. However, the provider's laundry systems did not provide assurances that the clean and dirty



laundry was managed safely, in line with national guidance.

## Regulation 12: Personal possessions

The wardrobes provided in multi-occupancy rooms were limited in size, as a proportion of the unit was dead space and was not accessible or available for storage. As a result, some residents did not have adequate space to store and maintain his or her clothes and other personal possessions.

Furthermore, the inspectors found that access to wardrobes and bedside lockers in the multi-occupancy rooms was impeded when for example, a large chair or stand assist hoist was in use or when a TV on a stand was in use. As a result some residents did not have adequate control over his or her clothes and other personal possessions.

Judgment: Not compliant

## Regulation 17: Premises

The centre's premises was not appropriate to the number and needs of the residents of the designated centre in accordance with the statement of purpose prepared under Regulation 3.

- The dining facilities provided in the centre did not meet the needs of the residents. On the day of the inspection, 21 residents were observed dining in one dining room during lunchtime, and overcrowding in this limited space posed an increased risk of accidents such as slips, trips, and falls.
- The bed space near the handwash basin in two of the four-bedded rooms did not have sufficient space around the bed to enable the residents accommodated in these beds to mobilise safely. In addition, the inspectors observed that the handwash basin restricted residents' access to their wardrobes.
- Some bed spaces in four of the three-bedded rooms and two of the four-bedded rooms did not facilitate the safe use of assistive equipment, such as hoists and specialist chairs. The inspectors observed staff using large assistive chairs in these rooms and found that the limited circulating space within the bed spaces and between the beds in these rooms posed an injury risk to residents' extremities during moving and handling.

The premises did not conform to matters set out under Schedule 6 of the Regulations:

- One of the residents who occupied a twin bedroom did not have sufficient lighting when the curtain of the other resident was closed.

- There was insufficient space for sorting, drying and storage of laundry due to space limitations. The location of the dirty laundry storage was in a room, with no fire protection from a boiler beside it. This room was located on the lower ground floor and had not been identified as part of the designated centre, even though it was required for the day-to-day operations of the centre.
- Seven individual bed spaces in two of the four-bedded rooms and all of the individual bed spaces in all the three-bedded rooms did not provide an area of 7.4 square metres of floor space to include space for a chair and personal storage for each resident.

Judgment: Not compliant

### Regulation 27: Infection control

The arrangements in place for the management of laundry was not satisfactory. This was evidenced by:

- Insufficient space for sorting, drying and storage of laundry
- Inadequate space to separate clean and dirty laundry. The area designated to store dirty laundry was not suitable.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had not sufficiently reviewed the centre's fire precautions. For example:

- The inspectors found that a fire door inspection had been carried out in May 2024; however, the necessary repair works had not been completed and were still pending at the time of the inspection.
- The provider had failed to assess the risk of fire in a section of the building located underneath the designated centre. A fire risk assessment of the ground floor (where residents live) and the basement was requested to be submitted to the chief inspector. Furthermore, it was not clear if the fire alarm was connected to the day unit located across the corridor from the designated centre.
- The centre's general storeroom contained four oxygen cylinders, which were stored alongside various combustibles, including cardboard boxes, mattresses, and specialist equipment with damaged soft furnishings. This storage arrangement created a significant potential fire hazard, and the provider removed the oxygen cylinders from this room following the

inspection.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and care plan</b>
<p>A review of a sample of resident care plans found they provided sufficient information to guide appropriate care for the residents. Care plans were person-centred and based on the assessed needs of the residents.</p> <p>End of life care plans viewed were detailed. Inspectors viewed end of life care plans for residents who currently occupy a multi-occupancy room and whose preference was for a private room at end of life. It was unclear how this would be facilitated as the one room designated for palliative care was occupied. This is actioned under regulation 23 governance and management.</p>
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
<p>A number of actions were required to uphold residents' right to privacy and dignity. This was evidenced by:</p> <ul style="list-style-type: none"> <li>• Residents in multi-occupancy rooms did not have access to a chair by their bedside if they wanted to sit beside their bed. They had to request staff to locate and bring a chair if needed.</li> <li>• A number of beds in the multi-occupancy rooms did not provide sufficient space for the resident to use assistive equipment without encroaching on the neighbouring resident's bed space. As a result, the resident using the equipment could not carry out personal activities in private.</li> <li>• The positioning of hand wash basins in four-bedded rooms was such that they were located very close to the beds, compromising the residents' privacy. Additionally, a soap dispenser was placed within the resident's bedspace, potentially allowing staff and other residents to encroach on the resident's private area when accessing the hand wash facility.</li> <li>• Some residents in multi-occupancy rooms could not see the television in the bedroom from their bed. This meant that if they wanted to watch television in their bedroom staff brought a television to them on a portable trolley. However, the limited space in these rooms did not allow for this additional equipment to be easily used.</li> </ul>
Judgment: Not 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 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0044861

Date of inspection: 23/09/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>The necessary fire door repairs are currently underway and will be finished by the 13/11/2024.</li> <li>The provider did not reconfigure the multi-occupancy rooms in line with the compliance plans submitted to the office of the Chief Inspector because on the 23/07/24 the inspector advised the Provider Representative via email that the Statement of Purpose should be amended (VERSION 2.7), indicating that the Criteria for Admission should clearly state that the bedrooms are suitable to meet the needs of all residents accommodated in the center and do not distinguish between short-stay and long-stay residents; this was also confirmed at a Provider Meeting on 22/07/24. Therefore, these changes did not take effect as proposed in the compliance plan.</li> <li>A review of residents bed spaces are taking place by the wider HSE team. This review will further enhance the residents lived environment ensuring that residents continue to have access to their personal possessions. Plan to be submitted by 15/12/2024. All residents within the centre currently have the opportunity to carry out personal activities in private if they so wish.</li> <li>The admission process as indicated in the Statement of purpose Version 2.7 submitted to the inspector on 23/07/2024 remains within the centre.</li> <li>A temporary storage facility has been identified as a suitable area to store dirty laundry. Upgrade/structural works is required to this area and these will be completed by the 30/01/2025. An application for capital funding has been submitted to provide a long-term option for the laundry and the service awaits a response to this application. This area will be identified on the designated centre’s floor plan.</li> <li>The main entrance, toilet beside the Speech and Language Therapy clinic and the</li> </ol>	

staircase is a communal area utilized by staff and service users accessing the residential centre and Primary Care Services in the building and thus are not included in the designated centres floor plan.

7. The heating system located underneath the centre is not included in the Floor Plans as it is a communal boiler room servicing the entire building and needs to be accessed by authorised personnel from other services in the building.

8. All rooms within the designated centre that are used by residents or staff is included in the floor plan and the Statement of Purpose.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1. The wardrobes available for residents are not limited in size. The area above the wardrobe cannot be utilised due to Health and Safety concerns. The Person in Charge and CNM have spoken with all residents within the centre regarding the facilities available to each residents in which they store their personal possessions. All residents are happy with the facilities available at present. The Person in Charge and the CNM will continue to engage with residents re personnel possessions and if additional resources are required same will be obtained based on individual need and preference

2. Bed room layouts have been reviewed and residents have access and can control his or hers personal possessions.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. On the day of inspection one of the unit's dining rooms was facilitating a music session which was enjoyed by residents. This resulted in only one dining room being utilised for



meals as residents requested to continue at the music sessions in that dining/sitting room. If this scenario arises in the future the PIC will facilitate two meal sittings or a review of the layout of the available dining room will take place. This will ensure that residents have adequate access and space and that a pleasant dining experience is had by all residents. This is in place since the 30/09/2024

2. A review of residents bed spaces are taking place by the wider HSE team. This review will further enhance the residents lived environment ensuring that residents continue to have access to their personal possessions. Plan to be submitted by 15/12/2024. All residents within the centre currently have the opportunity to carry out personal activities in private if they so wish.

3. The admission strategy of the four bedded room has been reviewed and the plan is that only short-stay residents i.e. residents who are admitted for assessment, Convalescent/ rehab and respite care will be admitted to these rooms.

4. A temporary storage facility has been identified as a suitable area to store dirty laundry. Upgrade/structural works is required to this area and these will be completed by the 30/01/2025. An application for capital funding has been submitted to provide a long-term option for the laundry and the service awaits a response to this application. This area will be identified on the designated centre's floor plan.

5. The 2 four bedded room currently measures 34 m<sup>2</sup> and 33.8 m<sup>2</sup> respectively, and the 4 three bedded rooms measures 25.7 m<sup>2</sup>, 28 m<sup>2</sup>, 28 m<sup>2</sup> and 28.2 m<sup>2</sup> respectively which is compliant with Schedule 6 of the Regulations. A review of residents bed spaces are taking place by the wider HSE team. This review will further enhance the residents lived environment ensuring that residents continue to have access to their personal possessions. Plan to be submitted by 15/12/2024. All residents within the centre currently have the opportunity to carry out personal activities in private if they so wish.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

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

1. A temporary storage facility has been identified as a suitable area to store dirty laundry. Upgrade/structural works is required to this area and these will be completed by the 30/01/2025. An application for capital funding has been submitted to provide a long-term option for the laundry and the service awaits a response to this application. This area will be identified on the designated centre's floor plan.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The necessary fire door works identified during a fire door inspection, are in progress and will be completed by 13/11/2024</li> <li>2. A fire-stopping report of the boiler room was submitted to the inspector on 11/10/2024, which provides a detailed breakdown of all fire-stopping works carried out in the necessary areas to bring the floor slab up to 60-minute compartment floor status. The report also consists of the work that is currently in progress. An electrical contractor is on-site to provide additional smoke detectors, directional exit signage and emergency lights to this area and its associated means of escape- to be completed by 30/11/2024. Furthermore, the fire alarm in the boiler room is connected to the fire panels of the designated centre.</li> <li>3. In relation to the ground floor, all works on the ground floor were carried out under the supervision of a design team (including fire consultant), these areas were brought up to a satisfactory level of compliance during the works and signed off at completion of the refurbishment work.</li> <li>4. The provider had removed the oxygen stored in the storeroom, which is now stored in the identified area outside the building</li> </ol>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> <li>1. Suitable chairs are now available at bedside for residents if they wish to sit beside their bed. Completed 24/09/2024.</li> <li>2. A review of residents bed spaces are taking place by the wider HSE team. This review will further enhance the residents lived environment ensuring that residents continue to have access to their personal possessions. Plan to be submitted by 15/12/2024. All residents within the centre currently have the opportunity to carry out personal activities in private if they so wish.</li> </ol> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</p>	



## 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	29/09/2024
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	29/09/2024

	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	30/06/2025
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.	Not Compliant	Orange	30/06/2025
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.	Not Compliant	Orange	30/06/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/01/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/06/2025
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.	Not Compliant	Orange	30/06/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	29/09/2024