Health Information and Quality 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:	Aras Mhathair Phoil
Name of provider:	Health Service Executive
Address of centre:	Knockroe, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	06 November 2024
Centre ID:	OSV-0000652
Fieldwork ID:	MON-0045027

About the designated centre

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

The designated centre provides 24-hour nursing care to 24 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of 12 single and six twin bedrooms. Communal facilities included a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities. An accessible toilet is located close to the sitting rooms and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

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
Wednesday 6 November 2024	10:00hrs to 16:15hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, there was a comfortable, happy and relaxed atmosphere in the centre. Residents were content and their feedback to the inspector was that they received a good service and their quality of life had improved since coming to live in Aras Mhathair Phoil. Residents were unanimous in their positive feedback regarding the service they received and they described the care and support given to them by staff as 'exceptional', 'could not ask for more' and 'way better than ever expected'.

Many residents likened their experience of living in the centre to 'being an extension of their own home' and the staff in the centre as being 'their family'. One resident told the inspector that they were very happy with their own personal decision to come to live in the centre and they now felt very safe and secure. Residents said they liked that the centre was small and that they all knew each other well.

Staff were observed to be attentive to residents' needs and were very respectful, kind and patient in all their interactions with individual residents. Staff and residents knew each other well and they comfortably engaged together in conversations about what was planned for the day and residents' individual interests, past lives and families. Residents told the inspector that staff were responsive to their needs and there was never any delays with staff answering their call bells or spending time with them.

This was an unannounced inspection and on arrival to the centre, the inspector met with the person in charge. Following a short introductory meeting, the person in charge (PIC) accompanied the inspector on a walk around the centre. During the walkabout the PIC demonstrated progress with completion of works to upgrade fire safety in the centre. This walk around the centre also gave the inspector an opportunity to meet with residents and staff and to observe practices and residents' experiences of living in the centre.

Aras Mhathair Phoil is located in a quiet residential area within walking distance from Castlerea town centre. The centre premises is designed in a quadrangle with all residents' accommodation located on the ground floor level. The interior and exterior of the premises was well maintained on the day.

The outside space for residents included a centrally located outdoor garden area which could be easily accessed by residents as they wished. This outdoor garden had outdoor seating and paths covered with a rubberised surface to promote residents' safety. The pathways in the outdoor garden were covered with a protective surface to promote residents' safety. A variety of shrubs were growing in beds and in raised planters. One side of two of the circulating corridors had views of the enclosed garden and of the front of the centre which provided natural light and points of interest for residents who liked to walk along the corridors.

Residents' bedroom accommodation was provided in 12 single and six twin bedrooms. The twin bedrooms had full en-suite facilities and there was adequate numbers of communal toilets and showers to meet residents' needs. The inspector observed that many of the residents had personalised their bedrooms with family photographs, small items of personal furnishings and their own artwork. The bedrooms were fitted with a ceiling hoist unit and contained appropriate furniture and fixtures to meet residents' needs. The inspector observed that although the single bedrooms were compact, the layout and space available met each resident's needs. Residents had sufficient storage space for their clothing and personal possessions. There was a variety of communal rooms available for residents and the inspector observed that most of the residents chose to spend their day in them, as they wished. The inspector observed that these rooms were spacious and bright and were decorated with traditional memorabilia and furniture that was familiar to the residents.

On the day of this inspection, most of the residents spent their day in the either the sitting room or in the dining room during mealtimes. Residents' mealtimes were observed to be social occasions for them. Residents meals were served from directly from the kitchen through a purpose built serving hatch in the dining room. Residents were offered a choice of three hot meal options for their lunch time meal and these meal options were clearly displayed for resident's information. Residents told the inspector that the food was 'always really good', 'top class' and that the chef would cook anything they wanted if they didn't feel like the menu offered on the day. Staff were observed mingling among the residents and provided a small number of residents with discreet assistance and encouragement as needed.

Residents social activities were facilitated in the sitting room by a dedicated activity coordinator. The inspector observed that the majority of residents chose to participate in the group activities that were provided. The social activity schedule also included one-to-one social activities for residents who preferred to say in their bedrooms or were unable to participate in the group activities. Staff were also observed throughout the day to be regularly popping in to check on residents who preferred to stay in their bedrooms which helped to ensure these residents were not socially isolated. Residents told the inspector that they enjoyed participating in a variety of social activities that were scheduled each day. The inspector observed that the group activities were lively and residents were enjoying participating in them.

Residents told the inspector that their general practitioner (GP) visited them whenever they needed medical care without delay. A number of residents expressed high levels of satisfaction that a physiotherapist was available to them on two days each week. Two residents attributed the support they received from the physiotherapist to being key to their improving mobility and quality of life.

Residents said that they felt very safe and secure in the centre and that they would speak to individual staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection was unannounced and was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the provider's progress with completing the actions they had committed to in their compliance plan from the last inspection in May 2024 and on the statutory notifications and other information received since the last inspection.

Due to the provider's previous failure to address known fire safety risks to residents in a timely manner and ongoing non compliance with Regulation 28: Fire Safety identified, the Chief Inspector had attached restrictive conditions to the designated centre's registration to cease admission of new residents and to restrict the number of residents that could be accommodated in each fire compartments to six. Notwithstanding the works that had been completed by the provider to improve fire safety, this inspection found that further improvements were required e to protect residents from risk of fire. These findings are discussed under Regulation 28: Fire Precautions.

The registered provider of Aras Mhathair Phoil designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, Aras Mhathair Phoil benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training and finance.

A new clinical nurse manager had commenced working in the centre in August 2024. This helped to strengthen the clinical management structure in the centre. This also ensured suitable deputising arrangements were in place for the absence of the person in charge and ensured the management structure was now in line with the designated centre's own statement of purpose.

While the quality assurance systems were improved on this inspection further actions were necessary to ensure that auditing of key areas of the quality and safety of the clinical and non clinical service provided was effectively identifying all areas needing improvement and that effective action plans were implemented to drive improvements where needed.

On the day of the inspection, the inspector found that there was sufficient staffing levels in place to meet the needs of residents and to support residents to spend their day as they wished. However, the inspector identified that there was a high usage of agency staff for cleaning, the provision of residents' activities and catering

roles within the centre. The inspector was informed on the day that recruitment was being progressed within the provider's own recruitment systems, however there was no clear timeframes for staff appointments to be completed. This was not a sustainable staffing model and did not ensure continuity of care for the residents and is further discussed under Regulation 23: Governance and Management.

The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory training and a programme of professional development training to ensure that they had the necessary skills and competencies to meet the needs of residents. The inspector's observations of staff practices and discussions with staff gave assurances that the staff working with residents on the day were familiar with residents' needs.

Records were held securely and records that should be held in the centre were made available to the inspector for review on this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notifications as required by the regulations were notified to the Health Information and Quality Authority within the specified timeframes.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the care and social needs of the residents including residents with cognitive impairment and residents who chose not to attend the social activities taking place in the sitting room.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required to ensure that all staff were appropriately supervised according to their roles and responsibilities. For example, the inspector found that some residents' care plans were not clearly written and did not provide sufficient up to date information to guide care. This finding had not been identified by senior clinical staff during staff supervision sessions or in care plan audits and is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not assured that the designated centre had sufficient resources to sustain the effective delivery of care in accordance with the statement of purpose. For example:

- The current practice of using agency staff to replace vacant cleaning, social activities staff and catering staff positions was not sustainable and posed a risk to the safety of residents and the quality of care delivered to them. Furthermore it increased the workload of the established staff team who were required to train and supervise high numbers of agency staff working in their areas.

Management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. The quality assurance systems in place could not be relied on to inform continuous improvement and to give assurances regarding the quality and safety of the service to residents.

- The provider's oversight and management of fire safety in the centre was not effective. This inspection found that a number of required fire safety works as committed to by the provider were not completed in a timely manner. Furthermore the risks associated with the failure to complete these fire safety works were not effectively mitigated.
- The quality assurance and management systems in place for monitoring the quality and safety of the service were not effective and consequently a number of the inspector's findings on this inspection had not been identified by the provider through their own oversight and auditing processes.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' were provided with good standards of nursing and healthcare. Residents' rights were respected by staff and they were provided with opportunities to participate in meaningful social activities that were tailored to meet their interests and individual capacities.

While the provider had completed a number of fire safety upgrade works in the designated centre, the inspector was not assured that there were adequate measures in place to ensure that residents living in the designated centre are safe and protected from the risk of fire. A number of necessary works identified in the provider's own updated fire safety risk assessment dated May 2024 were still in progress and timelines for their completion were not available on the day of the inspection. Furthermore, historical fire safety risks identified in the providers own fire safety risk assessment reports dated 2015 and May 2024 and which were findings of previous inspections carried out in December 2021 and May 2024 had not been fully addressed on this inspection. The inspector's findings are discussed further under Regulation 28:Fire Precautions.

The provider had measures in place to protect residents from risk of infection. Actions were completed to ensure effective cleaning and hand hygiene in the basement and used laundry collection practices to mitigate risk of infection transmission.

Residents' living environment was maintained to a good standard. Communal spaces were comfortable and residents were provided with a variety of spacious communal areas, including dining and sitting room facilities. The centre was decorated in a traditional style that was familiar to residents and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. Residents were accommodated in single and twin bedrooms.

The floor space in the single bedrooms measured from 7.6 to 8.0 square meters and met the minimum requirements of the regulations. The provider had installed overhead ceiling hoists in all bedrooms so that residents who required hoist

transfers did not need to use mobile hoists as some of the single bedrooms did not have sufficient space to use a mobile hoist safely. The layout of these bedrooms met the needs of the current residents. However, there was a risk that some bedrooms would not provide sufficient floor space for residents to mobilise safely and with ease around these bedrooms if the resident needed mobility equipment to meet their needs.

The inspector observed that a number of rooms were in use for storage of residents' assistive equipment but were not identified for this purpose on the centre's statement of purpose and the floor plan against which the designated centre is registered. This is a repeated finding from the last inspection.

Residents' nursing care and support needs were met to a high standard by staff and residents were facilitated with timely access to their general practitioner (GP) and health care professionals. However, improvements in care planning processes were required as a number of the residents' care plans did not clearly direct the care and supports staff should provide for each resident to meet their needs.

Residents could access the outdoor courtyard and all internal communal areas of the centre as they wished. A varied social activity programme was facilitated to residents' needs on this inspection. Residents who remained in their bedrooms had equal access to social activities that interested them and were in provided in line with their individual capacities.

Residents were supported to practice their religion and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received.

Residents who had difficulty communicating were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding the reporting arrangements in the centre and clearly articulated their responsibility to report any concerns they may have regarding residents' safety.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. Each resident's communication needs were regularly assessed and a person-centred care plan was developed for residents who needed support from staff and signage and specialised assistive equipment was made available to support residents with meeting their communication needs.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and were supported to maintain control of their personal clothing and possessions in their bedrooms. Each resident had enough space to store their clothes and personal possessions. Residents' bedside lockers were placed by their beds which supported them to easily access their personal belongings in their lockers as they wished, when resting in bed or in their chairs by their bedside.

Judgment: Compliant

Regulation 17: Premises

There was not adequate storage facilities provided in the designated centre for storage of residents' wheelchairs, hoists and other assistive equipment within the designated centre. The inspector observed that residents' assistive equipment was stored in two communal toilet/shower rooms used by residents. This reduced space available in these rooms for residents to safely move around these rooms and posed a risk of cross infection. Furthermore, three rooms that were not identified as store rooms in the centre's statement of purpose or conditions of registration. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' meals were served in a spacious dining room where residents had adequate space and opportunity to dine together. Residents were provided with a varied menu and they could have alternatives to the menu offered if they wished. Residents' needs for special dietary requirements were communicated to the catering staff and their food was prepared in accordance with their preferences, assessed needs and the recommendations of the dietician and speech and language therapist. A variety of snacks and drinks, including fresh drinking water were available to residents throughout the day.

The inspector observed that mealtimes were unhurried and were a social occasion for many of the residents who were seated together as they wished. A small number of residents preferred to eat their meals in their bedrooms and their preferences

were facilitated. There was sufficient staff available in the dining rooms at mealtimes and they provided residents with discreet encouragement and assistance as needed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records were maintained regarding residents' temporary absence and discharge from the centre. Co-ordination and continuity of residents' health care was assured with procedures in place to ensure relevant and appropriate information accompanied residents being transferred between services. For example, transfer documents reviewed contained details of health-care associated infections and colonisation status to support sharing of and access to information between services. Relevant information regarding residents' health and care needs was completed to ensure their needs were clearly communicated on transfer between services.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was available and included the required information and controls to manage the risks specified by regulation 26 (1). Missing person profiles and drills were completed together with risk assessment of residents as some of the controls to mitigate the risk of vulnerable residents leaving the centre unaccompanied. Systems were in place to support staff with recording, risk assessment, review, effective resolution and implementation of controls to prevent recurrence.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured the requirements of Regulation 27: infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from risk of infection. The centre environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of.

Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

Although, the provider had completed a number of fire improvement works to address the risks to residents' fire safety as identified in the provider's own fire safety risk assessment dated 2024 and in the last inspection completed in May 2024, this inspection found that the following necessary works to address known fire safety risks had not been progressed in a timely manner to ensure the safety of residents living in the designated centre;

- Adequate assurances were not available that upgrading of the glazing in fire doors was completed. While georgian glass in the majority of doors had been upgraded, the inspector observed that replacement of georgian glass in two doors was not completed. A completion date for replacement of glass was not available.
- While works were in progress to address excessive gaps between the bottom of fire doors and the floor, these works were at an early stage and a completion date was not available
- Works had not commenced to improve emergency lighting to external paths to assembly areas and a timeframe for completion was not available.
- An emergency evacuation drill had not been carried to assess the integrity of an emergency exit with stairs located on the outside of the building. This emergency exit was identified as an emergency evacuation route for residents in the event of a requirement for their evacuation out of the centre premises.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners and residents' medicines were administered by nursing staff as prescribed.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Balances of a sample of controlled drugs checked by the inspector were correct. Medicines requiring temperature controlled

storage were stored in a refrigerator and the refrigerator temperatures was checked daily by staff.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of residents' assessments and care plan documentation and found that while residents' care planning had improved, further actions were necessary to ensure residents' care plan documentation clearly communicated the care and supports staff must provide to meet residents' needs. For example;

- the supports and strategies needed by one resident to de-escalate responsive behaviours they experienced were not clearly stated in their behaviour support care plan.
- Although residents' needs for meaningful social activity were met, two residents 'leisure' care plans did not detail the programme of social activities that they participated in and enjoyed. Furthermore, there were gaps in a number of residents records regarding the social activities theyparticipated in. This information was necessary to ensure that each resident's social activity programme met their interests and capacity needs.
- The speech and language therapist's recommendations were not accurately detailed in the nutrition care plan for one resident with assessed significant risk of aspiration of their oral intake. This posed a risk that pertinent information regarding their support needs would not be effectively communicated to all staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met to required professional standards and residents had timely access to their General Practitioners (GPs). An on-call GP service was available to residents out-of-hours as needed.

Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. A

physiotherapist attends to residents' needs in the centre on one day each week and optimised residents' wellbeing and independence.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were in place to protect residents from risk of abuse. The provider ensured that staff were facilitated to attend safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.

Residents' social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings into their local community with their families and friends. The service had developed good relationships with the local community and groups of children with their teachers from the local national and secondary schools regularly visited the centre.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy services as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0045027

Date of inspection: 06/11/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - To ensure appropriate supervision and effective governance and oversight of the service, an improved audit schedule with new audit tools, which covers different key areas will be completed by the clinical nurse manager with the guidance of the person in charge. The clinical nurse manager will be given an audit schedule and protected time to complete them. The person in charge will oversee the effectiveness of this plan and will make necessary changes if required. Findings of the audits will be acted upon in a timely manner and the progress of actions will be discussed at the quality improvement meetings and management meetings	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Our compliance with the requirements in respect of Fire Safety are set out in the response to Regulation 28 requirements. - Our compliance with Regulation 16, Training and staff development is set out in the response to Regulation 16 requirements. - The provider has sought to have replacement staff for vacant posts recruited and hope if recruitment restrictions ease, we can fill posts in 2025. In the interim, the provider must continue to rely on agency to ensure safe care is provided. Many of these staff are long term engagements from agencies.	

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - Storage areas are appropriately dedicated and organised to accommodate equipment. Unwanted/unused equipment has been removed. - Staff are aware to use the designated areas for storing the chairs, hoists, and other equipment.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - Following referral letter issued to the local authority from HIQA 10th June 2024, Roscommon Fire Service conducted a fire safety inspection 19th July 2024 and additional fire safety works were identified and requested by the local authority. The additional fire assembly point requested by Roscommon Fire Service has been installed including additional emergency lighting to this point. - An external expert fire consultant conducted a scheduled fire safety site inspection on Thursday January 16th to review completed works as per the fire risk assessment and to identify any outstanding works. The external consultants will be attending to review the completed works onsite on February 13th and updating the fire risk assessment. This will be forwarded to HIQA post review by estates. - The completed updated fire door report was received from the appointed contractor on 7th February. It and fire stopping contractor report including photographic evidence is currently under review and will be communicated to the Chief Inspector if required. - A fire training and evacuation drill training is organised on the 12th February to carry out emergency evacuation drills through the emergency exit with stairs located on the outside of the building, using the appropriate mode of evacuation. This is to ensure that all staff are trained in using this new method of evacuation which is specially suited for evacuation down the stairs. ***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 5: Individual assessment and care plan	Substantially Compliant

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

- An extensive audit of the care plans and assessments is being carried out by the clinical nurse manager to identify the areas of deficits. Findings of the audit will be acted upon in a timely manner. The deficits and the progress of actions will be discussed to the nursing team to ensure the findings are communicated to everyone involved in care planning. Additional supports will be offered if anyone requires/request of the same. This audit will be repeated in regular intervals to ensure compliance in this area.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2025
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.	Substantially Compliant	Yellow	10/02/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2025
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	14/03/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	14/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	14/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	12/02/2025
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	28/02/2025

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/02/2025