



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home Limited
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Announced
Date of inspection:	18 February 2019
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0022862

About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 56 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 28 single, 12 twin and one four bedded room, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent healthcare, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Current registration end date:	13/07/2019
Number of residents on the date of inspection:	53

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
18 February 2019	09:00hrs to 18:00hrs	Manuela Cristea	Lead
18 February 2019	09:00hrs to 18:00hrs	Sheila McKeivitt	Support

Views of people who use the service

Inspectors reviewed the nine residents' questionnaires received in preparation for this registration inspection and spoke with a number of residents and relatives on the day who were unanimous in their view that a good quality of life and high standard of care was provided to them. Some residents said they could not wish for better. They were particularly complimentary about the staff, their rooms, the food and activities available to them on a daily basis.

Residents reported they felt safe and that staff were very kind and approachable. They told the inspectors that they found their rooms comfortable and said that staff worked hard to ensure they had everything they needed. All relatives and residents said that they knew the person in charge well, and would not hesitate to report any concerns to her or to the advocates available. They all confirmed that they had no complaints, their views were listened to and any requests they had were listened to and quickly addressed.

Residents felt their privacy and dignity was respected, with staff being courteous and always asking permission before entering bedrooms or delivering any support required.

Capacity and capability

This was an announced inspection for the purpose of the renewal of registration following an application made by the provider. The action plans from the last inspection in December 2017 had been completed. Inspectors noted that some improvements were required which had not been identified by the registered provider representative. They related to contracts of care, notifications of incidents and the complaints procedure, however these were immediately addressed on the day of inspection or immediately after.

Overall, inspectors were assured that this was a well-managed centre. There were good governance and management structures in place which ensured safe and consistent delivery of care. This was a family-run business and the registered provider representative, person in charge and operations manager worked full time in the centre. They were actively involved in the daily running of the centre and demonstrated good knowledge of the legislation and regulations. There was an annual review which contained residents' views of the service provided. For example, it included residents' feedback on food choices which informed the new menus.

There was evidence of good governance and continuous quality improvement initiatives under a person-centred approach. There were good quality assurance processes in place and inspectors saw evidence of regular audits carried out on falls, medication management, skin integrity, restraints, environmental audits and health and safety. There were monthly audits of residents' dependency levels which actively informed the deployment of resources. Inspectors were satisfied that there was good oversight of clinical and service needs and that resources were appropriately managed.

The person in charge had a good knowledge and many years of nursing and managerial experience in the provision of residential care. She provided good leadership to the team and had completed spot checks at night to ensure consistent service delivery. She maintained her competencies and was engaged in continuous professional development.

Conversations with staff, relatives and residents confirmed that there was sufficient numbers of staff on duty to provide adequate care. The staffing levels were regularly reviewed and had recently been increased in the evenings in response to identified needs. Staffing vacancies were well managed, with action plans in place until the recruitment was completed. The centre did not use any agency staffing and staff said they were covering for each other when sickness or shortages arose. Inspectors followed up on unsolicited information received in relation to staff shortages and this was not substantiated.

Staff were familiar with residents' needs and had appropriate qualifications for their role. In discussion with inspectors, staff demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents. Mandatory training was up to date and some staff had attended various other courses such as dementia care, end of life care, infection control, responsive behaviour, incontinence and dysphagia (difficulty with swallowing) training. Inspectors saw minutes of regular staff meetings and staff confirmed they were supervised and appraisals of performance were taking place.

The complaints policy and procedure required review to ensure compliance with regulation. However, inspectors were satisfied that there were processes in place to ensure residents were protected. Residents and relatives said they could raise concerns regarding any aspects of the service and said their views were listened to and considered. Residents meetings were held regularly and the two advocates maintained a log of the issues raised, which was reviewed by management each month. Inspectors reviewed minutes from the residents' forum and noted that follow up actions had been implemented.

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents, relatives and staff it was found that there were sufficient staff and appropriate skill mix to

meet the needs of the residents.

Inspectors reviewed a sample of staff files and found that recruitment practices were in compliance with employment and equality legislation including appropriate vetting. There was at least one registered nurse on duty at all times, and all nurses had their registration up to date.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had access to various training courses which enabled them to provide evidence based care to residents. Inspectors reviewed the training matrix and found that all staff had completed mandatory training in areas such as safeguarding, manual handling, fire safety and responsive behaviour. There were appropriate supervision arrangements in place and additional training was also provided for staff, in line with their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained up to date and contained all required details on admissions, discharges and deaths of residents.

Judgment: Compliant

Regulation 21: Records

Records reviewed were maintained well, information was accessible and there were secure storage arrangements in place for documents. Information governance arrangements were in place to ensure the centre used information ethically, respecting residents' confidentiality in line with legislation.

Judgment: Compliant

Regulation 22: Insurance

The centre had a current certificate of insurance.

Judgment: Compliant

Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they were accountable. The inspectors observed that overall, the governance, management and oversight of the delivery of service was good. The provider had sufficient resources in place to ensure that care was delivered in accordance with the statement of purpose. There was an annual review of the quality and safety of care delivered to residents completed for 2018 and this included consultation with residents and families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place and signed by each resident or their representative. They contained the fees to be charged for the individual resident and the charges for extra services were outlined.

The contracts of care did not provide clear details on the room to be occupied by the resident, whether it was a single or shared bedroom, as required by 2016 regulations. This was promptly addressed by the registered provider representative and inspectors saw a sample of contracts of care amended by the end of inspection. Inspectors received confirmation after the inspection that remedial action had been taken and all contracts of care had been reissued and signed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre, the facilities and services, provided details about the management and staffing and described how residents' wellbeing and safety was being maintained. It contained all matters as per Schedule 1 of the regulations and corresponded to the findings on inspection for the purposes of registration renewal.

Judgment: Compliant

Regulation 30: Volunteers

The centre did not employ any volunteers. The students volunteering in the centre were appropriately supervised and appropriate records were kept in relation to next of kin, photographic identification and invitation for Garda vetting.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the previous inspection, most of the required notifications had been submitted to the Office of the Chief Inspector as per regulatory requirements. However, better oversight was required as the quarterly notifications in relation to the end of 2018 had not been received by the time of inspection. This was addressed by the person in charge on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was available, widely displayed in the centre and staff, residents and relatives were familiar with the complaints process. However, this policy and procedure required review to ensure a nominated person to oversee the complaint process was appointed. An updated complaints policy that met the regulatory requirements was received after the inspection.

Two independent advocates were available to residents and the complaints level was very low. There had been no formal complaints in the centre since the previous inspection, and any minor concerns expressed were immediately addressed. Inspectors reviewed the complaints/ comments log and found that all concerns expressed by residents were promptly addressed, the actions taken to resolve the issues were described and the complainant's level of satisfaction with the outcome was documented. All conversations with residents, relatives and staff on the day as well as a review of the completed residents' questionnaires received by the inspectors, confirmed a very high level of satisfaction with the service. A complaints book and a suggestion box were available at the entry in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the services were available. They were centre specific and had been bound in book format to make them easily retrievable and accessible to staff. All policies had been reviewed in the past three years and all were compliant with the regulation with the exception of complaints policy.

Judgment: Compliant

Quality and safety

The management and staff of the centre promoted a person-centred approach to care and were striving to improve residents' quality of life. Inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards. Residents reported that they were experiencing a good quality of life. The environment was homely, clean and well maintained.

Care planning documentation was available for each resident and it contained person-centred interventions and treatment plans based on individualised assessments. Falls were well managed. Inspectors saw evidence of regular nursing assessments, post fall reviews by the general practitioner (GP) and physiotherapy. Fall prevention measures were in place and documented in residents' care plans. Wounds and pressure area care were well managed, with interventions informed by a specialist tissue viability nurse and dietician and implemented by care staff.

Residents were provided with an opportunity to make decisions and express their wishes regarding their end of life, spiritual, physical and psychological care and where they wished to receive care at the end of their lives. The information was documented in a care plan which was regularly reviewed in consultation with residents or with their family, as appropriate. The resuscitation status was regularly reviewed by GP and documented. Residents had access to community palliative services when required. Nurses were trained in administering palliative medication and the use of syringe drivers, which prevented unnecessary hospital admissions and ensured that residents' comfort was promoted and maximised at the end of life. Inspectors noted good practice in relation to end of life care for the residents in the multi occupancy rooms. Single rooms or suitable alternative arrangements were provided to promote their privacy and dignity.

The centre was situated on a large, well maintained site. Its overall layout and design was in accordance with the statement of purpose and met the needs of the residents. The centre was nicely decorated and well maintained, both internally and externally. All rooms had lockable storage and en-suite facilities with shower, toilet,

wash hand basin and assistive grab rails in place. Call bells were available in every room and toilet in the centre, including the smoking room and the oratory. Dinners were served in two sittings and residents could choose the time they wished to have their meals at. The dining room was large with ten tables that accommodated four seats each.

The 28 single and 12 twin rooms were large with sufficient space around beds to have an armchair, wardrobe and locker. However, the design and layout of the four bedded room did not meet the requirements of the residents living there.

While the room was spacious, the four beds had to be placed in the corners of the room as the central area could only be used as a corridor. The room was wide and the large corridor in the middle allowed access to the shared wet room from the main door. This meant that residents' beds had to be pushed against the wall in order to fit a bedside table, locker and single wardrobe. This minimised the available space within the room for use by residents. There was no space for a chair at bedside. The room accommodated residents with maximum dependency needs, which meant that during provision of care, the beds had to be moved to permit access on both sides. Full length curtains divided individual bedspaces in efforts to meet residents' privacy needs. However, whenever assistive equipment was used for manual handling, the space of the nearby residents was compromised, as it was too tight to manoeuvre the hoist without intruding their area. Each resident had access to their own television set. Given the spatial limitations in the four bedded room, they might benefit from additional support in personalising their bedspace area.

All other rooms were personalised, and residents could bring their personal possessions, choose their own wallpaper and decorate them as they wished. There were sufficient number of toilets, baths and showers available for use by residents. Toilets were located close to day rooms for residents' convenience. There was good signage to direct residents to bedrooms and pictorial signage to identify bathrooms along the corridor. Painted leaves containing residents thoughts were scattered throughout the corridors. The first floor was accessed by lift. There was good evacuation equipment in place to ensure the safety of all the residents, with two evacuation chairs located on the first floor.

There was good oversight of accidents and incidents. Inspectors found that assistive equipment, including hoists and pressure relieving mattresses were regularly serviced and in working order. The majority of residents had profiling beds which were tested and found in good working order. The sluice facilities had workable bedpan washers and there were adequate cleaning equipment in place.

Policies and procedures that ensured residents were protected from abuse were implemented. There had been no reported or suspected incidents of abuse in 2018. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns. A restraint free environment was promoted and any restraint measures were used in line with national guidelines. All residents using restraints had an up to date comprehensive bedrail assessment in place, with evidence of family as well as multidisciplinary involvement. The inspectors viewed the restraints risk register which was subject to regular reviews

and saw evidence of trialled alternatives such as crash mats, wedges and low low beds prior to using bedrails. Staff knew the residents well, were trained and provided tailored interventions and positive behavioural support according to the unique needs of the residents.

Regulation 10: Communication difficulties

Each resident with a communication need had a care plan in place to guide staff on the approach to be adopted to support them to communicate to their maximum ability. Communication booklets were available in residents' rooms which contained their likes and dislikes, things they enjoyed or that may upset them.

Residents' vision and hearing was regularly assessed and there was evidence of appropriate referrals and follow up. Inspectors saw many good examples of enabling and person centred care practice. For example, a call bell had been adapted to ensure the resident could operate it and be able to call for assistance when required.

The dementia coach in the centre provided education to relatives and staff and had introduced the commandments of good dementia care. They were available on the corridors throughout the centre and contained person centred information on how to treat residents with dementia who could not communicate for themselves. They served as reminders for staff and relatives of the importance of verbal and non-verbal communication for residents with dementia.

Judgment: Compliant

Regulation 11: Visits

The centre operated an open visiting policy. In order to ensure residents' social and nutritional needs were met, visits were discouraged during meal times. All relatives spoken with reported that they were made feel welcome. Suitable communal and private facilities were made available for residents to receive their visitors. As part of the quality improvement programme for 2018 and based on suggestions from residents and relatives, a kitchenette had been installed in the dining area allowing free facilities for tea and coffee for visitors at any time. A vending machine was also available.

Judgment: Compliant

Regulation 12: Personal possessions

There were clear policies and procedures in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Each resident had a written property list created on admission that was maintained up to date. The list was supplemented with photographic evidence. Laundry services were done on site and all residents spoken with on the day confirmed that their belongings were returned to them. Transparent arrangements were in place with regards to managing residents' finances with two staff signatures available for all transactions.

Judgment: Compliant

Regulation 13: End of life

The end of life care provided in the centre met the residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care. Arrangements were in place to facilitate residents' families to be with them when they were very ill.

A non-denominational remembrance mass was held annually for the residents who had died. To support bereaved relatives, an end of life information pack specific to the centre was available containing further information on services and resources available.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the needs of the residents with the exception of the four bedded room. The specifics of the non compliance are that the design and layout of this room did not meet the requirements of the residents currently living there, in that the space available did not support their assistance needs.

The centre was clean, well maintained and tastefully decorated throughout. Bedrooms were spacious, decorated to high standard and personalised. An individual wardrobe and locker with a locked drawer was available to each resident. All rooms had en-suite facilities.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available which contained information on visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions relating to the residence in the centre. A weekly newsletter was also issued providing information on upcoming events.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There were processes in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. In line with best practice a list of personal property also accompanied the resident when they were transferred.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place and a range of procedures to guide and inform staff on how to manage varied risk situations. Risk was monitored and proactively managed. There was a risk register which was reviewed regularly and set out the control measures to mitigate most risks identified in the centre. An accident and incident log was maintained for residents, staff and visitors. The inspectors saw that the centre was free from trip hazards and that cleaning activities were undertaken safely. Moving and handling practices were noted to be safe and to meet good practice standards. The lift, hoists and assistive equipment were regularly serviced, in working order and stored safely in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

All staff were knowledgeable and trained in fire safety. The fire procedures and evacuation plans were prominently displayed throughout the centre and the fire safety equipment including emergency lighting, smoke detectors and fire alarm were

regularly serviced and tested. All residents had a personal emergency evacuation plan in place and comprehensive evacuation equipment was available on each floor corresponding to the identified needs. Fire exit signage was available.

Fire prevention education had been contracted out to an external agency. There was evidence of regular fire drills completed as part of the training in fire safety based on pre-established scenarios and using a mannequin (including night-time scenarios and reduced staffing levels).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans were personalised, detailed and effectively guided the care delivered. They were reviewed and updated on a regular basis in consultation with the residents. They met the regulatory requirements and were responsive to the residents' identified needs based on comprehensive assessment of the health, personal and social care needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia or with mental health difficulties were assessed and there were appropriate interventions and in place to support the residents. Procedures were in place to ensure responsive behaviours were tracked, analysed and recorded. Staff had received training in responsive behaviours and displayed good knowledge of residents and how to respond appropriately. The use of psychotropic medication was very low and closely monitored. A staff member had attended specialised training in non-pharmacological interventions and positive behavioural approaches to residents with dementia. The care plans for responsive behaviours were detailed and person centred.

The use of bedrails was in accordance with regulation and was based on comprehensive assessment. A consent form signed by the resident was in place. Restraints were used as a last resort and a restraint free environment was promoted.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied that the action plan from the previous inspection in relation to updating the safeguarding policy had been completed. Residents were protected from abuse through robust recruitment practices, continuous training and staff supervision. All staff spoken with displayed good knowledge of what constitutes abuse, and were clear on the reporting procedures and their responsibilities. All interactions between staff and residents during the course of inspection were observed to be respectful courteous and kind. Two independent advocates were available to residents.

A record of all visitors was maintained at the entry in the centre to ensure the safety of the residents. There were systems in place to safeguard residents' money. The registered provider representative acted as a pension agent for a number of residents. A recent audit completed by the Department of Employment and Social Protection had found the centre compliant.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents' rights were upheld in the centre. Residents in the four bedded room might benefit from additional support in personalising their bed space.

Residents had access to daily newspapers, radio, television and skype. All residents spoken with said they were satisfied with activities available in the centre. Chair exercises and music were very popular. Inspectors saw residents engaged and enjoying a live music session during the afternoon of the inspection. There were posters around the centre advertising the upcoming live concert of a country music singer, which was popular in the area.

Residents had access to clergy from different religious faiths. Mass and service took place regularly in the oratory located in the centre. Residents retained links with the local community through fundraising events and regular visits from local schools. Several outings took place throughout the year which included attending a concert, visiting a farm, attending several dinners and the Christmas party in nearby hotels where they met with friends and neighbours.

Inspectors saw several residents engaged in art and listening to music in the large activity room in the centre. Their art creations were displayed on the wall and had been entered in various competitions. The exhibits were for sale by means of donations and the proceeds had been donated to a local charity chosen by the residents.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

Inspection ID: MON-0022862

Date of inspection: 18/02/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: This four bedded room has been in existence in its current form for the last three registration cycles with HIQA. This is the first-time deficiencies with this room have been raised. It is important to note that none of the residents occupying this room have raised any concerns about their privacy and dignity needs being compromised.</p> <p>Mullinahinch House are committed to continuous quality improvement and therefore have conducted a full review of this room to identify what impact this is having on residents and their families and have identified improvements that will be implemented.</p> <p>Mullinahinch House has a standard practise for all residents that reside in sharing rooms to be placed on the waiting list for a private room if they so wish. The use of this room for residents with lower dependency needs is also been assessed along with the use of this room for respite residents only.</p> <p>To ensure compliance with the regulations from 1st January 2022 this room will either be decreased to a three bedded room or converted to two single bedrooms with a shared ensuite, subject to local fire authority approval. Consultation has begun and a decision on the future of this room will be made in the coming months</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021