



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

Issued by the Chief Inspector

Name of designated centre:	Oak View Nursing Home
Name of provider:	Omega Nursing Home Limited
Address of centre:	The Commons, Belturbet, Cavan
Type of inspection:	Announced
Date of inspection:	24 October 2023
Centre ID:	OSV-0000151
Fieldwork ID:	MON-0041166

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

It provides twenty-four hour nursing care to 61 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a two storey building located on the outskirts of a small town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Tuesday 24 October 2023	08:45hrs to 17:45hrs	Celine Neary	Lead
Tuesday 24 October 2023	08:45hrs to 17:45hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

The inspection was carried out over one day and the inspectors met with many of the residents, residents' families, staff and the management team in the centre. As part of this announced inspection process, questionnaires were provided to the residents to complete. Eleven questionnaires were returned to the Authority. In the main, the feedback in the questionnaires was positive with residents stating that they felt safe and well cared for. Residents stated that if they made a complaint, it was responded to without delay to their satisfaction.

The inspectors were met by the person in charge, provider representative and administrator on arrival at the centre. Following an introductory meeting, inspectors walked through the centre and met with residents and staff. Inspectors spoke with many of the residents in Elm, Sycamore and Willow units regarding their experiences of living in Oak View Nursing Home. Two residents expressed that they missed their own home and would prefer to be living at home but moving to the nursing home was 'a good decision' because they needed help and support with their needs. The residents told the inspectors that they had been well supported by staff to adjust to living in the centre since their admission.

Overall, the inspectors observed that the centre was warm, welcoming, bright and spacious throughout. Many of the residents' art and craft works were displayed along the corridors and this added to the decor, interest and familiarity of the environment for residents.

The inspectors observed that significant effort had been made to make the dementia unit a comfortable, therapeutic and familiar place for the residents. Traditional memorabilia, photographs, wall hangings and artwork were displayed along the corridors and in the communal rooms which provided residents with an interesting, varied and tactile environment. The exit door out of this unit had been creatively painted to look like a bookcase to gently divert residents. The dementia unit also provided a quiet room for residents to spend time in a calmer environment. The inspectors observed that some bedrooms in the dementia specific unit had memory boxes displayed outside their doors to assist residents with way finding. Many of the residents had personalised their bedrooms with furniture from home, photographs of their families and colorful curtains and bedspreads of their own preference. One resident had requested to paint their room another colour, and this had been facilitated by the provider.

The inspectors observed that there was a lively atmosphere in the centre with plenty of activity and interactions going on. Residents' choices to participate or to relax in their bedrooms was respected and staff arranged their work around residents' individual choices and preferred routines. The inspectors observed a varied social activities programme being facilitated on both floors throughout the day. A weekly newsletter was prepared and distributed to each resident to inform them of the events and activities scheduled. The activity coordinators were observed to

skilfully give opportunity and encourage each resident to participate in the social activities taking place. The inspectors observations of residents actively participating, laughing and having fun concurred with residents' feedback regarding their day-to-day lives in the centre. Residents' feedback included 'plenty of good fun here', 'we have some great laughs' and that they looked forward to the social activities each day. The inspectors also observed that many of the residents had developed friendships with each other and they liked to sit together in the communal rooms which was facilitated. The inspector observed a resident having a birthday party with family, friends and music on the day of inspection.

Residents who spoke with the inspectors were complimentary regarding their dining experiences and the quality of the food they received. Residents told the inspectors that the food was nice and they had a choice at mealtimes and to snacks between meals. The inspectors observed that residents were not rushed and mealtimes were a social occasion for them. Other residents were accommodated to have their meals in their rooms as they requested. Staff were observed to discretely assist and support residents as needed. Daily menu's were displayed in the dining rooms.

Inspectors observed that all staff interactions with residents were patient, kind and respectful and that residents were comfortable in the company of staff who were readily available for residents and were attentive to their needs.

The inspectors observed family members visiting throughout the day and they were welcomed by staff. Residents' families were well known to staff and they were observed chatting to staff freely. A number of areas in the centre were available for residents to meet their visitors in other than their bedrooms if they wished, and included a designated visitors' room.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had submitted an application to renew the centre's registration. The inspectors also followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in April 2023. The inspectors found that the provider had satisfactorily completed the majority of the actions in their compliance plan but further action is necessary by the provider to bring the centre into compliance.

The findings of this inspection found that the centre was well managed to the benefit of the residents who lived there. There was effective governance and

management structures in place with clearly defined lines of accountability and authority. The inspection found that the registered provider had the necessary resources in place to support the effective delivery of quality and safe care for the residents living in the centre. The centre had up-to-date policies and procedures in place, which were being implemented.

The registered provider for Oak View Nursing Home is Omega Nursing Home Limited. There are two directors on the provider company board and both are involved in the management of the centre. The person in charge is a registered nurse and has worked in this managerial role within the centre for several years. The person in charge is supported in their role by a clinical nurse manager, nurses, carers, catering staff, activities staff, housekeeping, laundry and maintenance staff. The clinical nurse manager had supernumerary time allocated each week to fulfil their managerial activities.

The provider had ensured that there was good oversight to ensure that staffing resources provided were adequate to meet residents' diverse needs. A review of the staffing rosters and feedback from residents and staff confirmed that the centre had sufficient staff on duty during the day and at night.

The provider had a number of quality assurance systems in place to monitor the quality and safety of care provided to residents. This included monitoring of key areas of the service including the premises environment and clinical performance indicators, such as the incidence of wounds, falls, residents at risk of malnutrition, and the use of restrictive practices. While a number of audits had been completed across clinical and environmental aspects of the service, the results of the audits did not include an action plan or that results had been followed up or resolved.

There was a comprehensive training programme in place which incorporated both classroom and online training. Records confirmed that all staff were facilitated to attend mandatory and professional development training on infection prevention and control, medication management and wound care, to ensure that staff had the necessary skills and knowledge to meet residents' diverse needs. Staff were appropriately supervised according to their roles. Staff who spoke with the inspectors and the inspectors' observations of their practices gave assurances that they were familiar with residents' needs and were overall competent with carrying out their respective roles.

While the provider ensured each resident had a contract of care which set out the terms and conditions of their residency in the centre, some of the sample of residents' contracts reviewed by the inspectors did not have the weekly fee inserted and therefore were not complete. All records that must be maintained and available in the centre were complete and were stored securely.

The provider had recently updated their complaints policy and had communicated the changes to the residents including the supports available to assist them, if they wished to complain to the provider regarding any aspect of the service they received. Residents knew who they could make a complaint to and there was access to advocacy services and information relating to this displayed openly throughout

the centre.

A comprehensive annual report was completed further to review of the quality and safety of the service and residents' quality of life for 2022 in consultation with residents. The report included an improvement plan for 2023.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding residents' individual needs and residents were assisted with meeting their needs without delay. There were no staff vacancies at the time of inspection and staff were knowledgeable about residents needs, likes and dislikes. The staffing levels on the roster were in line with staff on duty on the day of inspection and set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training including fire safety, safeguarding residents from abuse and safe moving and handling procedures training. Staff were also facilitated to professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Staff had completed training to ensure they had appropriate knowledge and skills to support them with caring for residents' wounds and training on care of residents who were predisposed to experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

All staff were appropriately supervised according to their roles. An induction programme was in place for new staff and the person in charge completed annual appraisals with all staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available to the inspectors on the day. It included all information as specified in schedule 3 of the regulations, was up to date

and was clearly legible.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that they had an up-to-date contract of insurance against risks such as injury to residents and loss or damage to residents' property. The current certificate of insurance was displayed for residents and their representatives' information.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management structure was clearly defined and in line with their statement of purpose. Comprehensive audits had been carried out but improvement was required in relation to action plans and follow up. Audits identified issues but did not give sufficient details on the actions required and follow up completed. Although there was a variety of monitoring systems in place, quality improvements were not consistently developed to address deficits found and evidence was limited that the results of audits were discussed and that improvements needed were tracked to completion at the centre's management meetings.

For example, a comprehensive audit on falls had been completed but did not demonstrate any action plan or follow up review completed. The painting of surfaces was identified as necessary in an environmental audit and discussed in June 2023 but no action was taken to address this finding at the time of this inspection.

Oversight by the provider had not ensured risks to residents' fire safety were identified and effectively mitigated. For example,

- Prolonged emergency evacuation time lines had not been identified by the management team and adequate oversight by the provider was not in place to ensure fire safety checks were effective, emergency evacuation drills were regularly carried out and safe oxygen storage was in place. This posed a risk to residents' safety in the event of a fire in the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While, each resident had a contract of care which was agreed with the registered provider and signed by the resident or where appropriate their representative, the weekly fee was not inserted in four of the contracts reviewed by the inspectors.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had recently updated their statement of purpose and it was made available to inspectors for review. Inspectors found that the all information as set out in schedule 1 of the regulations and that it accurately described the service provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The management confirmed that they received no formal complaints in 2023, however, a process was not in place to capture day-to-day informal complaints such as expressions of dissatisfaction with areas of the service by residents or their families that were resolved at the time. As these complaints were not recorded, the provider could not use this information to identify recurring issues that needed further action.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures had been updated since the last inspection and were accessible to all staff working in the centre. Staff demonstrated a working knowledge and understanding of the policies and procedures within the centre.

Judgment: Compliant

Quality and safety

Overall, residents in Oak View Nursing Home were provided with good standards of nursing and health care in line with their assessed needs. Care and supports were person-centred and informed by each residents' usual routines and individual preferences and wishes. Residents were supported and encouraged to make independent choices and their rights were upheld. The centre's management and staff were focused on ensuring that residents enjoyed a meaningful quality of life in the centre.

Residents' bedroom and communal accommodation was provided over two floors in three suites; Elm and Sycamore on the ground floor and Willow on the first floor. Both floors were accessible to residents by means of a passenger lift and a stairs. Residents' bedroom accommodation consisted of 53 single and four double bedrooms, all with full en-suite facilities. Communal sitting and dining accommodation was provided on both floors. The layout of the premises ensured residents had adequate communal and bedroom space and facilities to meet their individual needs. Residents' living environment met their needs. Although the provider had previously reconfigured storage facilities in the centre, further action was necessary to ensure that storage was appropriately segregated and that the layout of one storage room on the first floor supported effective cleaning.

The good health and well being of the residents' was optimised with good standards of nursing care and timely access to healthcare to meet their needs. Residents' care plans were person-centred and reflective of their individual preferences regarding their care, supports and familiar routines. Care plans were regularly updated and residents or their families, on their behalf, were consulted with regarding any changes that were made. Residents' records showed that they had timely access to their general practitioners (G.Ps), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as needed. This was validated by feedback from residents and their families on the day of inspection.

Measures were in place to protect residents from risk of fire and an up-to-date fire safety policy was available to inform the fire safety procedures in the centre. Fire safety checking procedures were regularly carried out and the records of these checks and any actions required were complete. Each resident's evacuation needs were assessed, documented and regularly updated. The inspectors' findings are discussed further under regulation 28.

While the provider had ensured that residents were protected from risk of infection with good adherence to infection prevention and control standards in most areas of the centre. However, actions were necessary to ensure that laundry practices did not pose a risk of cross infection and that all parts of the centre's environment could be effectively cleaned.

Visits by residents' families and friends were encouraged and facilitated with

practical precautions in place to manage any associated risks.

The provider ensured that residents' rights were respected and their quality of life in the centre was promoted with a meaningful social activity programme that ensured residents, including residents with one-to-one support needs could participate in meaningful social activities that positively impacted on their well-being.

Coffee mornings were held and residents told the inspector that they looked forward to these community events. Residents were encouraged at all levels to be involved in the running of the designated centre and regular residents' meetings were convened to facilitate this process. There was evidence that actions from these meetings were progressed. Residents' feedback was welcomed by the centre's management and was used to ensure that the service provided to residents was as they wished it to be.

The provider ensured residents' nutritional and hydration needs were closely monitored and met to a good standard. There was choice on the menu for residents and alternative dishes as residents preferred. Residents with special dietary needs were offered food and fluids which was prepared as recommended. There was adequate numbers of staff available to assist residents with eating and drinking fluids as necessary.

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

Regulation 11: Visits

There were no restriction on residents' visitors or friends and they were welcomed into the centre by staff. A visitors' room and other areas in the centre were available for residents to meet their visitors in private outside of their bedrooms if they wished. Visitors were welcomed by staff.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre premises met residents' collective needs. However, some areas of the premises did not conform to the matters set out in Schedule 6 of the regulations in the following areas:

- The inspectors were informed that there was a planned painting schedule to maintain painted surfaces in the nursing home. However, the inspectors found that paint was damaged/missing on the door frames and doors into a number of residents' bedrooms, wall surfaces in some residents' bedrooms and the wall surface in the sitting room on the first floor. This meant that these surfaces could not be effectively cleaned.
- There was storage of equipment and boxes of supplies stored directly on the floor in a small number of the storerooms in the centre. One area of a storeroom on the first floor was cluttered with items of equipment and was not easily accessed. Furthermore the floor surface covering in this storeroom did not cover all areas of the floor and the concrete surface was exposed in a number of areas. This meant that this floor surface could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied diet and residents confirmed that they could have alternatives to the menu offered if they wished. Meal menu's were displayed in the dining rooms. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with residents' assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available throughout the day. Actions were completed to ensure residents' food and fluid intake were effectively monitored since the last inspection.

Mealtimes were facilitated in the communal dining rooms located in each of the three suites. Some residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available at mealtimes to assist residents as needed. Inspectors observed that mealtimes were unhurried and discreet assistance was provided by staff to meet residents' individual needs as necessary.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Procedures in the laundry area did not evidence unidirectional flow of used to

clean linen processes. A suitable surface area was not available for segregation of linen and as a result used linen was segregated on the floor. This practice posed a significant risk of cross contamination.

- A designated clinical hand-wash sink located in the room where residents' treatments were prepared did not meet the recommended specifications for clinical hand-wash basins. This finding did not support effective hand hygiene procedures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not ensured that adequate precautions were in place to protect residents from risk of fire. For example;

- Weekly fire door checks did not provide adequate assurances that these checks were effective or that the operation and condition of each fire door in the centre was checked to ensure any deficits were identified and addressed without delay. This was evidenced by the inspectors' findings that the door into the main kitchen was damaged and did not fully close and had not been identified in the check records made available to the inspector for review. This posed a risk that that fire and smoke would not be effectively contained in the event of a fire in the kitchen.
- Oxygen cylinders in a store room, treatment room and on the emergency trolley did not have signage to indicate the presence of oxygen in these areas. The store room and the treatment rooms were not suitably ventilated and both contained combustible materials. The risks associated with storing oxygen in these areas had not been identified until it was brought to the attention of the person in charge by the inspectors during the inspection. This was addressed on the day by the person in charge.
- The frequency of simulated emergency evacuation drills did not ensure that all staff were facilitated to participate in an emergency evacuation training procedure. For example, in June 2023, an evacuation drill took place during the day but not all staff on duty participated in this training activity. Furthermore, assurances were not adequate that the provider had carried out a recent simulated fire drill with the night time staffing levels to ensure residents' timely evacuation needs could be met when the least number of staff were available. A copy of a simulated night evacuation drill was forwarded following the inspection and provided necessary assurances regarding residents' fire safety.
- The inspectors observed that three fire doors to office area's which contained electrical equipment and combustible materials were wedged open with door stoppers. This posed a risk that the door would not close if the fire alarm sounded and fire and smoke would not be effectively contained in the event of a fire in the centre. These wedges were removed when brought to the

attention of the person in charge by inspectors on the day of inspection

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to identify each resident's risk of falling, malnutrition, pressure related skin damage and their safety with mobilising among others. Residents' care plans detailed the care and support interventions that staff must complete to meet their care and support needs. This information was person-centred and reflected each resident's usual routines and individual care and support preferences and wishes.

Residents care plans were kept updated and regular reviews were completed in consultation with residents and their families on their behalf as appropriate.

A small number of residents had wounds and care of their wounds was informed by evidence based wound care policies and procedures.

Judgment: Compliant

Regulation 8: Protection

The centre had a safeguarding policy in place and a photograph and the name of their safeguarding officer was displayed on the wall in the centre for residents' information. All staff were facilitated to complete training on safeguarding residents from abuse. Staff who spoke with the inspectors clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

Regulation 9: Residents' rights

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

Resident's 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 and integrate with their local community.

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 radios, televisions, telephones and local and national newspapers and were able to avail of advocacy services if they wished. A weekly newsletter was also disseminated to the residents telling them about upcoming events and recent activity within the home and local area.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oak View Nursing Home OSV-0000151

Inspection ID: MON-0041166

Date of inspection: 24/10/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A action plan has been developed for all audits that are carried out in the nursing home which highlights issues discovered, a timeframe for them to be resolved and the responsible person named to ensure they are resolved. Following on from this, all action plans will be reviewed at the centre's management meetings.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All our contracts of care do identify the daily fee which the resident has to pay. The contracts of care that were viewed by the inspectors on the day of our inspection were residents who had just been admitted and were under the "TCB" funding which is transitional funding while the Fair Deal is being processed and the resident does not have to pay anything. Once the Fair Deal is processed the resident is issued with a new contract of care with the actual daily fee. This is signed by the resident or where appropriate their representative.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All formal complaints are documented on Epic Care Management system. Going forward all day-to-day informal complaints will be captured in a logbook by the PIC and will be audited on a quarterly basis to ensure they are resolved at the time and there are no recurring issues.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>While painting is an ongoing process in the nursing home going forward there will be a dedicated day weekly allocated to prioritise key areas in the nursing home especially high footfall areas.</p> <p>All storage areas are being decluttered and each storage area will be identified to store specific items. The area of the storeroom which had not got the correct floor covering has been covered.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We are in the process of implementing a unidirectional flow of laundry and more laundry containers have been purchased to prevent the segregation of dirty laundry on the floor. A new laundry unit is currently being developed on the nursing home grounds which will be designed to have a unidirectional flow of laundry.</p> <p>Clinical hand-washing sinks have been purchased and we are awaiting delivery. Once they arrive, they will be put into Willow and Elm treatment rooms.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All fire doors in the nursing home have always been checked on a weekly basis. As mentioned in our inspection report, all internal doors have been allocated a specific number to identify them. While Fire door repairs have always been prioritised, a written action plan has now been put in place.

The three oxygen cylinders are going to be located outside the nursing home safely. Staff will be informed of the new storage area when this is in place.

Going forward the frequency of planned Fire drills will be increased to a monthly basis to facilitate all staff to participate in an emergency evacuation. Fire drills will be a mixture of daytime/nighttime scenarios. Each Fire drill will be carried out in a different fire compartment.

All door wedges have been removed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	24/10/2023

	the fees, if any, to be charged for such services.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2023

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.	Substantially Compliant	Yellow	30/11/2023
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	25/10/2023