



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

Issued by the Chief Inspector

Name of designated centre:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Unannounced
Date of inspection:	13 July 2022
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0037393

About the designated centre

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

Good Counsel Nursing Home is a single-storey purpose built centre that provides continuing, convalescent and respite care for up to 28 residents. It is situated on the outskirts of Limerick City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.

It is a family-run centre and one of its stated aims is "to provide a 'homely' environment where residents feel safe, secure and comfortable in the facility during their stay. The staff will treat all residents with dignity, respect, privacy, freedom of choice and kindness". Residents' accommodation is provided in 20 single bedrooms and in four twin bedrooms a small number of which have en-suite facilities. There are two bedroom wings and a main corridor that comprises of day space. There is a large central dining room and two sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Wednesday 13 July 2022	08:15hrs to 17:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Resident living in Good Counsel Nursing Home told the inspector that they enjoyed their life in the centre and that they received a satisfactory standard of care from a team of staff that were kind and polite and treated them with respect. Residents spoke positively about the staff who made them feel safe living in the centre and how they worked to provide a service that was 'homely' and 'comfortable'. However, some residents described aspects of the service that impacted on their lived experience. This included delays in receiving assistance from staff, the provision of activities and the quality of cleaning.

Following an opening meeting with the person in charge and a representative of the company directors, the inspector walked through the centre and met with residents and staff.

The inspector observed a calm, welcoming and relaxed atmosphere in the centre. Some residents were observed walking to the dining room for breakfast while others were sitting at the main reception. Staff were observed to be busy assisting residents and attending to residents call bells. Staff were observed respectfully entering residents rooms and polite conversation was overheard.

Residents told the inspector that the transition from home to nursing home life was made easier by the support they received from the staff and management. Residents described the management team as 'dedicated' and 'always around' to answer any questions they may have. Residents described the quality of care and support they received as 'very good' but stated that staff were often 'too busy' to chat.

Some residents were observed waiting in the corridor and told the inspector they were waiting for a staff member to appear so they could request assistance. Residents reported and they experienced long wait times on occasions to have their needs met. There were aspects of the service that residents stated needed improvement. This included the sound of the call bell that was described as loud and disturbing, the bathroom facilities, the quality of cleaning and the activities. When asked, residents stated that they had not raised these concerns with the management or staff because they felt that 'staff were doing their best'.

The inspector spoke with a number of visitors during the inspection who stated they were happy with the quality of care their relative received, the visiting arrangements and found that the management team were very helpful in addressing any issues they may have.

The inspector observed that an ongoing programme of maintenance works had resulted in a number of floors being repaired and improved management of the storage facilities in the centre. There were some areas of the centre that required painting and decoration and these works were included on the maintenance

schedule. Residents had access to a large enclosed garden that had raised plant beds that were appropriately maintained. Garden furnishings were appropriate and a new set of tables and chairs had been installed for residents to enjoy. However, there were areas of the outdoor seating area that were not well maintained where cigarette butts were disposed of around seating areas. In the afternoon, many residents were observed sitting outside and enjoying the garden and weather.

Corridors and communal areas such as the dayrooms and dining room were visibly clean on inspection. However, the inspector observed multiple areas of the centre that were not clean such as communal showers and bathrooms and some bedrooms. Equipment used by residents was not clean on inspection.

In the afternoon, staff were observed to spend some time with the residents. However, the inspector observed that residents had limited opportunities to participate in group or individual activities. The person in charge was observed facilitating a game of skittles with a small group of residents in the early afternoon. However, residents who chose to be in the day room had no other activities taking place, other than television viewing. Some residents who chose to remain in their bedroom said that they passed the day by reading, listening to the radio or watching television. There were opportunities for residents to attend the local day care services twice per week.

The following sections of the report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspector reviewed the actions taken by the provider to address non-compliant issues found on the inspection of the centre in September 2021.

The findings of this inspection were that the registered provider, Good Counsel Nursing Home Limited, had taken action to comply with the regulations in respect of the provision of appropriate storage facilities for residents' personal possessions and residents' individual assessment and care plans. Progress had been made with regard to the maintenance and redecoration of the premises to ensure it met the needs of the residents. However, the inspector found that insufficient action had been taken with regard to the staffing to support effective cleaning of the centre. Furthermore, inadequate staffing was also found to impact on the supervision of residents and the provision of meaningful activities. The provider was required to take action to ensure compliance with governance and management, premises and infection control, records and residents' rights.

Good Counsel Nursing Home Limited is the registered provider of the centre and is family-owned and operated. The company is comprised of two directors, with one director representing the company and the second director being the person in charge. Both directors form the senior management team, with the person in charge responsible for clinical oversight and the representative of the company responsible for administrative, human resource, financial and premises oversight. The person in charge was supported by a clinical nurse manager who deputised for them in their absence and both formed the clinical management team.

The clinical management team were actively involved in the direct provision of nursing and social care to residents. The person in charge was rostered five days per week but attended the centre up to seven days per week to provide support. While the inspector acknowledged the benefits associated with nursing management contributing to residents care, the findings of this inspection evidenced that this arrangement impacted on aspects of the service such as the oversight of the staffing resource requirements and the oversight and monitoring of infection prevention and control.

On the day of inspection, the centre was at full capacity with 28 residents living in the centre. There was one registered nurse on duty at all times, supported by three health care staff in the morning and two health care staff in the afternoon. While the levels of staff available for duty were in line with the centres' statement of purpose, the daily rostered staffing numbers were inadequate to meet the assessed care needs of the residents. The inspector found that the allocation of one staff member to cleaning was not adequate to maintain a satisfactory standard of environmental hygiene. The position of activities co-ordinator was vacant and an additional staff resource had not been rostered in the interim. This is discussed further under Regulation 15, Staffing.

There were established management systems in place to monitor the quality and safety of the service. This included a range of clinical audits such as falls monitoring, restraints, call bell audits and infection prevention and control. Areas for quality improvement were identified and action plans were developed to address the deficits identified. However, the infection prevention and control audit did not support the management team to identify potential risks as the audit was not appropriate for a health care setting and consequently, deficits went unnoticed and quality improvement plans could not be developed.

A review of the staff training records evidenced that all staff had up-to-date mandatory training in place. Staff demonstrated an appropriate awareness of their training, commensurate to their role. Arrangements were in place to ensure staff were appropriately inducted and their performance reviewed.

A sample of staff personnel files were reviewed and found to contain the information required by Schedule 2 of the regulations. However, there was poor oversight of records specific to the care provided to residents and those records were not maintained in line with the centre's own record keeping processes.

There was a complaints policy and a summary of the complaints procedure on

display in the centre and met the requirements of the regulations. The procedure details the personnel involved in the management of complaints and set out the steps involved and the appeals process. A complaints register was maintained and contained a record of all complaints made to the centre inclusive of expressions of dissatisfaction. The inspector observed that there were low levels of complaints with the last complaint recorded in August 2020.

Regulation 15: Staffing

The centre did not have adequate numbers of health care staff to meet the assessed care needs of the residents. This was evidenced by;

- There was insufficient staff available to support activities for residents. There was one small group activity taking place in the afternoon, facilitated by the person in charge. This meant that the supervision of other staff in the centre was compromised.
- Additional staffing had not been allocated to facilitate resident's activities while the position of activities co-ordinator was vacant since May 2022.
- There was inadequate staffing available to supervise residents. For example, residents were observed waiting in the corridor seeking a staff member to provide assistance while other residents were unsupervised in the dining room and communal room.
- The centre did not have adequate numbers of cleaning staff on duty for the size and layout of the building to ensure the environment and residents equipment were appropriately cleaned. Consequently, the centre had not maintained a high level of cleanliness to provide a safe environment.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were provided with access to appropriate training and all mandatory training was up-to-date.

Arrangements were in place to ensure staff were appropriately supervised to carry out the duties through induction and appraisal and senior management support and presence.

Judgment: Compliant

Regulation 21: Records

Records were not managed in line with the requirements of regulation 21. For example, the nursing records for residents' health, condition and treatment given were not completed in accordance with the requirements of Schedule 3. Multiple entries across residents' records were not person-centred and did not reflect the care provided to residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management systems were not effectively monitored. For example,

- The provider had not taken adequate action with regard to infection prevention and control and some of the non-compliance found are repeated.
- The auditing systems did not include an appropriate review of infection prevention and control measures or environmental and equipment hygiene.
- There was poor systems of oversight of care documentation.

The provider did not ensure that adequate staffing resources were in place to meet the assessed care needs of the residents and to ensure a satisfactory standard of hygiene was maintained.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with time frames specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was displayed prominently in the centre and contained the information required by the regulations.

Residents and their relatives were made aware of the procedure for making a complaint and the personnel involved in the management of complaints.

The management team maintained a record of complaints that captured the

information required by the regulations including the complainants satisfaction with the outcome of their complaint. There had been no complaints recorded since the previous inspection.

Judgment: Compliant

Quality and safety

The inspector found that staff responded to resident needs with kindness and the interactions between residents and staff were polite and respectful. While staff did attend to the needs of all residents, the care provided was task orientated due to staffing and time constraints which impacted on person-centred engagement with residents.

While the provider had taken action to ensure the premises met the needs of residents since the last inspection, the actions taken were not sufficient to bring the centre into full compliance. Additionally, the provider was required to take action to comply with Regulation 27, Infection control, Regulation 9, Residents rights, and Regulation 7, Managing behaviour that is challenging.

The provider had taken action to address the fire safety issues identified on the previous inspection. The provider had engaged an architect to review some elements of fire safety in the centre and was in the process of addressing the findings from that report. This included replacing some door closure devices and some doors that did not fully close.

Action had been taken following the previous inspection to ensure residents had access to suitable and adequate storage facilities for their personal possessions.

The assessment of residents' care needs and the development of care plans had improved since the previous inspection. A comprehensive nursing assessment gathered information in relation to each resident's physical, psychological, emotional, spiritual and social care needs. This information informed the development of a care plan and provided guidance on meeting the assessed needs of the residents.

Residents had access to a general practitioner (GP) and were encouraged to retain their own GP if they wished. There were processes in place to ensure residents could avail of the expertise of health and social care professionals in a timely manner. Nursing staff demonstrated an appropriate knowledge of evidenced-based wound management and prevention strategies that had contributed to a low level of pressure related wounds in the centre.

End-of-life care was guided through a policy that detailed the information to be gathered from residents with regard to their end of life care wishes and needs. Care plans provided sufficient detail to guide the staff in delivering compassionate end-of-

life care. Additional support and guidance was available through the community palliative care team.

There was a low level of restrictive practices reported in the centre and the inspector was informed that three residents were using bed rails and had been appropriately risk assessed. However, a further three residents were identified using bed rails in the absence of appropriate documentation and records to support the decision to implement the use of bed rails.

There were appropriate systems in place to ensure medication management was in line with the requirements of the regulations, and professional and legislative requirements.

The provider had carried out repairs to the floor lining in a number of resident's bedrooms which were finished to a satisfactory standard. The management of storage facilities had also improved with shower rooms observed to be free of equipment used by residents to ensure they were accessible to residents. Nonetheless, there were outstanding actions from the previous inspection that had yet to be completed. This is discussed further under Regulation 17, Premises.

Staff were observed to select and wear appropriate personal protective equipment and perform hand hygiene. The centre had experienced an outbreak of COVID-19 in February 2022 that had affected a number of residents and staff. The inspector acknowledged that the outbreak had been contained. The management team had completed a review of the outbreak to identify areas of weakness in the contingency plan and put additional resources in place to prepare for future outbreaks. The inspector noted that the centre's general environment was clean specifically in communal day rooms and along corridors. However, the communal toilets and bathrooms were not clean, and some bedrooms were not cleaned to an acceptable standard. The inspector observed the cleaning procedure and found that it presented a risk of cross infection and did not align with best practice. This is discussed further under Regulation 27, Infection control.

Residents had access to TV, radios, newspapers and religious services. However, the inspector was not assured activities were available on a daily basis. There were no recorded activities in the residents records.

There was no visiting restrictions in place on the day of the inspection. Residents were observed receiving visitors in their private accommodation and in a designated visiting area.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 13: End of life

A holistic assessment of residents end of life care needs and wishes was completed on admission and reviewed at intervals not exceeding four months as part of the care plan review process.

With the consent of residents, relatives were involved in the decision making process around end of life care and resuscitation status. The residents General Practitioner (GP) was also involved in this process.

The centre had access to community palliative care services for further advice and support with regard to supporting residents during their end of life care.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior and exterior of the building that were not kept in a good state of repair and did not meet the requirements under Schedule 6 of the regulations. For example;

- Sanitary facilities, such as toilets, sinks and taps, were not kept in a satisfactory state of repair.
- Storage facilities in residents bedrooms, specifically around wash basins, were visibly damaged.
- Resident's assistance equipment was in a poor state of repair. For example, commodes and shower chairs were heavily rusted and protective coating was worn away.
- The external general and clinical waste storage area was not secured and was untidy with rubbish and personal protective equipment on the ground, under bins.
- The enclosed garden was not well maintained. There were cigarette butts discarded around the residents seating area.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place that addressed the requirements of

the regulation. A risk register was maintained as part of the centres risk management strategy.

Systems were in place for the recording, investigation and learning from serious and adverse incidents involving residents. For example, the provider had completed an outbreak review of the COVID-19 outbreak that evidenced learning from the event.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not comply with the requirements under Regulation 27. For example;

- There was poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, staff were using the incorrect cleaning processes that increased the risk of cross contamination.
- The centre did not maintain a satisfactory level of environmental hygiene.
- Equipment used by residents such as commodes, shower chairs and toilet seat raisers, were soiled and there were no records of their cleaning.
- Toilets, sinks and taps were visibly damaged and this impacted on effective cleaning and decontamination.
- The sluice room was not maintained in a manner that reduced the risk of cross infection. For example, clean commode basins were stored on the draining board of a sink and underneath the sink beside items that were not clean.
- Wall mounted alcohol hand sanatisers were refillable. This increased the risk of contamination.
- The laundry area was not sufficient in size and space to ensure a dirty to clean flow of linen to reduce the risk of cross contamination and there were no hand wash facilities.
- There were insufficient wash hand basins in the centre. For example, there was one wash hand basin in a key locked treatment room.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Systems were in place to ensure medication management practices were in compliance with the regulations and relevant guidance.

Medication was ordered, stored securely and administered appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment of residents needs was completed prior to admission to the centre to ensure that the service could meet the needs of the residents.

Care plans were developed, in collaboration with the residents, and underpinned by validated assessment tools to identify potential risks such as risk of falls, malnutrition, impaired skin integrity and dependency care needs. Residents with specific medical conditions had the necessary support intervention incorporated in the care plan and this information was know by the staff.

There was evidence that residents and, where appropriate, their relatives were involved in the assessment and care plan review process.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents had access to a range of allied health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability and psychiatry of the older adult.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restraint was not in line with the centres own policy on restrictive practices.

- There were three residents who were using bed rails without an appropriate assessment of risk being completed or without records being maintained in the centre's restraint register.
- There were no written records available to evidence that alternative and less restrictive interventions were trialled prior to physical restraints being

implemented.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were not provided with opportunities to participate in activities in accordance with their interests and capacities. The inspector observed residents spending long periods of time without supervision or social engagement in the communal areas and in the residents bedrooms. There was no activities schedule or plan in place to inform residents of activities.

While resident forum meetings were facilitated regularly in the centre, the records of those meetings did not provide assurance that feedback was sought from residents with regard to the organisation of the centre or discuss matters that may impact on the quality and safety of the service residents receive.

The door locks on some communal shower rooms and toilets were not functioning correctly and impacted on residents ability to undertake personal activities in private.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Good Counsel Nursing Home OSV-0000416

Inspection ID: MON-0037393

Date of inspection: 13/07/2022

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">- An additional staff member has been recruited and is scheduled to commence employment on the 5th of September 2022. This person will be responsible for the provision of consistent activities and will also provide increased staff supervision of residents. This staff member will typically provide activities Monday to Friday but will also plan and schedule activities across the weekend in consultation with the residents.- In the interim period (13/07/2022 to 04/09/2022) we have engaged with residents to complete a social / activities care plan to assist in providing activities whilst awaiting the commencement of the above staff member.- An additional Cleaner is currently being recruited. This will result in our daily cleaning hours increasing to a nine-hour shift, seven days a week.- Staff allocations have been and continue to be reviewed by the PIC to ensure adequate supervision of residents on an ongoing basis.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">- A meeting has been held with staff discussing the necessity for person-centred documentation.- An audit of compliance is scheduled to be carried out in August 2022 and this audit will become part of our regular auditing process.- All findings of the audits will be discussed with staff and additional staff training will be provided if necessary.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - A new IPC cleaning audit has been implemented which fed into our schedule of works - Management will sign off weekly on the planned cleaning schedule and carry out an inspection / sign off on the previous weeks tasks. - An additional staff member has been recruited and is scheduled to commence employment on the 5th of September 2022. - An additional Cleaner is currently being recruited. This will result in our daily cleaning hours increasing to a nine-hour shift, seven days a week. - The provider is satisfied this will result in sufficient staffing to meet the assessed care needs of the residents. The PIC will keep staffing levels under review. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A schedule of works to sanitary facilities and storage facilities in residents rooms has been developed and works are ongoing. Planned completion date: 30/09/2022 - Commodes and shower chairs have been replaced 19/08/2022 - Smokers have been requested to place their cigarette butts in ash trays and cigarette bins in the outdoor garden, Additional cigarette bins have been installed 22/08/2022. - We are currently liaising with a specialist in relation to the call bell system to install a non intrusive alarm. Scheduled completion 16/09/2022. - Repairs to the external waste area were completed by 27/08/2022. - Additional wash hand basins are scheduled to be installed prior to 30/09/2022 across the building. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - A new IPC cleaning audit has been implemented which fed into our schedule of works - An audit / walk through of the building by an external Infection Prevention and Control specialist is planned for early September 2022. Management have liaised with this 	

specialist regarding a number of processes in August 2022.

- Our cleaning processes have been reviewed to include single use equipment per room.
- As discussed above an additional Cleaner is currently being recruited. This will result in our daily cleaning hours increasing to a nine-hour shift, seven days a week and will enhance environmental hygiene. The additional resources will allow for increased documentation of cleaning.
- A schedule of works to sanitary facilities in residents' rooms has been developed and works are ongoing. Planned completion date: 30/09/2022
- The sluice room has been decluttered and additional signage indicating correct storage provided.
- All wall mounted alcohol hand sanitisers will be replaced to non-refillable units. 03/09/2022.
- We will discuss location of clinical hand wash basins and the flow of the laundry room with the external IPC specialist during the site visit and undertake upgrades as advised.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- A staff meeting has been held with regard to the correct processes and documentation required for the use of bedrails.
- The PIC will monitor the above and carry out regular Audits of same.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- An additional staff member has been recruited and is scheduled to commence employment on the 5th of September 2022. This person will be responsible for the provision of consistent activities and will also provide increased staff supervision of residents. This staff member will typically provide activities Monday to Friday but will also plan and schedule activities across the weekend in consultation with the residents.
- This staff member will maintain a schedule of activities and a record of participation / refusal / alternatives offered.
- This staff member will also take a lead role in the provision of the residents forum / residents questionnaires etc.
- The nursing home will continue to offer residents the opportunity to attend a local day care centre two days a week.
- The nursing home will continue to provide a weekly physiotherapy session.

- All door locks have been serviced and are operating satisfactorily.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	16/09/2022
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	30/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	31/08/2022

	and are available for inspection by the Chief Inspector.			
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.	Substantially Compliant	Yellow	16/09/2022
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	16/09/2022
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.	Not Compliant	Orange	30/09/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	19/08/2022

	used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/09/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/09/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/09/2022