



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

Issued by the Chief Inspector

Name of designated centre:	Valentia House Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	18 March 2021
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0032373

About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 44 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 50 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of a total of 16 single bedrooms with ensuite facilities, nine single bedrooms without ensuites, five twin bedrooms with ensuites, six bedrooms without ensuite. There are two dining rooms, two sitting rooms, and one conservatory. The majority of the premises is wheelchair accessible. However, five single bedrooms are located on the first floor and there is a chair lift for access, if required. These bedrooms are suitable for residents with good safety awareness and mobility. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon and the dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Thursday 18 March 2021	20:15hrs to 23:00hrs	Mary O'Donnell	Lead
Thursday 18 March 2021	20:15hrs to 23:00hrs	Catherine Furey	Support

What residents told us and what inspectors observed

Inspectors arrived to the centre unannounced to conduct a focused evening time inspection. From what inspectors saw and what residents told us, it was clear that residents received a good standard of quality care, with a person-centred approach. The overall feedback from residents was that this was a nice place to live, with care and support provided by kind and caring staff.

On arrival, the inspectors were met by the nurse on duty, who had commenced their shift at 8pm. All necessary infection prevention and control measures including hand hygiene, temperature checking and risk assessment form were completed by the nurse on duty prior to inspectors accessing the centre. The inspectors walked the premises and observed three residents in the main sitting area, who were watching TV. All were able to mobilise independently and appeared content and comfortable. A further four residents were observed in a second seating area nearby. One resident was seated in a specialised wheelchair and was being assisted by care staff to finish a drink. The remaining residents were in their bedrooms, some of these were seated watching TV and reading and others were already in bed. Staff spoken with identified that it can be very busy at times, especially if residents are unwell and require increased attention. On the day of inspection, a healthcare staff member had gone home sick at 16.30hrs, leaving the centre understaffed for a period of time.

Inspectors observed kind and caring interactions with residents and it was evident that staff were familiar with the residents and their specific needs. Inspectors spoke in detail with five residents during the inspection. All residents spoken with were complimentary of the care given by the staff describing them as "really lovely". Residents were satisfied that their needs were met but one resident expressed concern that call bells ringing at night indicated that staff were not readily available for residents who required them. Inspectors noted that all the residents had access to a call bell and bells were responded to promptly during the inspection. During the feedback meeting, the nurse left the meeting to respond to a resident whose call bell rang for a prolonged period. The call bell system in place displayed the time elapsed before the bell was responded to, however the provider told inspectors that this system did not have the capacity to generate a report of these response times. Residents were satisfied with the laundry service and they were extremely complimentary about the food in the centre. The centre had a comfortable, homely feel, there was a range of sitting rooms available to residents. Inspectors noted that there were books and jigsaws on shelves for residents use. The centre's pet cat was seen in the communal areas, adding to the sense of home. Residents with dementia enjoyed stroking the cat and other residents commented on how much they enjoyed having a pet.

As identified in the previous inspection, there were a number of premises issues which required attention. Inspectors observed that equipment was stored in the communal bathrooms and hoists were stored on the corridor and in the coffee dock.

Paint work on bedroom doors required refreshing and floor coverings in two bedrooms which were torn presented a trip hazard. Inspectors observed that there were domestic baths in some shared bathrooms which may not be suitable for residents with limited mobility. Residents in two twin rooms confirmed that they could not use their shared bathroom because they could not get into the bath. One resident said they would love a shower instead of the bath. Inspectors noted that a spare room upstairs was used to store equipment such as mattresses and mobility aids. There was no way to confirm if the equipment had been cleaned prior to being put in storage. These issues are discussed further under Regulation 17: Premises.

There were three residents accommodated on the first floor which was accessible via a stairs and stair lift. These three residents were assessed as having medium to low dependency needs. The person in charge confirmed that assessment of the use of the stair lift was incorporated into the resident's four monthly care plan reviews by nursing staff. Some of these residents used walking aids and told inspectors that they would usually call for assistance when needing to use the stair lift.

On the evening of the inspection, three residents were in precautionary isolation following admission to the centre from other healthcare facilities. There was no separate staffing resourced for these residents. The staff nurse confirmed that in addition to administering medication, the needs of the residents were such that they required nursing care overnight. This presented a significant risk of cross contamination to both residents and staff. The doorway leading into the isolation area was left open and the sign on the door indicating that it was an isolation area could not be clearly seen. In addition to the poor signage, the storage of PPE in the isolation area was not optimal, with aprons hanging from the handrails outside the bedroom door, and various types of PPE stored in one large box outside each room. Staff were seen wearing PPE on the corridors on a number of occasions. Staff wore clinical masks but one staff member wore a cloth mask for the duration of the inspection, stating that the medical grade masks were uncomfortable for them to wear. These issues will be further discussed under Regulation 27: Infection Control.

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

Capacity and capability

The centre has a history of non compliance with Regulation 17: Premises on the previous inspections in December 2020 and January 2019. The December 2020 inspection also identified non compliances with Regulation 15: Staffing and Regulation 23: Governance and Management. These non compliances remained following this inspection and are detailed under the relevant sections of this report. In addition, the centre was found non-compliant with Regulation 27: Infection

Control.

Valentia Nursing Home Limited, as the provider entity has three company directors who were involved in the operations in of the centre. One director was involved in the day to day operational management. There was a full time person in charge who was supported by a Clinical Nurse Manager, six nurses, health care support staff, catering and household staff. At the time of inspection, the Clinical Nurse Manager was part of the nursing complement, aside from one 12-hour shift per week, where she was assigned to administrative duties. While there was a defined management structure in place, improvements were required to ensure effective oversight of certain aspects of the service.

In response to the last inspection in December 2020, a provider meeting was held to discuss the findings. Following this, the provider submitted a time-bound plan which set out the actions they proposed to take to achieve compliance. The previous inspection had identified that with only one nurse on night duty, staff could not be designated into distinct teams at night to reduce the number of contacts and reduce the risk of infection from COVID-19 for residents and staff. In response to this, the provider had increased its night time quota of nursing staff by one hour. One of the nurses from the day shift remained on duty until 9pm and assisted the night duty nurse in the night-time medication round. There were three health care assistants on duty; two of whom commenced duty at 8pm and one who commenced at 5pm and finished at 10pm. From 10pm until 7am, there was one nurse and two health care assistants on duty to care for the residents.

Deficits in the rostering of household staff had also been identified. In response, the provider had changed the household roster, however inspectors were not satisfied that this change was effective in ensuring that the centre was cleaned to an appropriate standard. Two household personnel worked from 8am to 12pm on Saturday and 9am to 12pm on Sunday. This represented a total increase of five cleaning hours a week. However, the increase meant that while two staff, instead of the previously allocated one staff, were assigned at the weekend, they worked simultaneously. As a result, there remained no dedicated household personnel on duty after 12pm at the weekend. This continues to pose a risk of cross contamination to staff and residents.

To date the centre did not have a COVID-19 outbreak and there was a contingency plan in place to contain and manage an outbreak. The provider told inspectors that residents and all staff were fully vaccinated. The centre was in the process of implementing an electronic care management system which would support efficiency and safety at the point of care and enhance the organisational management capacity. Nevertheless a further review of resources was required by the provider in order to ensure adequate safe systems and staffing levels were in place to care for residents. These are discussed under each regulation below.

Regulation 15: Staffing

The staffing strategy required review. The inspectors findings were:

- The rosters examined showed that a number of staff worked in excess of 40 hours a week in order to maintain basic staffing levels. One nurse worked 96 hours in two weeks.
- The night duty staff was inadequate to provide safe care. The roster reduced to one nurse and two health care staff at 10pm for the night to provide care to three residents in isolation and 38 other residents. This increased the risk of spreading infection, should any resident or staff member subsequently test positive for COVID-19.
- The centre did not have adequate numbers of cleaning staff available to ensure the nursing home was appropriately cleaned. There were no cleaning staff on duty between 4pm and 8am. This was further reduced at weekends when the cleaning staff on duty finished at 12pm.

Judgment: Not compliant

Regulation 23: Governance and management

A further review of resources including adequate systems and staffing levels was required to ensure that the the service provided is safe, appropriate, consistent and effectively monitored. The inspectors findings were:

- The systems in place for the regular upkeep and maintenance of the premises was not effective. Specific issues are detailed under Regulation 17: Premises.
- Actions required from the previous inspection had not yet been addressed. Plans were drawn up but no action was taken to mitigate risks identified.
- As discussed under Regulation 15: Staffing, a review of the resources allocated to staffing levels required review

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose which had been updated and contained the information as required in Schedule 1.

Judgment: Compliant

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted a complete application to renew the registration of the centre which included the information set out in Schedule 1.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

Annual fees payable by the provider were submitted in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life in this centre. While the design and layout of the centre provided a homely feel, the inspectors found that significant improvements were required with regard to the overall upkeep of the premises and infection control procedures in place to ensure the safety and welfare of the residents.

In December 2020, the inspector highlighted risks associate with damaged furniture which could not be effectively cleaned. Inspectors saw these furniture items had not been replaced or repaired. Bathroom facilities needed to be upgraded as some bathrooms did not meet the needs of residents who had limited mobility. Inadequate storage space was observed throughout the centre. Inspectors observed that manual handling and residents' equipment was inappropriately stored in areas that were intended for resident use. The premises issues which required significant review and attention are detailed under Regulation 17: Premises. Following the last inspection, the provider submitted a compliance plan which set out the actions which they proposed to take to achieve compliance. Decorators were due on site on 29 March and all planned refurbishment works is to be completed by 31 December 2021.

Significant infection control issues were identified throughout the inspection. The provider had a contingency plan and had put some arrangements in place to prevent and manage a potential outbreak of COVID-19. However, the inspection findings showed that the staffing strategy was weak and the gaps in practice increased the risk of cross-infection in the centre. These are detailed under Regulation 27: Infection Prevention and Control. In response to the number of infection control issues identified, the provider agreed to a review of the premises by the local HSE Infection Control Team to provide guidance and direction to ensure appropriate

procedures were in place to prevent cross-contamination and spread of infection to residents and staff.

Resident's bedrooms were seen to be personalised and had sufficient storage space. However, not all bedrooms had secure lockable storage for resident's personal items. Resident's privacy and dignity was maintained in so far as practicable in double rooms with curtains between the bed spaces. Positive progress had been made in relation to restraint reduction throughout the centre, with a commitment to the continued use of a number of less restrictive alternatives to restraint.

Regulation 12: Personal possessions

There was an effective system in place to ensure that residents' clothing was appropriately laundered. A discreet button was attached to items of clothing to ensure that laundry was always returned to the right person. Residents had adequate wardrobe and storage space in their rooms for their clothing. Secure locked storage is discussed under Regulation 17.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and did not fully meet the needs of residents as set out in the centre's Statement of Purpose.

Premises issues identified to the provider following the inspection in December 2020 remained. The action plan submitted by the provider was set out over a phased basis, with all works detailed to be completed by 31 December 2021.

- Lack of sufficient storage space leading to inappropriate storage of equipment. For example, hoists and residents chairs were stored in the coffee dock. The linen trolleys were stored in the hair salon and a linen skip and commodes were stored in communal bathrooms. The provider planned to upgrade the laundry and convert the current laundry space to storage space.
- Some bedrooms did not have safe floor covering. Three of the bedrooms inspected had flooring which was worn or lifting at the joining sections. This posed a risk to the safety of both residents and staff.
- Plaster and paint work in some areas in the centre was damaged and worn. Paintwork on some fixtures and fittings was chipped and needed to be repainted.
- A bathroom shared by residents in two twin rooms did not meet the needs of the residents. Staff and residents confirmed that none of the residents were

able to use the bath.

- The surface on the car park and driveway was uneven and posed a potential risk to pedestrians especially residents or visitors with impaired mobility.

Additional premises issues identified during this inspection were:

- Not all residents' bedrooms had a secure facility for the safekeeping of personal valuables.
- Cracked and worn veneer on items of furniture such as side tables and chests of drawers.
- The door closure in one room was only attached at one end and would not function to contain fire or smoke in an emergency.
- A bathroom on the first floor required refurbishment. The flooring was stained and appeared to be water logged. The automatic door closure was missing. Staff used a wooden plinth as a ramp so that residents in a shower chair could access the shower basin, which had a raised rim.
- In another bathroom there was no head on the shower hose.
- The pathway in the secure garden could be improved if it was extended to facilitate residents to walk a circuit. This would enhance the quality of life residents, especially those residents living with dementia.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors found that residents were at risk of infection as a result of the provider failing to ensure that procedures, consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to and compliance with the *Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units*, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from infection. For example:

- Personal Protective Equipment (PPE): Inspectors observed aprons hanging on a grab rail outside an isolation room, storage of PPE outside of isolation rooms was not optimal. Staff were seen wearing PPE on corridors. One staff member wore the same cloth mask while attending to various residents, including those in isolation.
- The nurse on duty from 9pm to 8am was attending residents in precautionary isolation as well as other residents
- Household staffing at weekends was insufficient as detailed under regulation 15: Staffing.

- The person in charge confirmed that all household staff received specific training. However, inspectors observed that bottles of cleaning chemicals on the sink in the cleaners shed were half full at 10pm, in deviation from current cleaning guidelines. ,
- The cleaners shed was used for storage of items of PPE. The space was confined and cluttered and the cleaning trolley had to be removed before it could be accessed.
- Inspectors identified that there was only one cleaning trolley in the centre, which both household personnel shared. Staff confirmed that a cleaning trolley was not used for the first floor area.
- Staff used a spare bedroom on the first floor as a changing room. This room was also used to store assistive equipment. Staff also used the coffee doc area as a changing room and staff room. This posed a risk of cross-contamination.
- Signage to identify areas and rooms being used for isolation were too discrete. In one case the bedroom door was open and the sign on the door was only visible after you entered the room.
- Items of furniture and fittings including flooring, carpets and furniture which was worn and lifting could not be effectively cleaned.
- There was no system in place to identify if equipment had been cleaned prior to storing or if shared equipment was cleaned after use.
- The laundry was very small and did not support the unidirectional flow of laundry. The provider planned to replace the laundry by 31 August 2021 and use the existing laundry to create additional storage space.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The provider had made significant progress to reduce the use of restraint in the centre. Residents who used bed rails were reviewed and less restrictive alternatives were offered and trialled. Only 8 residents used bed rails and some of these residents had requested them for safety reasons. This represented a 50% decrease in the use of bed rails within a two month period.

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	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Valentia House Nursing Home OSV-0004370

Inspection ID: MON-0032373

Date of inspection: 18/03/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Weekend hours have been increased at weekend to enhance infection control measures.12/04/21. An additional housekeeper has been recruited. A second cleaning trolley is ordered. 1/5/21 Contract cleaners have been engaged to support housekeeping. 31/3/21. High touch surface cleaning is carried out in the evening. Two full time nurses have been recruited. Proposed start dates 1/7/21 and 1/8/21. Local recruitment for full and part time nurses is advertised weekly. Staff nurse to be added to night time roster as soon as the nursing quota is reached. Health care staff have been added to night time roster as required. Extensive report submitted on request to regulator 12/3/21 demonstrating capacity to safely staff the service. This report details contingency staffing plans to add staff to the roster in the event of outbreaks or events that may demand increased workload. All staff in the centre are fully vaccinated. 1/3/21</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Weekly meetings between the PPIM and PIC to discuss live issues in the centre. A risk register has been established to inform how the premises are to be maintained and improved. Based on this work and the regulators findings, work has commenced in the centre. A comprehensive plan to improve and refurbish the premises was discussed with the regulator on 22/2/21 and a schedule of works was submitted on 12.03.21.</p>	

The timeframe given to achieve these actions was too narrow during level 5 restrictions and in order to keep the centre Covid FREE. A detailed improvement plan is in place which is achievable and realistically timebound. This is further discussed in Regulation 17, Premises

A clinical multidisciplinary team has been established to meet monthly. This involves the PIC, the CNM and a director who is also a medical practitioner. This team has oversight into the clinical needs of residents and includes contingency plans in the event of an outbreak, vaccination status of staff and residents, infection control measures. A risk based approach is taken and all actionable tasks are completed and closed off.

Valentia Nursing Home understands a framework for safe staffing and skill mix is to be published this year. Additional resources have been allocated to increase staff levels in the centre. See Regulation 15, Staffing.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Many issues identified in this inspection have already been acknowledged from last inspection and an action plan is in place.</p> <p>Room 15 has been refloored and the en suite bathroom is refurbished.</p> <p>Corridor and communal space outside the library has been redecorated and repainted. Additional storage is to be provided outside library, beside the coffee shop, in upstairs room and in the old laundry. New external storage is ordered.</p> <p>Old furniture is being replaced and reupholstered. 16 new armchairs have been purchased. A large communal area in the centre was refloored in 2020. A comprehensive improvement plan with realistic completion time frames was submitted on 1/3/21. See regulation 27.</p> <p>The existing laundry is to be decommissioned and replaced by a new external structure. 31/8/21. See regulation 27.</p> <p>A new pathway in the secure garden is planned. A new pathway giving access to the neighbouring sports club is planned. This will facilitate safe spectating at games if requested. Replacement and/or improvement of driveway surface is being costed. 1/6/21.</p>	
Regulation 27: Infection control	Not Compliant

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

As recommended by the authority the local HSE Infection Control Team visited the nursing home on 06/04/21 to provide guidance and direction to ensure appropriate

procedures are in place to prevent cross contamination and the spread of infection. Their report, submitted to the regulator on 09/04/21 referenced the implementation of a time bound action plan submitted to the authority on 01/03/21 which is in place in the facility. The report stated that the cleaning staff spoken with were very knowledgeable regarding cleaning methods, colour coding and the products to be used. As advised a second housekeeping trolley is on order and PPE has been removed from the cleaners shed.

The report also stated that from an Infection Prevention and Control perspective, there is no requirement to have dedicated staff for residents in precautionary isolation. If staff are adhering to transmission based precautions the risk of Covid transmission is low. All staff have received refresher training in the correct use of PPE, including surgical masks as per the national guidelines.

New signage has been implemented for the isolation rooms.

The paint work is being addressed as per the action plan and has been completed.

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	01/08/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	01/08/2021

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/08/2021
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	31/12/2021