



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

Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	06 July 2022
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0036636

About the designated centre

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

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 6 July 2022	10:45hrs to 18:55hrs	Fiona Cawley	Lead
Wednesday 6 July 2022	10:45hrs to 18:55hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Overall, feedback from residents was mixed, and the inspectors' observations of resident's quality of life in the centre was somewhat unsatisfactory. Inspectors observed that while residents were supported with their day-to-day care needs by a team of caring staff, action was required to improve the provision of social care to residents. Residents who spoke with inspectors said that they were content with life in the centre and that staff were good to them. However, inspectors observed that residents who were unable to communicate verbally were observed to spend extended periods of time without social engagement.

Following an opening meeting with the person in charge, inspectors completed a tour of the centre. The facility was a single-storey premises and provided accommodation for 28 residents in both single and twin occupancy bedrooms. The centre was appropriately clean. There were a number of communal areas for residents to use depending on their choice and preference including a sitting room, a dining room, and a sun room. There was access to an external courtyard, however, this area was observed to be in a poor state of repair. The ground was uneven and would pose a risks to residents with mobility issues. Some residents were observed spending extended periods of time sitting in chairs that were not suitable for prolonged use. These chairs were also observed to be in a poor state of repair.

Inspectors observed poor storage arrangements in the centre. Residents equipment such as hoists and mobility aides were stored in residents bedrooms and in the communal areas of the centre.

Areas of the communal rooms in the centre were in a poor state of repair and not adequately maintained. The flooring in the day room and dining rooms was observed to be torn and unsightly. The paint on some walls had not been maintained and there were areas where the paint had peeled off the wall.

Inspectors spoke with individual residents and also spent time in communal areas observing resident and staff interaction. The majority of residents were up and about on the day, and were observed relaxing in the various communal areas. A small number of residents were observed resting in their bedrooms. Inspectors observed staff engaging in kind and respectful interactions with residents. However, on the day of the inspection, inspectors observed that residents spent long periods of time without any recreational activity with staff engagement limited to the period while care was being delivered.

On the day of the inspection, inspectors observed poor practice in relation to resident moving and handling practice. A hoist was used to transfer residents from their bedrooms to the day rooms, posing a risk of injury to the residents.

Residents were complimentary about the food in the centre. Mealtimes were

observed to be social occasions. Meals appeared to be nutritious and appetising. A choice of refreshments was available to the residents throughout the day.

Residents had unlimited access to telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and inspectors observed visitors coming and going throughout the day.

The next 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 impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings from this inspection were that the registered provider had failed to ensure that an effective and safe service was provided for residents living in St. Dominic Savio Nursing Home. The provider had failed to take action to address the non-compliance identified on the previous inspection. The provider had not ensured that the service provided met the needs of the residents living in the centre, particularly in terms of the arrangements in place for staffing, staff training, individual assessment and care planning and the premises. Similar to findings of the previous inspection, the governance and management of the centre was not robust and did not meet the requirements of Regulation 23: Governance and management. There was a poorly defined organisational structure which resulted in ineffective monitoring and oversight systems. In addition, on the day of the inspection, inspectors found further non-compliance in Regulation 24: Contract for the provision of services.

This was an unannounced risk inspection conducted 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) and to assess the action taken by the provider following poor findings on the inspection of 16 December 2021.

In response to the regulatory non-compliance found on the inspection in December 2021, and a subsequent outbreak of COVID-19 in March 2022, the Chief Inspector had met with the registered provider in relation to concerns about the governance and management of the centre. The provider had given a commitment to address the concerns to ensure a safe and quality service was provided to residents.

The registered provider of St. Dominic Savio was Smith Hall Ltd. There are two directors of this company, one of whom represented the provider on the day of the inspection. Both directors were also persons participating in the management of the centre and both attended the feedback meeting following this inspection.

There was a person in charge who was supported in their role by nursing and care

staff, housekeeping and support staff. There were deputising arrangements in place for when the person in charge was absent and an on-call system in place which provided out of hours management support to the nursing staff. While both directors attended the centre regularly, roles and responsibilities were not clearly defined and it was not clear who held the overall responsibility for the delivery of the service.

Inspectors reviewed the staffing rosters and found that the staffing levels on the day of inspection were not sufficient to meet the health and social care needs of the residents.

The person in charge informed inspectors that activities were coordinated and provided by health care staff on a daily basis. Inspectors observed that although staff were available in communal areas throughout the day to provide assistance and support to residents, there were no scheduled activities provided for the residents and residents were observed sitting unoccupied for long periods of time.

Furthermore, the roster indicated that there was two staff members, a nurse and a health care assistant, on duty in the centre from 10pm until 6:30am. The provider confirmed that this was the staffing model for the centre. This staffing level was not adequate to ensure that all residents could be monitored and supported with their care needs. In addition, this staffing level would not be sufficient to evacuate residents in the event of an emergency in a timely manner.

The staffing model in the centre also required the health care assistants to fulfil the kitchen assistant duties and the laundry duties within their allocated direct care hours.

There were management systems in place such as a risk management system and clinical and environmental audit programme, however, these systems were not used effectively and did not identify appropriate risks or develop quality improvement action plans.

A review of the policies and procedures in the centre found that there was no fire safety policy available for review.

While staff had access to education and training appropriate to their role, inspectors found that some staff had not attended mandatory training sessions. In addition, there was no system in place to evaluate the quality of the training provided and to ensure that up-to-date training was implemented. This is discussed further under Regulation 16: Training and staff development.

Similar to findings on the previous inspection, inspectors found that records were not managed in line with the regulatory requirements. The provider had sourced an electronic documentation system. However, this system was not in use as staff did not have sufficient time to transfer the records and extra staff resource was not made available to transfer records from the paper-based system to the new system.

Inspectors found that the process for managing complaints was not in line with the regulatory requirements. This will be discussed further under Regulation 34:

Complaints procedure.

Regulation 15: Staffing

The number and skill mix of staff was not appropriate having regard to the assessed needs of the residents. For example:

- inspectors observed that care staff had to use their allocated care hours to supplement kitchen and laundry duties. This meant that there was less hours available for the direct care of residents.
- there was inadequate staff to meet the social needs of the residents. For example, there was no staff available for the provision or appropriate activities on the day of the inspection.
- there was insufficient levels of nursing staff resulting in the person in charge covering full nurse shifts on two occasions over the month preceding the inspection.
- there was inadequate levels of supervision of residents who walked with purpose. Inspectors observed one resident enter an unlocked clinical room which contained a number of items of potential risk.
- staffing levels on night duty did not provide assurance that residents could be safely evacuated in the event of an emergency.

This is a repeated non-compliance from the previous inspection in December 2021.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors reviewed staff training records and found that there were gaps in attendance for mandatory training session including fire safety training, manual handling and infection prevention and control.

There was no system in place to ensure training was effective. While most staff had received training in moving residents with a hoist, on the day of the inspection inspectors observed poor practice in relation to the use of a hoist. A hoist was used to transfer residents from their bedrooms to the day rooms, posing a risk of injury to the residents.

This is a repeated non-compliance from the previous inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre had a directory that contained all the requirements of the regulation.

Judgment: Compliant

Regulation 21: Records

Record keeping and file management required action to ensure compliance with regulatory requirements. For example;

- the drug kardex was not stored in a safe manner on the day of the inspection as inspectors found it unsecured in a communal area
- the staff roster did not identify the roles of staff members.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 23: Governance and management

There was multiple repeated non-compliance found under Regulation 23.

The provider had failed to ensure that the designated centre had sufficient resources to ensure effective delivery of care. This was evidence by;

- there was no weighing scales in the centre that were suitable to weigh residents with complex care needs. This resulted in two long term residents, who were assessed as being a high risk of malnutrition, did not have their weight recorded.
- inadequate staffing levels to meet social care needs of the residents
- a limited number of comfort chairs for residents. A resident was observed to be sitting in a dining room chair in their bedroom. The resident told the inspectors that they were very uncomfortable as the chair did not support their back.

There was no defined management structure which clearly identified roles of authority and accountability. Inspectors found that the compliance plan response to the previous inspection findings had not been fully implemented. Action from this compliance plan had not been delegated and an accountable manager had not been identified to ensure that action would be taken to comply with the requirements of

the regulations.

The governance systems in the centre were not robust and did not ensure that the care and services provided for the residents were safe and appropriately monitored. This was evidenced by;

- inadequate staffing levels had not been identified and no quality improvement plan had been developed
- ineffective risk management systems. Risks identified on the last two inspections were not identified and managed within the centre's risk register. For example, the requirement for hand washing sinks had not been risk assessed and therefore, there was no clear plan of action documented to address the risk
- poor clinical documentation was not identified within the centre's own audit system.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider failed to ensure that contracts for the provision of services was in line with regulatory requirements. Twelve out of the 26 residents accommodated in the centre had an agreed and signed contract in place. Other residents had a contract on file that had not been signed or agreed by the resident or their representative. While all contracts reviewed had the fees for the service identified, they also included additional charges that had not been agreed with the residents or their representatives. These extra charges included payments for activity programmes, pressure areas support equipment, and laundering of personal clothes. The finding of non-compliance is evidenced by;

- there was no evidence of any engagement with the resident or their representative in relation to these charges.
- the provider could not demonstrate the rationale for the additional charges and could not describe how these amounts were calculated.
- a resident was charge for what was described by the provider as a bespoke activities programme. Inspectors found that there was no personalised activities programme in place and that the resident could not actively participate in group activities.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre's complaints management policy and procedure did not include all the requirements of Regulation 34. For example;

- there was no appropriate person appointed to ensure all complaints were appropriately managed
- the policy did not include an appeals process.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

There was no fire safety policy in the centre as required by Schedule 5 of the regulations.

Judgment: Not compliant

Quality and safety

Residents in the centre were satisfied with the quality of the service they received. On the day of the inspection, the resident's daily care needs were observed to be attended appropriately and residents were observed to be content and felt safe in their surroundings. Improvement was required in relation to meeting the social care needs of residents. Furthermore, the provider's failure to address the non-compliance found on the last inspection, with particular regard to Regulation 17: Premises and Regulation 27: Infection prevention did not provide assurance that the provider was committed to ensuring the safety and well-being of residents accommodated in the centre.

The premises was clean on the day of the inspection. Some areas of the premises were in a poor state of repair, including the external gardens. Residents were not able to independently access the outdoor space. The ground was uneven and presented a significant tripping hazard.

Action required from a previous inspection in relation to the premises and infection prevention and control had not been completed, resulting in further non-compliance being identified on this inspection. For example, the last inspection identified the requirement for residents to have access to an safe outdoor space. The provider had committed to addressing this issue by March 2022, however, the external area remained unsafe for residents. Furthermore, a plan to install hand wash sinks had also not been completed.

The failure of the provider to address previously identified issues in relation to the management of infection prevention and control posed a continued risk to residents

in the centre.

Inspectors found that the fire precautions in place did not meet the requirements under Regulation 28: Fire precautions. The provider did not have a fire safety policy in place and it was therefore not possible to assess if fire safety systems and procedures were based on best practice guidelines. Poor fire safety practice was observed during this inspection. This is detailed under Regulation 28.

Inspectors reviewed a sample of assessments and care plans. Inspectors found that assessments and care plans were inconsistent and did not reflect the care needs of the residents. The provider had committed to improved monitoring of the quality of care plans, however, this was not completed. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents had access to an independent advocacy service. There were opportunities for residents to consult with management and staff on how the centre was run. Resident meetings minutes were reviewed by inspectors. The agenda items included COVID-19 booster, activities and planned construction works in the centre. However, action was required to ensure residents' were facilitated to exercise choice in their daily lives in the centre. This will be discussed further under Regulation 9: Residents' rights.

The inspector observed visitors coming and going throughout the day of inspection and residents identified that they were happy with visiting arrangements in place.

Regulation 11: Visits

Inspectors observed unrestricted visiting being facilitated in the centre throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the provider failed to complete the actions committed to following the last inspection, to ensure compliance with Regulation 17. This is evidenced by;

- The external courtyard area remained inaccessible to residents, restricting their choice to move freely outside the building
- There were inadequate showering facilities available to residents. This was identified on two previous inspections.
- The floor covering to the day room and dining room areas was worn, defective and uneven in parts, posing both an infection control and a tripping

hazard to residents

- There was inappropriate storage arrangements. For example, resident supportive equipment was stored in residents' bedrooms and communal areas.
- Paint work in some areas of the centre appeared to be peeling and was unsightly

These are previously identified non-compliance which the provider had committed to addressing in a compliance plan submitted to the Chief Inspector.

Judgment: Not compliant

Regulation 27: Infection control

The systems in place for the oversight and review of infection prevention and control practices required action to ensure compliance with the regulation. For example:

- there were no dedicated clinical hand wash basins in the centre
- there was no functioning bedpan washer in the centre
- there was a lack of appropriate bins in a number of areas. For example, the bins in resident's bedrooms were uncovered.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 28: Fire precautions

A review of the fire safety systems in the centre found that fire precautions were not in line with the requirements under Regulation 28. This was evidenced by:

- Some escape routes were not easily accessible. One fire exit in the day room was blocked by resident chairs
- A fire door was held open using a wedge that would not allow the door to close automatically in the event of a fire.
- A number of fire doors were observed to be damaged, reducing the ability to contain fire and smoke in the event of a fire
- Daily checks of fire exits had not been consistently completed
- The front door was locked with a key and did not have an automatic release mechanism. This meant that, unless the key was in the door, the front door could not be used as an emergency exit in the event of a fire.
- A room containing an electrical panel was locked. Inspectors were informed

that a key for this room was located at the nurses station. There was no plan in place to ensure that the room could be immediately accessed by staff, in the event of a fire.

- Inadequate staffing levels at night to ensure safe evacuation. While night time fire evacuation drills were completed, the records reviewed did not accurately reflect the actual staffing levels in the centre at night.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's nursing documentation found that residents' assessments were inconsistent and did not always reflect the specific care needs of the residents. This meant that the care plans developed from these assessments were not based on appropriately measured needs. This was evidenced by

- Some residents, assessed as being at risk of malnutrition, had not been weighed. There was no documentary evidence to describe how nutritional assessments had been completed.
- A resident with two pressure area wounds had a care plan for one wound documented. Recommendations made following a hospital review had not been integrated into the residents care plan. This meant that there was no clear guidance for nurses in relation to the treatment of the wound. These issues are repeat findings from the last inspection.

Judgment: Not compliant

Regulation 6: Health care

The inspector found that residents had access to a general practitioner and were provided with access to a team of allied health care professionals including dietitian, speech and language therapist, and psychiatry of later life.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that residents spent long periods of time with no facility for activity or social engagement. Furthermore, residents could not chose to go outdoors independently. Residents did not have safe, unrestricted access to an

outdoor area .

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Dominic Savio Nursing Home OSV-0000450

Inspection ID: MON-0036636

Date of inspection: 06/07/2022

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Kitchen duties are no longer part of the HCA role. The entire activities program has been restructured. There is a robust activities schedule With a dedicated activities facilitator. The clinical room now has a key pad entry system to ensure safety at all times.</p> <p>Since the inspection we have reviewed the rostering of all staff and increased the staff compliment on the floor to ensure additional resources and supervision for Residents. At all times we ensure that by having 2 staff members who live onsite, with 1 rostered to be always on call for emergencies as an extra support out of hours and even during the day.</p> <p>The education of all staff is extremely important and so we are reviewing the matrix to ensure all mandatory and non-mandatory training is reviewed and updated to ensure the upskilling of all staff members in all aspects of care that will apply to our Residents and their needs. It is therefore a full review by management to ensure at all times sufficing supervision, staff numbers reflect the care need dependency.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed mandatory training. We will monitor the effective and safe use of all equipment in the Nursing Home.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The medication trolley is kept within the treatment room when not in use and this room now has a new keypad to ensure safety and GDPR. When the nurse is doing the medication rounds the trolley is used but the medication documentation is kept locked in the trolley when the Nurse is administering medication to reaffirm the GDPR aspect of care.</p> <p>Staff roster now clearly specifies the roles on the roster within the Nursing Home.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Residents will be assessed to ensure all their care needs will be met and to ensure resources including equipment will be readily available to support care and that of staff in their daily care giving e.g. weighing equipment for non-weightbearing Residents.</p> <p>The entire activities program has been restructured. There is a robust activities program including activities that is specific to the individual residents needs with a dedicated activities facilitator. Care-planning will be specific to individual residents particularly on those who require one to one social stimulation. This role and their progress will be supervised by the Director of Operations. One dining room chair with wheeled skids is in use in a bedroom at the specific request of the resident who requested that the high-backed chair be removed.</p> <p>Our management structure has been revisited. Our Registered Provider now has a Director of Operations who will facilitate compliance with requirements of the regulations. All issues pertaining to resident safety that have been highlighted and documented at management meetings will, in future, be identified and managed within the centers risk register.</p>	

Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All residents in the Nursing Home now have signed and dated Contracts of Care specific to their needs. As a go forward all Residents will be given their contract of care on admission to read and sign, all information including room type and occupancy will be clearly outlined within the contract.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We have updated our Complaints Policy to include an appeals process and have also included a designated complaints person.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>We now have a center specific Fire Safety Policy.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>External courtyard has now been completed.</p> <p>Restructuring for assisted shower facility has been commenced and will be completed when specialized flooring contractors are completing their works in the Nursing Home by the end of September 2022.</p> <p>Flooring contractor for dining room has been engaged and the flooring will be completed</p>	

by the end of September 2022 as per the contractor agreement. Should the contractor delay the work the Director of Operations will revert to the inspector to update.

Supportive equipment will now be stored within the dedicated equipment storage areas and will not be stored in Residents areas.

Paint work has been completed in 28 bedrooms and communal areas the Provider Representative will ensure a schedule is kept to ensure ongoing reviews of all areas throughout each year.

Regulation 27: Infection control

Not Compliant

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

Designated Clinical Handwash Sinks are now in use.

Bedpan washer is now in use.

Appropriate bins with covers are now in use.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Escape routes will be constantly and more robustly monitored throughout the day, all staff are trained to ensure their observation of all Fire escapes are kept clear day and night throughout their shifts. The Staff Nurse with the Provider representative will ensure daily checks are signed throughout the shifts.

Fire Training has been updated with all staff to ensure full compliancy with the Fire regulations to include the risk of using any obstacle that would interfere with automatic release.

All fire doors have been inspected and passed by a suitably qualified person.

A thumb turn has now replaced the need for a key in the front door.

The electrical panel room is now accessible via a key pad and the code which is known to admin office and all staff and ensures safety for Residents and visitors.

Night time fire evacuation drills will now reflect the actual staffing levels as part of training.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Prior to or upon admission all Residents care assessments and care planning will be thoroughly documented and kept up to date and over seen by the Person in Charge with the Nurses. The PIC will ensure the monthly assessments are completed in full and truly reflect the accurate care needs of the individual Residents and the PIC and the Director of Operations will audit these ongoing to ensure fully compliant with best practice. All Staff Nurses with the Health Care Assistants will ensure reviews are ongoing day to day and amendments made to documentation to reflect the care given and changes made as required.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The entire activities program has been restructured. There is a robust activities schedule with a dedicated activities facilitator.</p> <p>External courtyard has now been completed.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	09/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	25/08/2022
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.	Not Compliant	Orange	30/09/2022
Regulation 21(1)	The registered	Not Compliant	Orange	25/08/2022

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	25/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	25/08/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	25/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	25/08/2022

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	25/08/2022
Regulation 24(2)(d)	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 any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Not Compliant	Orange	25/08/2022
Regulation 27	The registered	Not Compliant	Orange	25/08/2022

	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.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	25/08/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	25/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25/08/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	25/08/2022
Regulation	The registered	Substantially	Yellow	25/08/2022

34(1)(g)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Compliant		
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	25/08/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	25/08/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a	Not Compliant	Orange	25/08/2022

	resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	25/08/2022
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	25/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	09/09/2022