Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	15 May 2023
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0040137

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 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, and the company directors are family members. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management team of the centre. The centre currently employs approximately 38 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's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms, three twin-bedrooms, three three-bedded rooms and one four bedded room do not have ensuite facilities. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, three dining rooms, and a smoking room complete the accommodation in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 15 May 2023	09:30hrs to 20:00hrs	John Greaney	Lead
Monday 15 May 2023	09:30hrs to 20:00hrs	Lisa Walsh	Support

What residents told us and what inspectors observed

The overall feedback from residents was positive. Residents were complimentary of staff and management and their responsiveness to their needs and requests for assistance. Inspectors observed that residents appeared to be well cared for and this was confirmed in discussions with residents over the course of the day. Residents' independence was promoted and they were seen to be moving freely around the centre and had ready access to secure outdoor areas.

This was an unannounced risk inspection, carried out over the course of one day by two inspectors of social services. Following an introductory meeting, inspectors were accompanied on a tour of the centre by members of the management team. Overall, the inspectors found that residents healthcare needs were met to a good standard but some improvements were required in relation to infection prevention and control, assessment and care planning, and fire safety.

This centre was originally built in the 1980s and has been extended over time to its current capacity for 48 residents. There are two distinct wings on either side of the main entrance. Thirty five of the residents are accommoadted in one wing of the centre in twelve single, five twin, three triple and one four-bedded room. There are thirteen residents accommodated in the other wing, all in single en suite bedrooms. There are communal areas in both wings and residents are free to move between the wings. Most activities in the morning take place in the communal area near the entrance and residents predominantly spend their time in this area. Activities are also facilitated in the other communal area, mainly in the afternoon.

There was a pleasant atmosphere throughout the day. Residents were up and about and were seen moving freely through the centre. Residents were predominantly supported by staff who were caring and did not rush residents when assisting them. However, it was observed that some staff may benefit from further training in communicating with residents that may present with challenging behaviour (Behavioural and Psychological Symptoms of Dementia). Throughout the morning, residents were seen to arrive in the sitting room after having their personal care attended to. Residents were well dressed and it was clear that staff made every effort to support residents with their appearance.

Overall, the premises was generally clean, however, there was some general maintenance issues throughout the centre. The windows in one of the sitting rooms had a white substance between the glass plates and could not be removed. The glass on these windows also had a bubble like appearance. The floor covering in the communal area near reception was loose. There was a radiator missing from a room that was used to fold and iron laundry.

On the walk around inspectors noted some fire safety related issues. Inspectors saw that there was one corridor that did not have adequate emergency lighting. It was also observed that one cross corridor fire door was wedged open. On further

investigation it was found that the magnetic hold open device was malfunctioning. This was repaired prior to the end of the inspection. The inspectors also observed a bedroom door being held open with a waste bin.

There was a variation in the degree of personalisation of bedrooms. Some residents' bedrooms were personalized with photographs and personal memorabilia while others had minimal personal items. A review was required of the privacy screens around beds in shared bedrooms. In one bedroom it was noted that the privacy screen did not fully surround the bed while a second bed in the room did not have a privacy screen.

The overall feedback from residents in relation to activities was positive and this was supported by the observations of inspectors. It was clear that management had focused on the provision of activities since the last inspection. Inspectors observed the activities coordinator doing individual activities for those not participating in group activities, for example, hand massage and painting nails.

On previous inspections, laundry was outsourced to two external companies, one for bed linen and one for residents' personal clothing. Due to a problem with one of the external laundries, the provider commenced laundering bed linen within the centre and continues to do so. The laundry was small and there was not an adequate system in place for a dirty to clean workflow, posing a risk of cross contamination. The laundry was also observed to be used as a thoroughfare by staff, including for taking bags of waste out to the external waste compound. There was also not a clear segregation of laundering and care duties.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall, the findings of this inspection were that there were systems in place to support the provision of a good standard of evidence-based care. However, more focus was required on key areas such as governance and management, particularly in relation to addressing findings of previous inspections. Some improvements were also required in relation to the directory of residents and contracts of care. These findings are discussed under the relevant regulations in this report.

This unannounced inspection was conducted over one day by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended).

The registered provider is Sacred Heart Nursing Home Limited, which is family owned and operated. The company comprises three directors, and all have a presence in the centre on a daily basis. Day to day operations are overseen by two

directors, one is the person in charge and the other is the operations manager. They both demonstrated a clear understanding of their roles and responsibilities and were a visible presence in the centre. There is a clearly defined management structure in place with which staff are familiar and are aware of their individual roles and responsibilities within the structure.

The management team had systems in place for the oversight of the quality and safety of care in the centre. There was an overarching programme of audits that identified what audits were to be conducted each month. The programme of audits included audits in key areas, such as falls management, restraint, medication management and nutritional status.There was also an annual review of the quality and safety of care delivered to residents in 2022. During the centre's previous inspection in June 2022, a number of required actions had been identified in areas such as the personal possessions, premises, fire safety and infection control. The compliance plan submitted by the provider to address these findings was assessed at this inspection to determine whether all actions had been effectively carried out. The inspectors found that many of these actions were completed. Improvements noted since the last inspection included the provision of some new wardrobes, some new bedside lockers, some new chairs and an enhanced programme of activities. Some actions, however, remained outstanding. Areas in which improvements were not sustained are outlined under Regulation 23 of this report.

Staff were generally knowledgeable of residents needs and preferences. There were adequate numbers and skill mix of staff on duty to meet the caring and health needs of residents.

The incidents and accidents log was reviewed. All incidents requiring notifications to the office of the chief inspector were submitted within the required time frames. Inspectors reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre. Contracts detailed the services to be provided and the breakdown of fees for such for such services. Not all of the contracts contained details of the rooms to be occupied by residents and this is outlined under Regulation 24 of this report.

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Management confirmed to inspectors that all staff had up-to-date training in the areas of safeguarding, manual and people handling, and responsive behaviour. Staff were also supported to attend other training relevant to their role such as infection control, medication management and cardiopulmonary resuscitation. There were appropriate measures in place for the induction and supervision of staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not include all of the information that is required under schedule 3 of the regulations. For example:

- the gender of the resident was not included in all records review
- the address for next of kin was not included in two of records reviewed
- In two records, the general practitioner's contact number was not included.

Judgment: Substantially compliant

Regulation 21: Records

Records of intake and output were not maintained for residents prescribed subcutaneous fluids

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements required in relation to governance and management included:

- there were repeated findings on this inspection that were also found on the last inspection, such as storage of equipment in stairwells, holding open a fire door and the use of electric hand dryers in communal bathrooms.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Of a sample of contracts of care reviewed, one contract identified the incorrect bedroom and it was not always specified the number of other residents in shared rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in this centre received care and support to feel safe and could enjoy a good quality of life. Residents told the inspector that they were happy with the level of care and the responsiveness of staff. Notwithstanding this positive feedback, findings from the inspection found that action was required in relation to fire safety management, assessment and care planning and the dining experience. These issues and other areas of required improvements are discussed in more detail under the relevant regulations of this report.

Residents had pre-admission assessments conducted prior to admission in order to ascertain if the centre could meet the assessed needs of each prospective resident. Following admission, residents' social and health care needs were assessed using validated tools for issues such as nutrition, skin integrity, falls and dependency levels, to inform care planning. There was a variation in the quality and person-centredness in care planning records. While all care plans were found to have been recently reviewed, the interval between previous reviews for some care plans had extended beyond the minimum required four month periods. There was also a need to ensure that assessments were repeated following interventions, such as the administration of analgesia, in order to objectively assess the effectiveness of the intervention. These and other assessment and care planning issues are described in more detail under Regulation 5 of this report. Residents' health and well-being was promoted by regular reviews by general practitioner (GP) services that visited the centre regularly and as required. Residents also had timely access allied health services, such as occupational therapy, speech and language therapy, dietetics, and tissue viability nursing, when requested by residents or as required.

Overall residents' rights were upheld to a good standard. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. There was a programme of activities available to residents and inspectors observed a good level of participation by residents in both one-to-one and group activities. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by inspectors showed that relevant topics were discussed including mealtimes, staffing, and activities.

Inspectors observed the meal time experience both at lunch time and tea time and saw that residents had choice in what they had to eat and drink. Residents also had choice about where they dined. However, it was observed that when one resident requested an alternative to what was being offered, staff did not immediately make efforts to provide this option. The mealtime experience could also be enhanced by the display of a menu of what was on offer for all meals.

Inspectors observed that the centre was generally clean and tidy on the day of the inspection. However, while the centre provided a homely environment for residents, some actions were required in respect of the premises. This is discussed further under Regulation 17: Premises.

Further focus was required on fire safety. While arrangements were in place for the preventive maintenance of fire safety equipment, there were gaps in the records indicating that it was not always conducted in accordance with relevant standards. A review was required of the adequacy of emergency lighting throughout the centre. These and other issues in relation to fire safety are outlined in more detail under regulation 28 of this report.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

Actions were required by the provider in relation to the maintenance to ensure Compliance with Regulation 17 and Schedule 6, including:

- the floor covering in a communal area had become loose
- there was a radiator missing from the room used to fold and iron laundry

- there was a white substance between the glass plates in the window of a communal room and there was also a bubble like effect on the glass
- there were cracked tiles in the kitchen flooring that would would make them difficult to clean effectively
- in one of the shared bedrooms the privacy curtains did not extend all the way around one of the beds and there were no privacy curtains on the second bed
- there were sandbags on the floor of a lower ground floor of the centre, an area only accessible by staff. Inspectors were informed that these were precautionary due to problems with drainage in the surrounding land

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required in relation to food and nutrition. For example:

- while there was a menu on display on a board in the dining room, the dessert menu did not reflect what was available on the day. The menu for the evening meal was on not on display
- when a resident requested an alternative to what was on the menu for lunch, this was not provided to the resident in a timely manner
- a review was required of portion sizes to ensure that the portion served to each resident reflected their expressed preferences, be it smaller or larger portions

Judgment: Substantially compliant

Regulation 20: Information for residents

An information guide for residents was available, detailing, the services and facilities in the centre. Information on internal and external complaints procedures was available. Independent advocacy service information was also available.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example:

- action was required in relation to the management of laundry, such as;
    - while inspectors were informed the caring and cleaning duties were segregated this was not supported by the observations of inspectors. This poses a risk of cross contamination
    - the laundry room was small and there was an inadequate system in place for the segregation of clean and dirty linen to minimise the risk of cross contamination
    - the laundry room was used as a thoroughfare by staff taking bags rubbish to the yard outside
- electric hand driers were available in several toilets used by residents. Electric air hand driers are not recommended as they have the potential to spread bacteria by blowing the pathogens back onto hands after washing. While there were paper towel dispensers in these bathrooms, some were empty
- all areas of the centre were not included on the cleaning checklist, such as the laundry

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety precautions, including:

- a full review of the adequacy of emergency lighting throughout the premises was required to ensure that it supported the evacuation of residents in the event of a fire. Inspectors did not identify emergency lighting on a corridor leading from the sitting room in the older wing down the corridor to the laundry area, which also contained a number of bedrooms. The review should be conducted by a competent person with knowledge of fire safety regulations and standards
- there was equipment such as chairs and unused clinical waste bins stored in the stairwell leading to an emergency exits. While this was not causing an obstruction, stairwells on evacuation routes should not be used as storage areas
- a cross corridor fire door was missing a smoke and heat seal on the upper half of the door. There were also gaps in some cross corridor fire doors that would negatively impact on their ability to contain smoke in the event of a fire
- a cross corridor fire door had been wedged open due to a malfunctioning magnetic hold-open device. This was repaired prior to the end of the inspection
- some personal emergency evacuation plans (PEEPs) were overdue review.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required in relation to assessment and care planning. For example:

- while care plans had all been recently reviewed and were up to date, recommendations from health and social care professionals were not always incorporated into care plans to reflect each resident's current needs
- not all care plans had not been reviewed at a minimum of every four months. For example, four cares had been reviewed in February 2023, however, there was an eight month gap to the previous review
- communication care plans and communication passports were in place for residents, however, residents specialist communication requirements were not always detailed
- while pain assessment tools were being used to ascertain the level of pain experienced by residents, there was not always a record of an assessment of the effectiveness of analgesia
- the frequency of wound care assessments and dressing change records did not always align with recommendations of the tissue viability nurse

Judgment: Not compliant

Regulation 6: Health care

Residents' health and well-being was promoted by regular reviews by general practitioner (GP) services that visited the centre regularly and as required. Residents also had timely access allied health services, such as occupational therapy, speech and language therapy, dietetics, and tissue viability nursing, when requested by residents or as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While all staff had attended training in challenging behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), this training was not always effective. Inspectors observed that some staff did not have the required skills to communicate with residents with dementia.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made
Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting

Residents spoken with stated that they felt safe in the centre. All staff had attended training to safeguard residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements have been made to the rights of residents since the last inspection. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents had the opportunity to be consulted about and participate in the organisation of the centre through residents' surveys and residents meetings.

Residents had access to independent advocacy services, including access to in-person awareness campaigns by independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0040137

Date of inspection: 15/05/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents was reviewed and corrected on the day of inspection and any missing information was rectified. The ADON will now audit the directory monthly to ensure no information is missing. Completed: 15 May 2023 with ongoing reviews	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Input and output charts are now maintained for all residents prescribed subcutaneous fluids and this will be monitored by the ADON upon commencement of any future prescribed therapy. Completed: 15 May 2023 and ongoing.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Daily walkabouts are being completed by senior staff to ensure all exits, stairwell, refuge areas are clear. This includes visual inspection that no doors are held open. This is now being included as a running agenda in all management and staff meetings and daily report.

Effective from 15 May 2023.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Contracts have all been reviewed and audited to ensure they all have the correct bedroom number on them and the number of occupants in the room.

Completed 19 May 2023.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The supplier is reviewing the floor covering. Will be completed by 31/08/23.

The plumber had removed the radiator prior to the inspection and has a plan in place to complete maintenance work and upgrading work of some radiators during the summer. The radiator removed is being reinstalled at this time. Completion date for all necessary works: 31/08/23.

A plan is in place with the tiler to retile the entire kitchen. This plan had been in place and was evident as part of our annual review and plans for 2023. To be completed by 30/11/23.

The privacy curtains in the bedroom in question were taken down on the day for cleaning and were replaced that evening. The other privacy curtains were reviewed and replaced with the correct curtain alignment for this bed. Completed 19 May 2023.

The precautionary use of the sandbags was reviewed and as they are not required, they have now been removed from the staff area. Completed: 19 May 2023.

The glass in the communal window will be replaced – complete by 31 August 2023.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
A review of all menus is being undertaken to ensure they are reflective of all meals being served including the deserts and evening meals. Completion date 30/08/23.

An alternative is always available to residents, and staff received further training to ensure this is delivered in a timely manner. Completed 22/06/23.

The catering staff on duty on the day of inspection are very familiar with the preferences of the residents and as a result, the portion sizes were reflective of their expressed preferences. Additional food is always available and resident choice is actively promoted during mealtimes. Completed 15 May 2023.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Staff are receiving training and practices has been reviewed to ensure there is clear segregation of laundry duties from other duties. Completion date: 31/7/23.

The system in the laundry has been reviewed and staff have received training to ensure an efficient system is in place for segregation of linen. Completed: 28/6/23

Senior management have reminded all staff that the exit door in the laundry is for laundry purposes only and is not to be used for any other purpose. This is being monitored and reviewed by senior management daily and disciplinary action will be taken if not adhered to. Completed 28/06/23.

Electric hand driers are in place but are never used as the preference is paper towels. They have been switched off since the last inspection and a member of staff has been allocated to ensure they are left switched off. Driers will be permanently disabled.

Paper towels are stocked up each morning by the cleaning staff and were restocked on the morning of the inspection. Completed 15 May 2023

The laundry room is cleaned every day and is included on the schedule for thorough cleaning which was available for review. Completed 15 May 2023.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The emergency lighting is subject to review every quarter by a competent person and this will continue. It has been attested that our lighting meets the required standard for the regulations in place at the time the extensions were built. We have however decided to upgrade the lighting and had an additional bulkhead installed on 07/07/2023 to provide additional lighting to the corridor identified.

All equipment stored in the stairwell was removed. Staff are being reminded at daily report regarding the correct storage of items and it will be a running agenda at staff meetings. Completed 19/05/23.

Daily walkabouts are being completed by senior staff to ensure all exits, stairwell, refuge areas are clear. This includes visual inspection that no doors are held open. This is now being included as a running agenda in all management and staff meetings and daily report. Completed: 15 May 2023.

The PEEPS are all reviewed and are reviewed at a minimum of every 4 months or sooner if there are any changes in the residents' assessed need that would affect their PEEP. Completed 19th May 2023.

A competent person will be engaged to assess fire doors in the centre and remedy any defects – complete by 30 August 2023.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A full review of all care plans has been undertaken and deficits rectified. It is our policy to continue to review them monthly as was demonstrated on the nursing intervention sheet. Staff have been reminded to accurately record care plan reviews in the relevant section so as to avoid any future misunderstanding. Completed 15th May 2023.

Nursing staff will receive further training in care plans. Date of completion: 30th September 2023. Staff have been reminded of the need to record the effectiveness of medications administered, particularly in respect of analgesic medication.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All staff have received training in managing behavior that is challenging as demonstrated in the training matrix. Staff will receive further updated training in managing behavior that is challenging on a yearly basis. Completion Date 15th December 2023.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	15/05/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional	Substantially Compliant	Yellow	15/05/2023

	assessment in accordance with the individual care plan of the resident concerned.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/05/2023
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 and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/05/2023
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	15/05/2023
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	Substantially Compliant	Yellow	19/05/2023

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	07/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	07/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/07/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant	Orange	19/05/2023

	persons in the designated centre and safe placement of residents.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	15/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	15/05/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	15/12/2023