



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

Issued by the Chief Inspector

Name of designated centre:	Cairnhill Nursing Home
Name of provider:	Cairnhill Healthcare Limited
Address of centre:	Herbert Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0000755
Fieldwork ID:	MON-0038717

About the designated centre

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

The centre is based in Bray and has good access to local amenities including bus routes. The premises is purpose built and four floors are in use with bedroom accommodation located on the ground, first and second floor. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters for residents of all dependencies, low, medium, high and maximum, and can offer convalescence care, palliative care, respite and long term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor.

The basement area is used mostly for support services such as the laundry, maintenance room, hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area which is mostly used for movie afternoons and parties. Additional storage was also provided here.

According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents' privacy and dignity is respected and their individuality maintained. It aims to provide an environment which is safe, homely and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents' needs while involving all those using the service and their families in planning and decision making where appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 January 2023	10:15hrs to 18:00hrs	Mary Veale	Lead
Wednesday 1 February 2023	09:00hrs to 13:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Cairnhill Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. The inspector observed many examples of person-centred and respectful care throughout the days of inspection. The inspector greeted the majority of the residents and spoke at length with 13 residents. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' said they felt safe and trusted staff. Residents' told the inspectors that staff were always available to assist with their personal care.

On arrival the inspector was met by a member of the administration team and guided through the centre's infection control procedures before entering the building. Following an introductory meeting with the person in charge and the assistant director of nursing the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms.

The centre had accommodation for up to 93 residents over four floors and was finished and maintained to a high standard. The centre was warm and there was a relaxed atmosphere. All bedrooms had en-suite bathrooms and there was mostly single occupancy rooms with five twin bedrooms throughout. The inspector observed that the centre appeared clean to a high standard. Shared furniture in communal rooms appeared to be suitable for the residents, comfortable and clean. Corridors were wide and free from clutter with appropriate hand rails. There was access to outdoor spaces via communal rooms on the ground floor. Residents from the upper floors accessed the outdoor areas using three of the passenger lifts in the centre. Residents had access to a dining room and lounge rooms on all floors. The basement floor contained the centres production kitchen, laundry, staff changing facilities, hairdressing room, prayer room, and maintenance rooms.

Residents' spoken with said they were happy with the activities programme in the centre. Group activities were observed taking place in the lounge rooms throughout the days of inspection. Over the two days the inspector observed residents' making St Brigid's crosses, attending live-streamed mass, discussing current affairs, enjoying live music and partaking in a karaoke activity. For residents who could not attend group activities, one to one activities were provided. A pet therapy dog visited the residents' on the first day of inspection. The inspector observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family

members.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. Residents' told the inspectors that they could have their breakfast in bed and were not rushed at meal times. The inspector observed the lunch time experience for residents in the Avoca and Brook dining rooms over the two days. The meal time experience on both days was relaxed and staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre provided a laundry service for residents. Residents' who the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing. A small number of residents preferred to have their clothes laundered by a family member.

The inspector observed that visiting was facilitated. The inspector spoke with three family members who were visiting. The visitors told the inspector that there was no telephone booking system in place. Visitors spoken to were very complementary of the staff and the care that their family members received.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in January 2022, and improvements were found in Regulation 15: staffing, Regulation 16: training and development, Regulation 23: governance and management, Regulation 27: infection prevention and control and Regulation 31: notifications. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 27: infection prevention and control.

There was a change in the registered provider of this centre since the previous inspection. Cairnhill healthcare Limited was the registered provider for Cairnhill nursing home which was one of 12 designated centres in the group. The company had three directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was

supported by a clinical operations manager and by shared group departments, for example, human resources.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. The centre had a well-established staff team. Staff spoken with were knowledgeable of residents individual needs and were seen to be responsive to requests for assistance by residents. Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, and infection prevention and control.

There were good management systems in place to monitor the centres quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, medication management and observational audits. Audits were objective and identified improvements. Records of governance and local staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular governance meeting and staff meeting agenda items included corrective measures from audits, key performance indicator's, training, fire safety, COVID-19 planning, and clinical risks. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, relative satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2022 was submitted following the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the days of inspection.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in the entrance lobby of the centre and adjacent to all lift areas. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 was viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge

of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Quality and safety

The rights of the residents' was at the forefront of care in Cairnhill nursing home. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Since the previous inspection, the centre had increased staffing levels to ensure that the centre had a clinical nurse manager on duty at weekends. The provider had established a comprehensive infection prevention control training schedule and had additional activities staff to ensure residents could engage in social activities. Improvements were required in the area of infection prevention and control on this inspection.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all communal and bedroom corridors. Bedrooms were personalised and residents had ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and en-suite areas. Residents has access to a mobile call bell, and call bells in their bedrooms and en-suites.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules were incorporated into the regular weekly cleaning programme in the centre. The centres storage areas were clean, free of clutter and organised. Used laundry was segregated in line with best practice guidelines. There was evidence of infection prevention control (IPC) meetings with agenda items such as COVID-19 and actions required from specific IPC audits. The centre had an IPC policy, and an updated COVID-19 outbreak management report had been completed by the person in charge. Learning and changes had been identified such as communication , training and PPE stations. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Daily menus were displayed and available for residents' on the tables in all dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and

drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with absconding, residents who were at risk of falling and the risks associated with medication management.

The centre did not act as a pension agent for any of the residents. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and all were in working order. Fire training was completed annually by staff and there was evidence of fire training taking place in January 2023 and on the second day of the inspection. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in compartments with a night time drill having taken place in the centre's largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, fire evacuation equipment, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There were fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centre's evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the days of the inspection there were no residents who smoked.

The inspector saw that the resident's pre-admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and behaviours that were challenging. Care plans were regularly reviewed and updated following assessments

and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, emergency department in the home team, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required; for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had access to dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging . Residents' had access to psychiatry of later life. There was a clear care plan for the management of resident's responsive behaviour. It was evident that the care plan was being implemented. The use of bed rails as a restrictive device had reduced since the previous inspection. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats, and low beds. The entrance door to the ground floor reception area was locked . The intention was to provide a secure environment, and not to restrict movement. Residents' were seen assisted by staff to leave the centre and visitors were seen accessing the centre throughout the days of inspection.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to a SAGE advocate. The advocacy service details and activities planner were displayed on all floors in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Roman Catholic and Church of Ireland clergy visited residents' in the centre regularly. A Eucharist minister offered communion to residents weekly. Residents had access to a prayer/reflection room in the centre. Group activities of arts and crafts classes and music entertainment took place over the inspection days.

The residents' had access to a visiting dog most weeks and relatives could bring their family pet.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home- baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water jugs were seen to be replenished throughout the day in residents' rooms and communal areas.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centre's shower chairs was required as a number of shower chairs had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs.
- The centres shower drains require review as a number of shower drains were found to be dirty on the days of inspection.
- Urinals and incontinence wear were stored on open shelves of communal toilets which posed a high risk of contamination and risk of transmission of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs. It was evident that the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents. Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairnhill Nursing Home OSV-0000755

Inspection ID: MON-0038717

Date of inspection: 01/02/2023

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>(1) Shower chairs in Cairnhill Nursing Home have been reviewed by Maintenance, and the group painter is sourcing "rust proof Paint" to repair the shower chairs. Audit completed of chairs in house will continue and kept under review.</p> <p>(2) On inspection shower drains were found to be dirty in Cairnhill Nursing Home. Maintenance within the home has now checked all shower drains for dirt and debris, and these have been cleaned. These drains will be inspected and cleaned regularly going forward. The maintenance department has a rota in place.</p> <p>(3) Urinals and incontinence wear were found to stored on open shelves of communal toilets. The Urinals and incontinence wear has now been removed from communal toilets. New covered toilet roll holders are being installed to all areas to dispense tissue as it is required. Regular review of compliance will continue.</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 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	31/03/2023