



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

## Issued by the Chief Inspector

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0034677

## About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	46
--	----

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	09:45hrs to 19:00hrs	Leanne Crowe	Lead

## What residents told us and what inspectors observed

The inspector spoke with nine residents and one visitor during the inspection. These residents spoke positively about their experience of living in the nursing home. They described feeling "happy", "well looked after" and "had no issues with anything at all". They said that staff were kind and promptly took care of their needs. Staff were observed interacting warmly with residents throughout the inspection and providing support when needed. Residents did not raise any complaints about the service with the inspector, however residents who spoke with the inspector said that they knew how to raise any concerns they might have and felt able to chat with someone if they were worried about anything.

A visitor that spoke with the inspector was very complimentary about the care that their loved one received since being admitted to the centre. They highlighted that staff communicated regularly with them and they praised the overall quality of the service. They also confirmed that they could raise any queries or concerns with management and that visiting was facilitated in line with the public health guidance that was in place at the time of the inspection.

When the inspector arrived they were guided through necessary infection prevention and control measures on entering the designated centre. These processes were comprehensive and included a sign-in process, hand hygiene, the wearing of appropriate personal protective equipment (PPE) and checking for signs and symptoms of COVID-19. This process was also conducted with the visitors that attended the centre throughout the day. Additional alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

The centre is a single storey, purpose built nursing home that can accommodate a maximum of 48 residents. The centre was nicely and comfortably decorated throughout. The design and layout met the individual and communal needs of residents, with plenty of areas for residents to spend time or rest as they moved around the centre. Bedroom accommodation comprises single ensuite rooms along four corridors. A variety of communal rooms are available throughout the centre, including a library, visitors' room, dining room and spacious day room. A number of secure external areas are also accessible from different points within the building. These contained trees, shrubbery and seating areas, as well as various pathways. Adequate storage was provided, with equipment such as hoists placed in dedicated rooms which could be easily accessed for use. Many residents had personalised their rooms with items such as photographs, ornaments and pieces of small furniture. Residents appeared to have sufficient space for storing their clothes, toiletries and other belongings. Residents who spoke with the inspector were satisfied with their bedroom accommodation.

For the most part, staff were observed to follow infection control guidelines in relation to the use of PPE and hand hygiene. Staff were also observed providing

opportunities to residents to practice hand hygiene before having their meals.

The inspector was told that a range of group activities were held on a daily basis. There was one activity co-ordinator working on the day of the inspection, and was observed engaging with residents in the large day room throughout the day. Residents who attended this room enthusiastically participated in activities such as word games, baking and arts and crafts. Residents in this room felt that they had enough to do during the day and at the time of the inspection were busy preparing for upcoming Christmas festivities. They stated that a number of live music sessions were scheduled to take place in the coming days and weeks. However, the inspector noted that the staff member did not have time to routinely carry out room visits or engage in one-to-one activities with residents that were unable to attend this day room. This meant that not all residents were provided with opportunities to engage in activities in line with their individual needs and preferences.

Residents were aware of the visiting arrangements that were in place in the centre at the time of the inspection. A resident was observed welcoming their visitor in the reception area during the inspection. Some residents had mobile phones and electronic tablets and used these to chat with family and friends during the day.

Residents were complimentary of the choice, quantity and quality of meals available in the centre. Freshly prepared meals were served to residents throughout the inspection, and residents were observed enjoying these. Residents who required additional support were discreetly offered this by staff.

The governance of the centre will be discussed under the following two sections, capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall this inspection found that the centre was well managed by an established management team. However further action was required to ensure that the oversight of care and services was effective. The audit, monitoring and supervision systems that were in place in the designated centre had failed to identify areas of improvement found on this inspection in relation to; the notification of incidents, the management of safeguarding incidents and the quality of care planning documentation.

Thomond Care Services Limited is the registered provider for Thomond Lodge Nursing Home. The person in charge worked full time in the centre and was responsible for the day-to-day operation of the centre. There was a clearly defined management structure, which included the centre's financial administrator and a clinical nurse manager (CNM), both of whom worked in the centre on a full time basis and were highly visible throughout the day of the inspection. Staff and

residents were familiar with these people's roles and their responsibilities. The management team was supported by a team of nursing, caring, housekeeping, catering, maintenance, activities and administration staff.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended and to follow up on unsolicited information that had been received. This unsolicited information raised concerns in relation to safeguarding, residents' rights, staffing, staff training and development and the management of complaints. The information was partially validated on this inspection and improvements were required in order to bring the centre into compliance with these regulations.

The centre had experienced a COVID-19 outbreak during October 2021 which had been declared over at the time of the inspection. The inspector noted that the centre's COVID-19 contingency plan had been revised following this outbreak to include any learning that had been identified, such as increasing the nursing staff hours at night and increasing housekeeping hours.

A number of challenges relating to the recruitment of staff were impacting negatively on the staffing levels within the centre. While the person in charge was working hard to recruit staff and to ensure sufficient staff were on duty to meet the needs of the residents, a review of the completed and planned rosters for the weeks before and after the inspection indicated that this could not always be achieved. A cautionary meeting was held following the inspection where the registered provider representative and person in charge provided assurances about how they were going to improve compliance with Regulation 15 Staffing, in the centre.

The registered provider had addressed one of the two actions identified at the last inspection. The second action, relating to maintaining privacy in bedrooms overlooking the gardens or car park, had not been addressed at the time of the inspection. This is discussed under Regulation 9.

There was a varied training programme in place to ensure staff were appropriately skilled.

Complaints were recorded and were managed in line with the centre's policy.

## Regulation 15: Staffing

While the planned roster in place took account of residents' needs, the current staffing complement did not ensure that staffing rosters could be maintained if staff were not available for work through sickness or unplanned absence.

While a number of staff had been recruited and would be commencing work in January and February 2022, further assurances were required from the registered

provider about how the immediate risk in relation to staffing would be addressed.

Judgment: Not compliant

### Regulation 16: Training and staff development

There was an ongoing training programme for all staff. Records indicated that the majority of staff were up-to-date with mandatory training, with staff that had recently commenced work or returned from leave scheduled to attend outstanding fire safety training in December 2021.

The centre had one clinical nurse manager (CNM) who had responsibility for the support and supervision of care and nursing staff. However the CNM spent the majority of their time working as a staff nurse on duty and had limited supernumerary hours to carry out their supervisory role.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that the current management and oversight systems did not ensure that care and services were effective and appropriate and that there were sufficient resources available to deliver the service in line with the centre's statement of purpose. This was evidenced by:

- A number of safeguarding incidents had not been managed appropriately
- The person in charge had failed to notify these incidents to the Chief Inspector
- The quality of some care documentation did not reflect sufficient oversight by the nursing management team
- The audits in relation to environmental hygiene and infection control had not identified the issues set out in this inspection report
- The provider did not have an appropriate plan in place to mitigate the risks associated with the current staffing levels.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The Chief Inspector had not been notified of a number of incidents relating to



safeguarding risks in the centre as required in the regulations.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place in the centre which met the requirements of the regulations. A copy of this process was displayed at the reception area of the centre. Complaints were seen to be recorded and responded to in a timely manner.

Judgment: Compliant

### Quality and safety

The findings on the day of inspection were that, for the most part, the provider was delivering good quality clinical care to residents, in line with their assessed needs. Care was provided in a person centred manner. Residents had good access to health care services, including general practitioner (GP), dietitian, speech and language and tissue viability services. Clinical risks such as falls and weight loss or gain were regularly monitored. While assessments were completed in a timely manner care planning documentation was not always reflective of residents' needs.

Significant improvements were required in the safeguarding processes that were in place to ensure that any concerns were investigated thoroughly and followed up appropriately and that residents were kept safe.

Processes were in place to mitigate the risks associated with the spread of infection and limit the impact of potential outbreaks on the delivery of care. The inspector identified some examples of good practice in the management of COVID-19, such as increasing the daily hours of domestic staff to support effective and regular cleaning of the centre. The majority of staff observed practiced good hand hygiene and use of PPE. Overall, the general environment, residents' bedrooms and communal areas were observed to be clean, tidy and well-maintained. Some improvements in relation to the cleaning of equipment is set out under Regulation 27

The use of restrictive practices was closely monitored and the service was committed to continuing to promote a restraint-free environment. Regular risk assessments were completed for all residents using bed rails.

At the time of the inspection, visiting was being facilitated. These visits were occurring in line with the current Health Protection and Surveillance Centre (HPSC) visiting guidance. Visitors were observed to comply with the measures put in place

by the centre.

Daily and weekly checks in relation to fire safety were carried out in the centre. The fire detection and emergency lighting systems were serviced on a quarterly basis. Fire fighting equipment were serviced annually. There were detailed records of regular fire drills in place. However, the centre did not have self-closure devices in place on bedroom doors and there was insufficient evidence that the management of this risk had appropriately assessed or been incorporated into fire safety procedures and staff training.

Residents' rights were found to be respected and upheld by staff. Residents were spoken to by staff in a respectful manner, and were offered choice in relation to how they spent their days.

### Regulation 11: Visits

Visits were being facilitated and managed in line with the most recent Health Protection Surveillance Centre (HPSC) visiting guidance. Residents could spend time with their visitors in two private communal rooms near the reception area of the centre. Residents and visitors spoken with were happy with the arrangements in place.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that some procedures were not consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance), including:

- Effective systems were not in place to ensure regular effective cleaning of reusable equipment such as hoists and hoist slings
- Hoist slings were not appropriately stored
- The cleaning and decontamination of the centre's cleaning trolley and other equipment was not of a good standard
- While the majority of staff demonstrated compliance with the use of PPE, a small number of staff were observed incorrectly or failing to wear face masks
- There were portable fans in use in the laundry room which were not on a daily cleaning schedule and had not been risk assessed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

On inspection it was noted that bedroom doors were not fitted with self-closing devices. There was insufficient evidence that this risk had been identified and was being adequately managed in order to reduce the risk of spread of fire:

- While there was a fire safety policy in place, it did not outline that staff were responsible for ensuring bedroom doors were closed in the event of an emergency
- This requirement was not outlined in the centre's fire safety risk assessment
- Staff spoken with on the day of the inspection were clear about their responsibility to close bedroom doors when describing the fire safety procedures
- Ensuring all doors were closed within a compartment was only referred to in some of the fire drill records reviewed.

The training of staff required improvement to ensure that they were aware of personal emergency evacuation plans (PEEPs) and where they could be located.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plan records. While the assessments of individual residents' needs were up-to-date, a number of care plans had not been updated when the resident's needs had changed and therefore the care plans did not provide sufficient up to date information to guide care. For example:

- A resident's care plan in relation to their engagement in activities
- A resident's care plan in relation to personal hygiene
- A resident's care plan in relation to the management of their responsive behaviours

Additionally, care plans were not reviewed every four months, as required by the regulations.

Judgment: Not compliant

### Regulation 6: Health care

Residents had good access to medical and allied health care services. Residents' GPs visited as required and there was evidence of referrals to other health and social care professionals such as dietitians, physiotherapists and speech and language therapists.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The use of restraint, such as bed rails, was informed by the completion of regular assessments. Care plans were in place in relation to these restraints.

Care planning documentation in relation to the management of responsive behaviours required review. This is discussed under Regulation 5, Individual assessment and care plan.

Judgment: Compliant

### Regulation 8: Protection

The inspector followed up on a previously identified non-compliance which had been addressed and the registered provider no longer acted as a pension agent for any residents.

The inspector found that a number of potential safeguarding incidents had not been managed in line with the centre's own safeguarding policy and national best practice guidance.

Judgment: Not compliant

### Regulation 9: Residents' rights

Some residents whose bedrooms overlooked the car park area could be viewed by visitors, staff and contractors as they travelled from the car park or garden areas. This was a non compliance on the previous inspection and the person in charge stated that there was a plan in place to address this issue in 2022.

There was an activity programme in place in the centre. An activity co-ordinator was working with groups of residents in one of the day rooms throughout the day of the inspection. However there was no structured plan in place to ensure that

residents who spent significant periods of time in their room were provided with sufficient opportunities for activities that met their needs.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0034677

Date of inspection: 09/12/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            We are engaged in continuous recruitment with various media sites. We are also at employment permit stage in our recruitment of four HCAs from overseas and have just interviewed a further three HCAs this week who have also agreed to take up employment with us. We have commenced employment permit applications for them and are seeking to expedite the process.</p> <p>Since our inspection we have recruited 3 full time HCAs which will assist with ensuring that the number and skill mid of staff is appropriate have regards to the needs of our residents.</p> <p>We have been in touch with a number of agencies and have received assurances from three of them that they can provide us with block bookings of HCAs should the need arise.</p> <p>Our own part-time staff have all agreed to increase their hours and are happy to do so whilst we are awaiting the arrival of our full time staff.</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 access to in-house training, we have HSEland training available which was used during lock down, whilst useful this cannot replace classroom training and we can now, schedule outside trainers to come and deliver training on fire, falls prevention,</p>	



safeguarding and behaviors that challenge and any other topics of interest.

We have held a fire training program in January and have another scheduled for 18th February which will bring all training up to date to include new starters. New fire training programs include compartmental evacuations. Further fire training dates scheduled for later in the year to keep all staff including new employees up to date.

Our CNM has been provided with supernumerary hours to enable them to ensure that staff are appropriately supervised and to carry out all other duties involved in their role. This will be rostered one day per week and shall entail supervision, tutoring and provision of support to the careers and nursing staff in both their practical duties and ensuring paperwork correctly details guidance for the provision of care.

Regulation 23: Governance and management	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:

We will ensure that the service provided is safe, appropriate and effectively monitored.

. All staff have been updated on the importance of notification of all safeguarding incidents, the issues around safeguarding and what constitutes safeguarding. Safeguarding training with an external service provider has already commenced and will continue throughout the year.

. All nursing staff are aware of their responsibility to complete notifications to the chief inspector in relation to incidents which require notification. They are also aware of the importance of reporting same to the PIC in a timely manner.

. Ongoing review of care plans will be carried out ensure that assessments and care plan clearly reflect the needs and challenges/problems of the resident and outline the best approach to administer the care for each resident. All nurses are aware that care plans must be updated along with the 4 monthly assessments. This will be audited twice yearly.

. More stringent audits in relation to environmental hygiene and infection control will be carried out. Improvements in the areas of slings and hoists have already commenced. A new hanging system has been provided with each resident's name on it for storage of slings between use. All staff have been reminded that all equipment i.e hoists, wheelchairs etc are clean and wiped down with antibacterial wipes between use and before being replaced in the storage room

. We are continuing with the process of employing HCAs with the assistance of overseas employment agencies which we commenced in November 2021 and are still continuing

to recruit locally where possible. We have employed 4 full time HCAs locally since our inspection and have also secured guarantees from agencies for block bookings of HCAs.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All nursing staff are aware of the need to complete notifications of any incidents which occur on their shift in a timely manner and the importance of communicating this the Person in Charge.

Regulation 27: Infection control

Substantially Compliant

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

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 through:

- . Ongoing infection prevention and control training for all staff members.
- . All staff have been reminded of the importance of ensuring that reusable equipment must be cleaned down and disinfected between use.
- . New storage area provided for slings.
- . The importance of thorough cleaning of all equipment along with cleaning equipment itself has been re-in forced with all staff.
- . All staff have been updated on the importance of correct use of PPE including wearing of face masks correctly in line with guidance.
- . Portable fans have been removed from the laundry; these were a temporary measure whilst air-conditioning unit was being repaired.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- . All staff are aware that they are responsible for ensuring that bedroom doors are closed

in the event of an emergency. All ongoing fire safety training to include staff responsibility to ensure doors are closed in the event of an emergency.

- . Our centers Fire safety policy and strategy is currently under review by our fire safety consultant. The responsibility of staff to close doors will be outlined in our updated fire safety risk assessment.
- . We will ensure that the responsibility of all staff to close doors within a compartment will be referred to in all fire drills going forward. This is outlined on all fire notices for staff throughout the building.
- . All staff are aware of what a PEEP document is and where the PEEP documents are located and this is now part of our induction program for all new staff.

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:

- . All care plans will be reviewed in line with 4 monthly assessments to provide sufficient up to date information to guide care.
- . Care plans will be reviewed and updated to include resident’s engagement in activities, personal hygiene and management of responsive behaviors.
- . Ongoing review of care plans will be carried out ensure that assessments and care plan clearly reflect the needs and challenges/problems of the resident and outline the best approach to administer the care for each resident. All nurses are aware that care plans must be updated along with the 4 monthly assessments. This will be audited twice yearly.

Regulation 8: Protection	Not Compliant
--------------------------	---------------

Outline how you are going to come into compliance with Regulation 8: Protection:

- . Any allegation of abuse or suspected abuse will be thoroughly investigated in an effective manner in accordance with legislative requirements and policies and procedures. It will be reported in a timely manner to relevant authorities and followed through until it brought to a satisfactory outcome.
- . Any measures or learning outcomes from the investigation, including updating care plans will be up in place in a timely manner and reviewed as required.

. All reasonable measures will be put in place for the protection against and detection of abuse.

Regulation 9: Residents' rights

Substantially Compliant

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

. The fitting of blinds to all bedroom windows is currently underway. The plan is to have them fully fitted and in place by the end of March or sooner.

. A plan has been put in place to ensure that the activities co-ordinator has time to carry out visits to the rooms of residents who do not attend the organized activities. The activities co-ordinator will no longer assist in the dinnertime duties, this is now her protected time to provide meaningful engagement with those residents who wish to stay in their rooms.

## 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	31/03/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/02/2022
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.	Substantially Compliant	Yellow	09/02/2022
Regulation 23(c)	The registered	Substantially	Yellow	09/02/2022

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
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	09/02/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	18/02/2022

	case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/02/2022
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.	Substantially Compliant	Yellow	09/02/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	09/02/2022
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	09/02/2022

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	09/02/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	09/02/2022
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	09/02/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/03/2022