



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0035630

About the designated centre

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

Willowbrook Nursing Home is situated on the main Newbridge to Naas road. There is access to a bus stop directly outside the centre. The centre consists of an old house which has been modernized and extended over time to accommodate 56 beds which cater for male and female residents over the age of 18. The centre provides long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

Bedroom accommodation consists of 22 twin rooms and 12 single occupancy rooms, some of which are en-suite. Access to the first floor of the old building is via a stairs. There is a dining room, sitting room, two day rooms, smoking room and spacious reception area. In addition to this, there is a hairdressing room, shared toilet/bathroom/shower rooms, therapy room, nurses' office, administrative offices and training room. There is access to a secure garden for residents and ample parking at the front and rear of the building. There are facilities for staff including a staff room, shower room and bathrooms. The kitchen is in the main building. Separate and adjacent to the main centre are the laundry/store room and the maintenance room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

40

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 January 2022	09:00hrs to 17:15hrs	Manuela Cristea	Lead
Wednesday 9 February 2022	08:45hrs to 14:45hrs	Manuela Cristea	Lead
Wednesday 26 January 2022	09:00hrs to 17:15hrs	Helena Budzicz	Support
Wednesday 9 February 2022	08:45hrs to 14:45hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

During this unannounced two- day inspection, the inspectors met with three visitors and spoke with more than 15 residents living in the centre. Relatives were very happy with the care their loved ones were receiving in the centre, the visiting arrangements in place and the communication with the management team. They said that any issues brought to the attention of the management were promptly addressed, with one visitor saying that they were assured their relative was getting the best of care in this nursing home.

Residents living in the centre were satisfied with the standard of care they were receiving. Comments from residents included; 'it is a lovely place', 'everyone is very good and kind', 'I like it very well, I have freedom'. Throughout the inspection, interactions between staff and residents were observed to be courteous and kind, and it was evident that staff knew the residents well. All residents commented on the staff's kindness and that they were very happy living in the centre. They all identified a person they could talk to if they had any concerns and said that any issues would be immediately sorted.

The inspectors saw that overall residents' care needs were being met, and all residents spoken with confirmed this. There was good signage at the entrance to alert visitors about the risks and precautions required in respect of COVID-19, and the front area of the centre, which included a communal area, reception and dining room, appeared bright and inviting. However when inspectors did a full walkabout of the premises with the person in charge and a senior nurse on duty, they saw numerous examples of how residents' quality of life was impacted by the overall state of disrepair of the premises as detailed under regulation 17 and 27 at the end of this report. Several areas were in need of painting and refurbishment, equipment and surfaces were unclean, and there were broken or missing fixtures in the sanitary facilities. In addition, there was a lack of organisation and adherence to basic health and safety principles in the storage facilities, which were chaotic, dirty and inaccessible. As a result, the provider was issued with an urgent action plan for an immediate deep clean and de-cluttering of all areas in the centre. Inspectors followed up with a second day of inspection and found that although there had been some improvements the centre was still not clean.

The premises is an older building, and at the time of inspection accommodation was provided in 19 twin rooms and 15 single rooms arranged over two floors. The provider had voluntarily reduced the occupancy of a number of bedrooms in the centre that did not meet regulatory requirements. There are four newly refurbished bedrooms located on the top floor providing accommodation for up to six independently mobile residents, only one of which was occupied on the day of inspection. Residential accommodation on the ground floor was provided in three units. Two twin rooms in the unit called the 'Old building' were not of a suitable design and layout to afford sufficient space and privacy for the residents. This part of the centre also included communal facilities for residents such as a sitting room,

quiet room and smoking room. The inspectors observed that the number, location and integrity of the assisted showers, toilets and bathroom facilities available in the centre were not appropriate to meet all residents' needs.

In relation to the premises, a number of residents said that they were satisfied with their personal accommodation and that they were comfortable and happy with their rooms. Some residents were aware that there were plans to refurbish their bedrooms and said that they had been consulted about interim arrangements to move to another bedroom until their room was refurbished.

Feedback from relatives and residents had been sought in respect of the quality of care and quality of life, and inspectors saw records of eight completed surveys that described overall high levels of satisfaction with service and mirrored what visitors and residents communicated to the inspectors on the day. All staff who spoke with the inspectors confirmed that they felt supported by the management team, who were present and visible in the centre and who communicated with them regularly.

Residents had access to reading material including, the daily newspaper, and a range of activities including one to one and group activities. Residents were observed mobilising independently around the centre, and residents who smoked were observed having unrestricted access to the smoking room. A physiotherapist and activity coordinator were providing one-to-one and group exercises and residents were observed enjoying these sessions. One of the residents who spoke with the inspector credited the good care and support received from staff to changing their life and helping them get back on their feet. The resident told the inspector that they were actively engaged with a walking club from the local community and were looking forward to take part in a fund-raising event the following week.

The atmosphere in the sitting area was calm and relaxed, and residents appeared comfortable. Residents were observed being assisted with their meals. The food looked wholesome and nutritious and staff were observed sitting down and providing one-to-one support as needed in a patient manner. One resident said that they really loved the soup but they liked to take their time to eat it. The staff assisting this resident kindly assured them that there was no rush, and they could spend as much time as they needed it. The interactions observed were very person-centred.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

Overall, the inspectors were not assured that this was a well-governed centre and that effective systems for overseeing the service were in place. The leadership and management did not ensure that the service fulfilled its statement of purpose and

achieved its objectives, which had led to significant risks to the care and welfare of the residents.

An inspection of the centre in October 2021 found extensive regulatory non-compliances. The purpose of this risk inspection was to follow up on the compliance plan received following the inspection carried out on 12 October 2021 and to inform the decision in respect of the registration renewal for the designated centre. The registration of the centre expired on 27 January 2021. There had been extensive and protracted engagement with the provider however insufficient progress had been made to bring the centre into regulatory compliance and to provide the assurances that the Chief Inspector required to progress the renewal of registration.

The inspection of Willowbrook Nursing Home took place over two days on 26 January 2022 and 9 February 2022. Findings on the first day of inspection were of such concern that inspectors issued an urgent action plan and returned for a second day to assure themselves that the immediate and urgent risks in respect of premises, infection prevention and control, governance and supervisory oversight had been addressed and to ensure that residents were supported to live in a clean and safe environment.

The provider is Galteemore Developments Limited. The management team was made up of the provider and the person in charge. While they communicated on a regular basis, there was no systematic approach to enable effective governance and oversight and ensure key aspects of the service were effectively monitored. Responses to previous inspection findings were reactive and there was little evidence of reflection and integration of the learning from these improvement actions into the wider governance systems. As a result plans to address shortcomings in the service were not clearly defined and improvements were not progressed in a timely manner.

There were insufficient resources, ineffective governance and inadequate oversight and local assurance mechanisms in place to ensure that the environment was safe, clean and that effective decontamination processes were in place to minimise the risk of transmitting a healthcare-associated infection. Details of issues identified are set out under Regulation 27.

Inspectors carried out a second day of inspection on 9 February 2022 to follow up on the assurances received from the registered provider in the urgent compliance plan. While some action had been taken to clean and de-clutter the premises and to strengthen the management oversight with the appointment of a supernumerary Clinical Nurse Manager (CNM) to support the person in charge, the actions taken were not sufficient to provide satisfactory assurances of compliance. Significant action and focus was still required to strengthen the governance, leadership and management to bring the designated centre into compliance and to ensure that residents received a safe and appropriate service in line with the centre's statement of purpose.

A number of monitoring systems had been put in place such as regular audits, fortnightly walkabouts and the creation of a risk management committee to oversee

the management of risk and health and safety. However, the audits were in a checklist format, and failed to identify shortcomings which meant that improvements were not proactively managed and there was no learning or change to existing practices. It was evident that additional supports and expertise were required to enable the management team build capacity and capability in the monitoring and oversight of the service including the management of risks in order to ensure a safe service that was sustainable in the long-term.

Inspectors followed up on the findings of the last inspection in respect of staffing and found that the rosters now included all the hours worked for all grades, including full-time maintenance hours and staffing was in line with the statement of purpose. A review of rosters showed that the provider had processes in place to source additional nursing and care staff and replaced gaps in rosters with agency staff when required. However, the housekeeping resources were not sufficient and housekeeping staff did not have the appropriate knowledge and expertise to ensure the centre was clean to the appropriate standards.

There had been no unsolicited information received by the chief inspector since the last inspection and overall, the level of complaints was low. The complaints policy included nominated key people involved in the complaints process, and the right to appeal. While complaints, when they happened, were promptly responded to, the process was not consistent with local policy.

Records were not stored securely as identified on the first day of inspection and further action was needed in respect of documents such as statement of purpose, residents' information guide, contracts of care and written policies and procedures as further detailed below. An annual review for 2021 had been completed.

Regulation 15: Staffing

The cleaning resources on the day of inspection were not sufficient for the size and layout of the centre and there was no supervision of cleaning practices to ensure correct and appropriate processes were being followed. There were two staff working 9am- 2 pm, one of whom was on induction and required supervision. While the provider had increased the number of housekeeping staff by the second day of inspection, the inspectors were not assured they had the required supervision, knowledge and skills to carry out their assigned duties.

Judgment: Not compliant

Regulation 16: Training and staff development

From a review of six staff files, the inspectors found that not all staff had completed the required training in safeguarding vulnerable adults and fire training. In addition

not all staff had completed infection prevention and control or manual handling training in line with the centre's own policies. The existing system in place to oversee staff training was not robust and as a result the person in charge did not have an overview of what staff had completed their mandatory training. Although a training matrix had been introduced following a previous inspection, the matrix was not up to date and therefore did not facilitate effective monitoring of staff training and development.

Supervision of staff practices was poor. Supervisory roles with delegated accountability had been identified, but staff working in these roles had not been provided with any protected time or training to support them in their role. For example, a nominated housekeeping supervisor worked as a part-time cleaner with no dedicated time for supervision. The clinical nurse manager (CNM) worked as a staff nurse with no dedicated time for any managerial or supervisory duties. Inspectors acknowledged that this was addressed as part of the urgent action plan to strengthen the oversight and management in the centre and by the second day of inspection the CNM was working in supernumerary capacity.

Inspectors found that the skills and competencies of all staff involved in management or supervisory roles required strengthening in the areas of governance and risk management, supervision, audit and quality improvement.

Judgment: Not compliant

Regulation 21: Records

Records were not maintained and stored in a safe manner.

- Archived records were stored in a locked area located at the back of storage area in an auxiliary building which was part of the designated centre. Access to the records was obstructed by significant clutter and equipment that was no longer in use. As a result the records were not easily available to the inspectors as required under the regulations. Inspectors acknowledged that this was addressed by the second day of inspection as part of the urgent action plan.
- In addition the inspectors found that some assessment and care records for residents were not archived or stored securely. For example a number of Resident's Personal Emergency Evacuation Plans (PEEP) and Manual handling assessments remained in the wardrobes when the resident moved bedrooms or did not reside in the centre anymore.

Judgment: Not compliant

Regulation 23: Governance and management

Recurrent findings over the last three inspections had not been fully or meaningfully addressed by the registered provider. This was evidenced by recurrent poor findings in respect of :

- The oversight and management of risks and as a result immediate and urgent risks to health and safety were identified on this inspection which had not been identified or addressed by provider. These included the inappropriate storage of oxygen, the presence of mould in one of the units and store rooms, the lack of organisation in the storage area.
- Risk assessments, where completed, were not implemented in practice and there was a reactive approach to the management of risk
- The management of infection prevention and control in the centre and the overall standard of cleaning and environmental hygiene was poor
- Inadequate supervision arrangements to ensure implementation of local policies and procedures
- Ineffective systems for reporting faults, servicing equipment and communicating maintenance issues to ensure they were promptly addressed

The required maintenance and upkeep of the premises was not sufficient to ensure a safe and clean environment. The premises were not well-maintained and there were unnecessary delays in carrying out required works such as replacing broken fittings, sanitary fixtures or faulty equipment.

The quality assurance and management oversight systems that were in place did not ensure the service provided was effectively monitored to ensure that the residents received a safe and good quality service. Furthermore the oversight systems failed to identify trends and areas for improvement. For example, call bells audit or environmental audits had failed to identify the absence of call bells in several areas. Inspectors also found that an infection prevention and control audit completed two days prior to first day of inspection had achieved a score of almost 100%. Improvements were noted on the second day of inspection where an audit carried out by staff in the centre more accurately identified issues of concern and actions required to address these issues.

There was inadequate clinical and managerial oversight of the day-to-day operation of the centre. In the absence of effective supervision and direction practices were not in line with local policies and established processes were not being followed.

The lines of accountability and responsibility as set out in the statement of purpose were not a reality in practice; for example the head housekeeping supervisor worked as a part- time cleaner with no dedicated time or authority to supervise cleaning and staff practices.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

While contracts of care were in place for each resident and had been appropriately signed, they did not specify the number of occupants (if any) of that bedroom as has been required by the regulations since 2016.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The description of facilities in the statement of purpose did not fully and correctly reflect the premises as found on the day of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all monitoring notifications had been submitted within three days, in line with regulatory requirements. Upon a review of the complaints log, the inspectors found that an incident that should have been notified had not been reported to the Chief Inspector. This was submitted retrospectively at the request of the inspectors.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While separate records were maintained and a nominated person was overseeing the process, the level of detail provided in respect of the investigation process and related actions was minimal. As a result there was limited evidence that the individual complaint had been fully and appropriately addressed. In addition the inspectors were not assured that any identified improvements from individual complaints or concerns were being communicated to the relevant staff and implemented in practices in the centre.

Judgment: Not compliant

Regulation 4: Written policies and procedures

While Schedule 5 policies were in place and reviewed at three years intervals as per regulatory requirements, their implementation in practice was not effectively monitored and as a result a number of practices were found that were not in line with the centre's own policies and procedures for example;

- Infection prevention and control practices
- Risk management practices
- The management of complaints
- Safeguarding practices
- Transfers, admissions and discharges
- Medication management practices

Judgment: Not compliant

Quality and safety

While some areas of good nursing and care practices were noted, a focus on safety and quality improvement was needed to ensure residents received a safe and appropriate service in line with their assessed needs. The centre was not clean and the poorly maintained premises significantly impacted on the safety, welfare and the lived experience of the residents, including their rights to privacy and dignity.

Despite assurances received from the provider that the centre would be deep cleaned, on the second day of inspection the inspectors found insufficient progress had been made and dusty surfaces, cobwebs and debris were still present in some areas. In addition the inspectors found unhygienic toilets, unclean chairs and inadequate systems for cleaning were still evident. Some improvements had been made to de-clutter the centre but this was a work in progress with no clear plan in place as to when it would be completed. Nevertheless, inspectors found that while there was a stated willingness to improve the standards of environmental hygiene, there was a clear lack of knowledge and skills within the housekeeping team and the provider had failed to adequately identify, resource or address these non-compliances.

Inspectors found that residents' health and social care needs were being met and the documentation reviewed showed good clinical oversight and appropriate nursing action taken in response to residents' changing needs. Residents were appropriately referred to allied health care practitioners when required. Residents' care plans were of a good standard and were based on a comprehensive risk assessment and reviewed at regular intervals.

Residents reported that they were well cared for, they felt safe in the centre and that any concerns they had were appropriately responded to. Residents had access to advocacy services. Records showed good and regular communication with residents and families in respect of COVID-19 updates and changing residents'

needs.

The inspectors observed many examples of good practice with appropriate protocols and COVID-19 risk assessments completed on entry to the centre including hand sanitising, mask wearing, temperature and symptoms check. Throughout the day staff were observed to be consistently adhering to guidelines in relation to mask wearing and hand hygiene, temperature checks and adherence to uniform policy. Staff had access to frequent wall mounted hand sanitisers and one staff showed the inspector that they also carried a hand sanitiser in their pocket.

There had been no cases of COVID-19 in 2021 among staff or residents and a recent COVID-19 outbreak in January 2022 involving a small number of staff had been appropriately managed. As a result there had been no transmission to the residents living in the centre. In communicating with the inspectors staff were knowledgeable about the need to monitor residents regularly for signs and symptoms of COVID-19. There was a dedicated COVID-19 lead in the centre and one staff member had recently completed postgraduate training in infection prevention and control. However it was evident that the specialist knowledge and skills acquired in relation to infection prevention and control were not being used to affect improvements in environmental cleaning and decontamination processes in the designated centre.

Since the last inspection, the provider had installed a number of new fire doors in the centre and most of the outstanding actions previously identified and included in the centre's own fire safety risk assessment had been signed off by a competent fire consultant. Inspectors observed that the means of escape were unobstructed and that all the daily, weekly and quarterly safety checks were in place. Staff were trained and confident in how to safely evacuate a full compartment, and drills carried out showed good evacuation times with night time staffing levels. However, inspectors identified that despite the progress made, further action was required to achieve compliance as detailed under Regulation 28.

The inspectors reviewed the medication practices in the centre. A sample of controlled drugs were checked with nursing staff and was seen to be correct and this stock was counted by two nurses at each change of shift. The pharmacist supported good practice by auditing the use of psychotropic (a type of sedative) medicines and training staff if required. Staff nurses had completed training in medication management and competency assessments yearly. However, some further improvement in the medicine management were required as outlined under Regulation 29.

Regulation 17: Premises

Premises were not appropriate to the number and needs of the residents and were not maintained in accordance with the centre's statement of purpose. An urgent action plan was issued to the provider in respect of this regulation.

- Discrepancies were observed in respect of the Statement of purpose, floor plans and observation on inspection. For example one bedroom identified as a single room contained two beds. The second bed was unoccupied and was removed by the end of inspection.
- Non-compliance with SI 293 of 2016 was identified in respect of two twin bedrooms which did not afford each resident 7.4m² to include their bed, a chair and their personal storage space.
- Access to an assisted toilet within close proximity of bedrooms was not available for up to four residents accommodated in three bedrooms located at the back of the building. At the time of inspection there were three residents residing in those bedrooms.

Furthermore, several aspects of the premises were found not to be in compliance with the Schedule 6 requirements under Regulation 17 (2):

- Premises were not clean and not maintained in a good state of repair. Damaged walls were observed throughout the centre, both in residents' bedrooms and in communal areas, including corridors; there were unsightly holes in the walls and leak markings in the ceilings, pipes and exposed wires across the centre required immediate attention; there was evidence of mould in one of the units and one of the external storage area. By the second day of the inspection the provider had arranged to clean and treat the areas impacted by mould.
- Fixtures and fittings in the toilets, showers and bathroom facilities were not fully accessible or fit for purpose; For example inspectors observed a broken toilet cistern and missing toilet seats; this was a recurrent finding from the previous inspection.
- Emergency call bell facilities were not in place in all the bedrooms/ toilets and bathrooms in the centre as required. Inspectors acknowledged that an order had been placed to obtain all call bells by the second date.
- Not all equipment was in good working order; several items of furniture and equipment including tables, chairs and cushions, were not fit for purpose and needed to be repaired or replaced.
- Grab-rails were not appropriately located to support residents in one of the communal toilets
- Inappropriate sluice facilities which did not have lockable presses for safe storage of chemicals. One sluice room did not have a hand wash sink, and staff said that they were using the sink from the nearby staff toilet, which was accessed through the sluice room.
- The flooring was damaged in a number of areas. Damage to the floor lining posed a trip and infection control hazard.
- Adequate space and suitable storage was not evident in the the drugs store room and the clinical store room which were cluttered and disorganised. Due to a lack of shelving, folders were observed stored on the floor.
- Ventilation in the smoking room was not adequate as the smell of smoke permeated into the nearby communal sitting area impacting residents sitting there.
- Auxiliary storage facilities were dirty, damp, disorganised and and required immediate de-cluttering and a deep clean. While some cleaning and de-

cluttering took place after the first day, further improvement was required

Judgment: Not compliant

Regulation 20: Information for residents

The information guide for the residents did not include

- A summary of facilities available in the designated centre
- The terms and conditions relating to residence in the centre
- The complaints procedure

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Discharge documentation was kept on the resident's files when the resident was discharged from the hospital. However, a copy of the transfer letter was not always available. The electronic system did not have a function available to save the transfer documents. Furthermore, the copy of the centre's transfer letter was also not consistently maintained on the resident's file

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff.

Environmental and equipment hygiene practices and oversight was poor. An urgent action plan was issued in respect of immediate de-cluttering and cleaning of the centre.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example;

- Communal areas and multiple rooms including sluice rooms and residents' bathrooms were observed to be dusty and unclean.
- Staff facilities were cluttered, dirty and disorganised and the fitted furniture was broken and did not support effective cleaning

- There was no dedicated housekeeping room and cleaning equipment inappropriately stored in a sluice room, or in the hairdressing room
- Inspectors saw that sanitary facilities that had been signed off as clean remained in unhygienic conditions throughout the day and no corrective action taken to address this until it was pointed out by the inspectors.
- Principles of terminal or deep cleaning were not clearly understood and implemented by staff.
- There was ambiguity in respect of the correct use of cleaning chemicals

Equipment was not decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Reusable equipment was not safely and effectively decontaminated, in accordance with manufacturer's instructions and best practice guidance. For example resident's medical equipment (nebulisers, oxygen concentrators), multiple chairs, wheelchairs, toilet seats, the cleaning trolley, linen trolley and medication trolleys were visibly unclean.
- Inspectors observed inappropriate storage of supplies and products throughout the centre; for example personal items and toiletries were observed stored on the cleaning trolley and hand paper towels which were in contact with cleaning equipment such as dirty brushes.
- The sharp bins were not securely closed, and they were observed to be stored on the floor which was unsafe.

Arrangements were not in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. For example;

- The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene basins as outlined in national hand hygiene guidelines and best practice.
- Antimicrobial soap (chlorhexidine) was available at some hand hygiene sinks. Antimicrobial soap is associated with skin care issues and it is not recommended for use in everyday clinical practice. This was removed by the second day of inspection

The inspectors acknowledged the efforts made by the provider to de-clutter and clean the environment after the first day of inspection, however significant action was still required to achieve and sustain a good standard of infection prevention and control in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, specifically in respect of containing the risk of fire. A number of fire doors

throughout the centre were observed with broken or missing brush seals and intumescent strips and inspectors were not assured of the quality and integrity of all the fire doors in the centre and especially the bedroom doors. The fire risk assessment report dated 5th of May 2021 recommended that the provider carry out a survey of all fire doors against the approved fire safety certificate design, and put into place a plan for remedial works to be completed where any fire door deficiencies were identified. This action was still outstanding.

The registered provider did not have adequate arrangements in place to test and maintain all the fire equipment, building fabric and building services.

Inspectors were not assured that effective fire stopping and fire containment arrangements were in place in the boiler room and the nearby store room. This was a high risk area where hoists were being charged overnight.

Improved oversight of the fire management systems in the centre was also required.

- For example, two of the most recently completed fire drills had identified that incorrect fitting of the fire blankets had delayed the evacuation process. While a fire blanket checklist was maintained, the inspectors observed a number of beds which continued to have inappropriately fitted fire blankets.
- Oxygen cylinders were found unsecured and inappropriately stored next to highly flammable liquids, despite the installation of a secure cage as a follow up from the last inspection; this was a recurrent finding.
- 'Oxygen in use' signage was missing in the communal areas where oxygen concentrators were in use, as required by centre's own fire safety policy
- A smoke detector located in a residential area located near the smoking room was observed to be disconnected and hanging loose from the ceiling.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The following areas were not in line with best practice:

- Discontinued medication was not returned to pharmacy within the time frames set out in the centre's own medication policy.
- All medicinal products as dispensed by pharmacist were not securely stored at all times; for example residents' medicinal creams were observed left behind in communal toilets.
- The medications fridge was unhygienic, and the temperature on the fridge used to store samples was not monitored.
- While the medicine prescriptions were largely of a good standard, inspectors observed that in one instance medication used for epilepsy was not correctly indicated in the medication administration sheet and the reason for administration was not provided. While care plans for seizure were in place,

the timing of administration of respective doses and circumstances and intervals of administration was missing.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were regularly reviewed and updated as their needs changed and records in the electronic system confirmed that this was done in consultation with residents or their families on their behalf, as appropriate. The inspectors were satisfied that the food and fluid charts were sufficiently detailed and that residents' weights were monitored at regular intervals in line with the residents' assessed needs; however, care plans did not always provide the detail of how often the weights should be completed.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to the GP services and allied health care professionals. There was evidence of regular dietitian, speech and language therapy and tissue viability nurse reviewing residents as required. In addition there was good support from psychiatry of older age, and community palliative care services as necessary. A physiotherapist was working in the centre three days a week, supporting residents' physical and mobility needs.

Judgment: Compliant

Regulation 9: Residents' rights

Although residents' self-reported experience of living in the centre was positive, the inspectors found that;

- Residents' rights to privacy and dignity were significantly impacted both by the infrastructural limitations of the premises and the poor maintenance of existing facilities; for example residents in the 'Old building' had to go long distances and pass through a communal area to access assisted toilet and shower facilities; furthermore, in another unit there were insufficient and poorly maintained showers facilities to meet the needs of all the residents accommodated in this area.

- Residents' privacy was compromised as doors to communal toilet facilities had broken door handles and no privacy locks.
- Residents could not alert staff if they needed assistance as call bells were not available in all areas, or were not within reach. The inspector observed call bells trailing on the floor in the room of a resident with impaired mobility.
- Five bedroom doors did not have a door handle, which meant that residents could not close their bedroom doors securely and as a result could not exercise their right to privacy
- While access to television and radio facilities was available in the communal areas and some of the bedrooms, inspectors observed a number of twin bedrooms which did not have a radio or television set. This was not at the request of the residents accommodated in these bedrooms. This was of particular significance in the context of the COVID-19 pandemic and potential requirements for residents to isolate in their bedrooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0035630

Date of inspection: 26/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: New household staff have been recruited. However, we would like to employ more staff but as stated on the days of the inspections this is difficult in the present market.</p> <p>We have consulted with our suppliers to have the cleaning system simplified but enhanced. New products and equipment have been purchased. The supplier will provide training for our household staff in the use of these products on April 7th 2022.</p> <p>Joymac Training will provide household training in April 2022.</p> <p>The Clinical Nurse Manager is now employed in a supernumerary capacity thus ensuring further supervision.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have received training in Safeguarding and Fire Safety. All staff will receive training in Infection Prevention and Control by March 29th 2022. All staff have received Manual Handling training in line with our policy. The training matrix is up to date. The Clinical Nurse Manager now works in a supernumerary capacity. Staff nurses are allocated specific areas of the nursing home to improve supervision. Members of the Risk Assessment Group will receive training in Risk Management / Assessment in April 2022.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Archived records are stored securely and following the decluttering of the store are easily accessible. All assessment and care records are stored appropriately and securely.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The issues identified in the report regarding the oxygen cylinders, mould and lack of organization in the storage areas have been addressed.</p> <p>The risk management system is far more effective. The risks identified are dealt with in a timely manner. All staff are encouraged to report any issue that may be seen as a risk. Management actively look for risks on a daily basis. A communication book for the maintenance person is maintained and signed off by him as each task is completed. All equipment is serviced as required.</p> <p>Supervision has improved significantly as the Clinical Nurse Manager is employed in a supernumerary capacity and liaises constantly with the Person-in-Charge who in turn liaises with the Provider Nominee.</p> <p>Infection Prevention and Control and cleaning systems has noticeably improved. Extra supervision has assisted this considerably.</p> <p>Audits are carried out regularly and actions required are addressed.</p> <p>The lines of accountability are more realistic. We hope to have a full-time Head of Household in place shortly. Staff are more aware of their responsibilities especially in regards to supervision.</p> <p>As stated before recruitment of care staff and cleaning staff has proved very challenging in the present market. We have advertised consistently in newspapers and with other agencies. We will have 10 new care staff at the end of May 2022 who have been recruited from India. In the meantime vacant shifts are being covered by agency staff.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All Contracts of Care state the number of occupants in that resident's bedroom.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated to fully and correctly reflect the premises.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notification of incidents will be forwarded to HIQA as per regulation.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The level of detail provided in respect of the investigation process has been enhanced.</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Schedule 5 policies have been reviewed by the Clinical Nurse Manager and practices are in line with those policies.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Statement of Purpose has been updated and is an accurate reflection of the building and facilities within.</p> <p>With a reduction in bed numbers compliance with SI 293 of 2016 has been achieved. The area with the mould has been treated. The issue of exposed wiring has been addressed.</p> <p>The St. Ann's area of the nursing home is being extensively refurbished. These refurbishments include painting all bedrooms and corridors , installation of new or refurbished wardrobes , new hand sinks , filling of any broken plaster , new toilet fixtures , appropriately placed grab rails and installation of stainless steel shelving for the sluice room . These works are on schedule and should be completed by April 12th 2022.</p> <p>Emergency call bells and pull chords are in all bedrooms and toilets. A daily check and record of same is maintained. This has also been incorporated into the call bell audit.</p> <p>New bedtables and cushions were purchased and delivered.</p> <p>Following the completion of the works in St. Ann's on March 31st 2022 new shelving will be installed in the drug room and dressings room. In addition, the staff room will be refurbished. These works should be completed by April 30 2022.</p> <p>Refurbishments of three bedrooms in St. Mary's along with bedrooms 29 and 30 will commence in late April 2022. These works should be completed by the end of June 2022.</p> <p>The auxiliary storage facility is clean and uncluttered.</p> <p>The smoking room has been painted. Although the ventilation fan is operational it will be replaced by a new one before April 12thth 2022.</p> <p>All damaged flooring has been repaired.</p> <p>New curtains for all bedrooms are in production at the moment.</p> <p>Stainless steel shelving and a sink have been installed in all sluice rooms.</p>	

<p>Our architect has been consulted regarding the availability of an assisted toilet / shower for the 3 residents in bedrooms 28 , 29 and 30. It is hoped that this can possibly be achieved by a reduction in the size of the smoking room and the installation of a new toilet / shower. This could be completed by the end of August 2022.</p>	
<p>Regulation 20: Information for residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: The resident's guide has been updated to include a summary of facilities available, terms and conditions and the complaints procedure.</p>	
<p>Regulation 25: Temporary absence or discharge of residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Copies of resident's transfer documents will be retained in the resident's file.</p>	
<p>Regulation 27: Infection control</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The nursing home is noticeably cleaner. Great emphasis has been put on overall general cleaning. New staff members have been recruited but this has been tempered by staff leaving. Efforts are being made also to recruit a full-time Head of Household. Regular household staff meetings are taking place. Further training for household staff has been organized.</p> <p>Cluttered, dirty and disorganized areas have and are continuing to be addressed. New furniture has and will be in place as per the details mentioned under Regulation 17 Premises.</p>	

Household and kitchen cleaning equipment are stored appropriately in new storage units.

Following discussions with our suppliers there is a simplified system that allows all cleaning products and their uses be easily identified.

The household meetings and staff supervision ensure that sanitary facilities are cleaned regularly throughout the day. Reusable equipment is effectively cleaned and recorded.

Household staff will have two further training sessions in April 2022

The issue of inappropriate storage has been addressed with staff and with ongoing supervision.

Sharps bins are appropriately stored on newly installed stainless steel shelving and are signed and dated as required. There are no chlorhexidine units at hand sinks. The storage area in the outside store is noticeably more spacious due to decluttering.

For all these failings I think it is important to note that no resident in the nursing home has contacted Covid 19 from June 1st 2020 to this date in March 2022. This is not by luck or accident but by the efforts of all our staff.

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All oxygen cylinders are stored securely and appropriately in an oxygen cylinder cage.

The loose smoke detector was secured and connected on the day of the inspection.

A daily checklist of evacuation sheets is maintained. As a result a number of new evacuation sheets have been purchased.

At present two residents require oxygen administration. Oxygen in use signs are in place at these times.

All fire doors have been repaired and were audited by a competent person. Confirmation of this was forwarded to HIQA on March 21st 2022.

The competent person also stated that " The upgraded fire separation , emergency lighting , directional signs , fire detection and alarm system provided in the premises " and " other passive precautions provided in the premises is in substantial compliance with and satisfies the requirements and obligations under the Fire Services Act 1981 "

The Fire Door Audit completed by a competent person was forwarded to HIQA on April

2nd 2022.

The following risks identified in the Fire Risk Assessment of May 5th 2021 have been appropriately addressed;

1. All Fire Safety Certificates are filed in the Fire Log.
2. A copy of the Fire Evacuation Plan is filed in the Fire Log and displayed in reception.
3. All available Fire Certificates have been sourced and filed in the Fire Log.
4. Cause and Effect matrix is filed in the Fire Log.
5. Incident Log Sheet filed in Fire Log.
6. Fire Signs are provided where required.
7. All Fire Signs are maintained.
8. All emergency lighting is functioning.
9. Exit lighting levels are sufficient.
10. Fire Detection System fully serviced by a competent person.
11. All extinguishers serviced and recorded in Fire Log.
12. Persons responsible for evacuation listed in Fire Log.
13. Above persons have up to date training.
14. Fire Evacuation Drills carried out regularly.
15. Fire Log contains nature of Fire Safety Training and staff training details contained in staff training files.
16. No storage of goods on evacuation routes.
17. Flammable liquids , Cleaning materials stored in locked units.
18. Oxygen and gas stored in caged containers.
19. Electrical appliances / equipment tested regularly and certified and stored in Fire Log.
20. Gas detection system functioning.
21. All escape routes clearly signed.
22. Storage removed from escape routes.
23. Fire resisting walls and flooring in good condition.
24. Damaged fire stopping repaired particularly in relation to attic spaces and ceiling penetrations.
25. Fire Doors repaired , audited and signed off by a competent person.
26. All final exits are maglocked and connected to fire safety system.
27. A hot works permit is not required as no such works are carried out on site.
28. Remedial works to dampers carried out.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All entries on medications are checked and signed by two nurses before sending to the pharmacist.

All nurses are completing drug competencies assessments with the Clinical Nurse Manager.

Care plans are checked regularly to reflect medications.

A number of medicines had been held on-site during the pandemic. These have since been returned.

All medicinal creams are stored appropriately.

The open insulin pen stored in the fridge was actually four closed insulin pens stored in an open box.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Call bells are in place in all rooms and are checked daily.
All doors have handles fitted.

The architect has been contacted regarding the provision of an assisted shower / wc for residents in bedrooms 28 , 29 and 30.

Call bells are located in all rooms and are checked and recorded daily.

The Clinical Nurse Manager will attend the residents' meetings to ensure all concerns are followed up in a timely fashion.

The access to radio and tv facilities is discussed with the resident and their relatives on admission. If a resident is confined to their room for any reason the activities coordinator actively encourages the use of at least a radio. However, most of our residents spend the majority of their day outside of their bedrooms. During the pandemic our residents and their relatives were communicated with regularly regarding all things relating to Covid 19. The use of tablets for residents in isolation was encouraged. Nobody is aware more of the difficulties faced by our residents than by our staff during the pandemic and to suggest otherwise is a further dismissal of dedicated individuals who worked tirelessly during these unprecedented times.

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	22/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	27/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	08/02/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Red	31/08/2022

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Red	31/08/2022
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Substantially Compliant	Yellow	14/03/2022
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Not Compliant	Orange	14/03/2022
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Not Compliant	Orange	14/03/2022
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	Not Compliant	Orange	02/03/2022

	the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	27/01/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	31/05/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	22/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	25/03/2022
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	11/03/2022

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	02/03/2022
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent	Substantially Compliant	Yellow	02/03/2022

	shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	30/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	25/03/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	03/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall	Not Compliant	Orange	03/03/2022

	make adequate arrangements for reviewing fire precautions.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	03/03/2022
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 case of fire.	Substantially Compliant	Yellow	25/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	03/03/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	03/02/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of	Substantially Compliant	Yellow	03/02/2022

	date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/02/2022
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	29/01/2022
Regulation 34(1)(f)	The registered provider shall provide an	Not Compliant	Orange	29/01/2022

	<p>accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</p>			
Regulation 34(2)	<p>The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.</p>	Not Compliant	Orange	29/01/2022
Regulation 34(3)(b)	<p>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated</p>	Not Compliant	Orange	29/01/2022

	under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	25/03/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	25/03/2022
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.	Not Compliant	Orange	31/08/2022