Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dealgan House Nursing Home
Name of provider:	Dealgan House Nursing Home Limited
Address of centre:	Toberona, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	30 June 2021
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0031677

About the designated centre

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

Dealgan House is a purpose-built nursing home located close to Dundalk town. The designated centre provides 24-hour nursing care to 82 residents over 18 years of age, male and female, who require long-term, as well as short stay, care such as respite and convalescence. Accommodation is provided on the ground floor in 82 single bedrooms. The centre is decorated and furnished to a high standard throughout. The centre is divided in three areas: the main part of the nursing home has 50 beds, an enclosed garden and its own function room and dining area, as well as an oratory. A recent extension in 2016 has added the Tain Suite which has 15 bedrooms, sitting and dining facilities and a kitchenette, and the Sonas Suite, a Memory Loss Unit with 17 bedrooms and all the required facilities. Both suites operate as self-contained households led by a homemaker. Residents of the Sonas Suite have access to the sensory garden in which they can relax or cultivate plants in raised beds. Care is provided to all dependency levels and for a variety of needs including palliative and end-of-life care, dementia, intellectual and physical disability and acquired brain injury. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that the residents can consider 'a home away from home'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 June 2021	09:10hrs to 16:15hrs	Sheila McKevitt	Lead
Wednesday 30 June 2021	09:10hrs to 16:15hrs	Manuela Cristea	Support
Wednesday 30 June 2021	09:10hrs to 16:15hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

The inspectors spoke with over one third of the residents and took time observing how they spent their day in each of the three units in the centre. Residents were well-groomed and were observed to be occupied and engaged in daily exercises, gardening activities, watching a musical, reading the newspaper, dining together, going for walks outside or receiving visitors in private.

As part of the action plan from the last inspection, the provider had converted the previous hairdressing salon into a shower room. A makeshift (temporary) hairdressing salon had been created in one of the communal areas.There were eight ladies having their hair done and chatting together in this area on the day of the inspection. There was no partition of the hairdressing area and the residents could be seen by other residents and staff who were in the communal room. In addition, the noise and chatter from the salon area could be heard by other residents sitting nearby. The residents told the inspectors how it really lifted their spirits getting their hair done and how delighted they were to have the hairdresser back in the centre one day a week. However, the inspectors observed that that current arrangements in place did not fully support residents' privacy and dignity and impacted on other residents who wanted to use the communal area. The provider told the inspectors that the rationale for using this space was to ensure it was well-ventilated and sufficiently large to allow for social distancing and that partition doors would be installed in the future.

The inspectors also spoke with six visitors who all said that they were very happy with how their loved one was cared for in the centre and how they were kept informed and involved in their care. They were unanimous in praising the staff and management for their 'excellent care' and commitment to ensure residents were supported to have a good quality of life and said that they had 'no concerns' and full confidence in the provider.

Relatives were particularly pleased with the online system for booking visits and said they were satisfied with the arrangements in place, which were in line with public health guidelines. In addition to visiting in the two specially created visiting pods, the inspectors observed that indoor and outdoor visits were facilitated throughout the day at pre-arranged times. Relatives told inspector how nice it was to sit in the quiet enclosed courtyards and chat in private when visiting their loved one.

Residents were also happy with visiting arrangements with one resident saying that the process used to ensure safety during the visits left them feeling safe and secure. Another resident asked one of the inspectors if they had used alcohol gel on their hands prior to speaking with them. In addition, records from a resident's meeting showed that residents requested that social distancing arrangements during communal activities be maintained. It was evident that residents were fully informed about public health guidelines and were aware of infection prevention and control measures to keep themselves safe. Two residents who spoke with the inspectors

said they felt safer in the centre than outside in their local community. The residents reported that the cleanliness of the centre was outstanding and that staff were 'angels', and were very quick to respond to their calls for assistance.

Residents demonstrated huge resilience despite the trauma of living through an outbreak of COVID-19 in 2020 and more than a year of restrictions, with some residents saying that they felt closer to each other and staff now than they had done prior to the pandemic. Residents said that they felt like their family had been expanded. Several residents told the inspectors that 'nothing could be better' in how they were cared for in the centre and that they were very happy living there.

Residents said that they had choice in how they wished to spend their day and that staff were respectful of their choices. One resident described to one of the inspectors how they were supported to change their room, to move closer to a friend that was also living in the centre.

Residents took part in regular meetings and records showed that any issues raised or suggestions for improvement were followed up by staff. For example, residents requested a change in the time of activities and this change had been implemented. In line with public health advice, residents' group activities had continued to be provided in 'pods' in their individual units. When residents requested the opportunity to mix and meet with other residents, weekly tea parties were put in place with appropriate distancing controls in place to maintain safety. Similarly, at their own request, residents were facilitated to participate in a project with the local Arts centre and take art classes with a local artist who was delivering lessons via video link.

Outings had resumed for a short period of time with some residents saying how much they enjoyed going out for a drive. However, at the time of inspection the outings had been paused for a two week period due to an increase in the incidence of COVID-19 in the local community. Residents had been informed of these local arrangements and although they understood the need for such measures in ensuring their safety, residents said they could not wait for COVID-19 restrictions to be fully lifted so they could go out and visit their families.

Staff knew the residents well, and all interactions observed throughout the day were person-centred, supportive and kind. The inspectors observed that where assistance was required, it was provided discreetly and in a dignified manner. Residents were jolly and engaged in light banter with staff and it was evident that they were comfortable and content in each other's company. Residents spoke positively about the service being provided. One resident said that "I am extremely happy and I appreciate the service they are providing. Staff are "very attentive". When asked about their knowledge on complaints procedure residents were confident about the procedure to follow if they had a complaint.

The inspectors also spoke with a number of staff, who all confirmed that they felt supported by the management team, who were present and visible in the centre every day and who communicated with them regularly.

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 governance and management of the centre had improved since the last inspection. Inspectors found improvements in the centre's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). However, further improvements were required to achieve full compliance with the regulations. The areas for improvement are outlined under each regulation.

This one day unannounced inspection was undertaken to follow up on the findings of the previous inspection in September 2020 and to assess the provider's contingency arrangements in the event of an outbreak of COVID-19 in the centre. The provider had reduced the occupancy to 82 residents since the last inspection, by converting a twin bedroom into an additional staff changing facility. The new staff changing room was fully operational at the time of the inspection and was found to be clean and tidy.

The provider is Dealgan House Nursing Home Limited. The management team was made up of the provider representative, the person in charge, and the assistant director of nursing. Managers were aware of their roles and responsibilities. The lines of authority and accountability were outlined and reflected in the centre's statement of purpose. The management team communicated on a regular basis to discuss all areas of governance and the inspectors saw that they followed up on any issues brought to their attention.

There was a process in place for reviewing the quality of care and the quality of life experienced by the residents living in the centre. The 2021 audit schedule was reflected in the 2020 annual review. Records of the audits completed to date demonstrated that positive changes had been implemented as a result of the audit and for the benefit of the residents. For example, records showed a continual reduction in the use of restraint in the centre. However, the audit and oversight processes in place in the centre required strengthening as they failed to identify a number of areas that required improvement. For example, although the number of falls was monitored on a weekly basis, there was no evidence of a qualitative analysis to identify trends and patterns and develop learning to further inform preventative strategies.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of the residents. The provider had effective processes in place to source additional staff if they were required. The staffing levels in the housekeeping had been increased and had been maintained since the last inspection. The supervision of staff was effective and staff reported that they felt supported in their work. All staff had mandatory training in place. As a result staff had appropriate skills and knowledge for their roles and were clear about the standards of care and

services that were required.

The centre was well-resourced and staff were appropriately trained and supervised in their work. A programme of specialist training was available to ensure staff had the skills and knowledge to care for residents with higher level needs such as those with dementia. Inspectors were informed that palliative care training for staff nurses was organised.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty on each floor at all times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff underwent an induction training programme when they commenced working in the designated centre. Following induction staff had access to regular mandatory training updates in key areas such fire safety, moving and handling, safeguarding, infection prevention and control and hand hygiene. The person in charge had oversight of staff training and management reports highlighted when staff were due for training updates.

Staff were supervised in their work.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was established in a hard copy format. Inspectors cross referenced a sample of residents and found it contained all the required information pertaining to each resident as outlined in schedule 3.

Judgment: Compliant

Regulation 21: Records

The following issues identified on the last inspection had been addressed;

Staff rosters were available for review and were found to be well-maintained. They were cross referenced and found to reflect the actual staff on duty.

A sample of staff files checked, were found to be correctly maintained and each one reviewed contained all the documents outlined in schedule 2.

A new system of reporting equipment faults was in place. The log reviewed showed that the maintenance issues recorded in the log were being addressed. On a weekly basis the person in charge and provider representative were checking and signing off on the equipment faults that had been addressed.

Weekly fire safety checks were being recorded and these were available for review.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Oversight of some practices required strengthening, particularly in the oversight of the complaints process, risk management, fire safety management and maintenance. The improvement measures put into place since the last inspection did not ensure issues relating to these areas were identified and addressed in a timely manner. For example;

- Reported faults were not timely addressed, such as replacing faulty emergency lighting.
- The statement of purpose required to be updated in order to reflect the current staffing arrangements in the centre
- Improvements were required around falls management to ensure they were trended, analysed so that they promoted learning and meaningfully informed preventative action plans

- Although the complaints process met the regulatory requirements, enhanced oversight was required to ensure that the nominated person overseeing the complaints carried out regular audits of the process as part of the wider governance and management arrangements in the centre

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts checked were detailed, set out the charges for residents and contained the room number of each resident residing in the centre. They were each dated and signed by the resident or by resident representative.

Judgment: Compliant

Regulation 3: Statement of purpose

An updated statement of purpose was provided on inspection. It included all the details outlined in schedule 1. It had been updated in January 2021.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation on any incidents which were notifiable under the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaint procedure was available and displayed in the centre. It included the designated complaints officer, the right of appeal and the nominated person to oversee the complaints process.

There were no complaints in respect of any of the residents currently living in the

centre. Records reviewed in respect of the open complaints, showed that the process had been followed and that where the complainant was not satisfied with the outcome they had been appropriately referred to the Office of the Ombudsman.

The inspectors were satisfied that the governance team was aware of the content of the complaints and had been actively engaged in the process however as discussed under regulation 23 the process of oversight required strengthening.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available in an accessible location and were updated within the regulatory time-frame of three years. They were implemented in practice.

Judgment: Compliant

Quality and safety

Overall the service provided a good standard of care for the residents, which met the regulatory requirements. The inspectors were satisfied that the care provided was person-centred and that residents rights were upheld and personal choices and preferences were respected. However, further improvements were needed in respect of fire safety precautions, risk management and the premises.

The inspectors reviewed a sample of residents' care plans and was satisfied that they were person-centred and updated whenever residents' condition changed. Care plans were sufficiently detailed to guide care and there was evidence that they had been discussed and communicated with the family. The inspectors observed staff implementing the plans of care and it was evident that they knew the residents well and were familiar with their needs.

Records showed a high standard of evidence-based nursing care was provided to residents. Active surveillance for signs and symptoms of COVID-19 with twice daily observations carried out for all residents. Residents at risk of malnutrition or losing weight were actively monitored with food intake charts in place and specialist dietetic input. Repositioning charts were in place for residents at risk of pressure sores, and a random sample reviewed by inspectors showed that they had been accurately completed. For residents at risk of elopement, enhanced supervision arrangements were in place with 15 minutes observation charts maintained. Inspectors found that records were up to date and complete.

Residents that presented with responsive behaviours (how people with dementia or

other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well- managed and staff had the appropriate skills and knowledge to respond in the least restrictive way. Records showed that where incidents took place, they were appropriately monitored and reviewed using ABC charts (Antecedent, Behaviour, Consequence) and with specialist support from Psychiatry of Old Age.

The provider was working towards a restraint-free environment in line with national policy. Residents had unrestricted access to outdoor space in each of the three units. The inspectors were satisfied that the use of restrictive practices was appropriately monitored and there had been a reduction in the use of bedrails since the previous inspection. An information leaflet on the use bedrails had been created to support residents and families in making informed choices. The leaflet provided information in an easy to understand and accessible format and detailed the risks and benefits of using bedrails.

Residents had access to a variety of activities which took place seven days a week. In one of the communal areas, the activity board on the day of inspection listed daily exercises classes, bingo, singsongs, Rosary and prayers and movies. Inspectors observed that the activities programme advertised was being made available for the residents.

The risk register was a live document and reflected all actual and potential risks in relation to the centre. The risk management policy had been updated since the last inspection, however, as reflected under Regulation 26, some further improvements were required to ensure it included the process of hazard identification and the framework used to measure and rate identified risks.

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 inspectors identified some examples of good practice in the management of COVID-19. For example there were sufficient supplies of personal protective equipment (PPE) available. Staff hand hygiene practices were good, staff had access to hand wash sinks and hand sanitisers were available throughout the centre.

Residents personal emergency evacuation plans (PEEPs) were reviewed regularly and used a traffic light system to alert staff of residents' identified evacuation care needs.The inspectors reviewed the fire evacuation procedures and the service records for fire equipment used in the centre. Inspectors were not assured that the fire drills were practiced on a frequent enough basis to ensure staff were confident on the procedure to follow when the evacuation of residents was required. In addition, the follow-up procedure following the servicing of fire safety equipment did not ensure all identified issues were addressed by the management team in a timely manner.

The centre was found to be clean and tidy with housekeeping staff deployed to clean every area of the designated centre. The records and checklists reviewed assured inspectors that this area of practice was being monitored effectively. The infection control non-compliances identified on the last inspection had all been

addressed and the inspectors saw that the improvements had been implemented in line with the provider's compliance plan. As a result residents were adequately protected from the risk of infection.

Overall the general environment and residents' bedrooms, communal areas, toilets bathrooms, and ancillary facilities inspected were clean and well maintained. Some minor issues identified under regulation 17 required review. This included a review of the hairdressing arrangements in place for the residents and ensuring that the external grounds were well-maintained and footpaths clear from moss.

Regulation 11: Visits

The visiting protocol was clearly displayed at the entrance to the centre and was observed to be adhered to. Visits took place in line with public health guidelines current public health guidance (COVID-19 guidance on visits to Long Term Residential Care Facilities, Health Protection and Surveillance Centre).

Judgment: Compliant

Regulation 17: Premises

The new hairdressing area did not provide sufficient privacy for the residents using the facility. In addition it created noise and high levels of activity that impacted on residents who were using the communal space in this area.

The footpath outside one fire escape door contained a coating of green moss and this required attention.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy was available for review. It had been revised since the last inspection and it now included all the prescribed risks identified in regulation 26. However, the risk matrix tool used to measure risks in the centre was not included. Further review of the policy was required to ensure it clearly specified how hazards were identified and how risks were assessed throughout the centre.

Judgment: Substantially compliant

Regulation 27: Infection control

Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was demonstrated during this inspection. Procedures implemented in relation to infection control were consistent with the standards for infection prevention and control (National Standards for Infection prevention and control in community services, 2018).

Judgment: Compliant

Regulation 28: Fire precautions

The last fire alarm and emergency light service records both identified issues. The emergency lighting service report from March 2021 recommended that seven emergency lights be repaired however there was no evidence that this recommended work had been completed. The emergency lighting service report from June 2021 again identified the same seven emergency lights be repaired. The provider representative could not say why they had not been repaired.

The fire alarm service report from March 2021 recommended that the fire alarm system should be upgraded to an L1 fire alarm system. The provider representative confirmed this work had not been completed to date however evidence was provided to show that quotations to upgrade the alarm system had been sought from suppliers and one quotation had been received to date.

Fire evacuation drills were being practiced with staff. The last fire evacuation drill carried out in April 2021 recommended more frequent fire drills be practiced with staff as some issues were identified during this drill however no further fire drills had been completed or scheduled. In addition, there had not been a recent night time scenario practice drill to ensure that staff had the skills and knowledge to safely evacuate residents at night when staffing levels were at their lowest.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine administration, ordering, storing, prescribing, returning and disposal practices were found to be safe. During medication administration round, the nurses were observed using alcohol hand rub in between the residents.

Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and pharmacy audits took place on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Records reviewed showed that a residents were admitted to the centre following a pre-assessment assessment and that a comprehensive assessment took place once residents were admitted to the centre. Resident's care plans were initiated within 48 hours from admission and reviewed at regular intervals, no longer than four months. Care plans were informed by a range of risk assessments using validated tools.

Communication with families regarding residents' daily needs or changes in condition took place regularly, and there were formalised arrangements in place to ensure consultation in respect of care planning arrangements.

Judgment: Compliant

Regulation 6: Health care

Residents were reviewed by their general practitioner (GP) when needed and out of hours medical cover was also in place. Records showed that where needs were identified, residents were timely referred to appropriate expertise and treatment. Access to dietetic specialist, speech and language therapist, tissue viability nurse, physiotherapy, chiropody and occupational therapy was facilitated.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable and skilled in the management of responsive behaviours and were observed to effectively implement diversion and redirecting strategies in practice.

There were 13 residents using bedrails at the time of inspection, and each one of them had a risk assessment in place which informed the care plan, and listed various alternatives trialled and the rationale for use. There was a restraint register in place which showed evidence of signed consent, multidisciplinary involvement in

the decision, and regular reviews.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre and all interactions observed during the day were person-centred and courteous.

Residents' privacy and dignity was respected and they had access to information using a variety of media such as newspapers, television, internet, radio. Residents said they were satisfied with the opportunities for meaningful engagement and the facilities available to them on a daily basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dealgan House Nursing Home OSV-0000130

Inspection ID: MON-0031677

Date of inspection: 30/06/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Reported faults log is checked fortnightly by either PIC or RPR and signed off for completion. The emergency lighting is separate to this and repairs are carried out by a contractor after each quarterly test. A check has been added for reporting back on completion of works arising from test. All emergency lighting repairs carried out and checked 23/07/21 - Statement of Purpose updated on day of inspection and emailed through to lead inspector 01/07/2021 - Falls audits to now include individualised action plans taking into account historic patterns of falls and actions required to try reduce same. 01/07/2021 - A complaints audit tool has been re-introduced with immediate effect. 01/07/2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - The dayroom in question is not used for activities during hairdressing days however residents are free to use it themselves if they wish. A privacy screen is to be added to divide the spaces between the two areas of dayroom in the case of a resident wishing to use the dayroom on these occasions. 31/10/2021 – The green moss at the fire escape in question comes from the roof tiles during strong winds. A maintenance routine has been put in place to keep this clear. 09/07/2021	

Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Reference to risk matrix tool added to risk management policy and amendments to policy made to clarify the process of identifying and assessing risk. 01/07/2021	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - Emergency lighting units which failed in March were replaced and failed again in June. Meeting arranged between tester and electrical contractor to iron out issue. All relevant items retested and replaced where necessary. 23/07/2021 - Fire alarm upgrade quotations received and all work to be completed 30/11/2021 – Further fire drills have been carried out and will continue to be done on an enhanced basis. A fire safety consultant has been engaged to advise and assist with fire safety within the nursing home. 31/10/2021	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/07/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	01/07/2021

	risks throughout the designated centre.			
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.	Substantially Compliant	Yellow	30/11/2021
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	31/10/2021