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:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0040245

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities, including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. The centre provides long-term, respite, and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

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 31 May 2023	19:05hrs to 21:00hrs	Helena Budzicz	Lead
Thursday 1 June 2023	09:00hrs to 16:40hrs	Helena Budzicz	Lead
Thursday 1 June 2023	09:00hrs to 16:40hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Overall, inspectors found that staff were working to improve the quality of life in the centre. This inspection took place in Beechwood Nursing Home over the course of two days. There were 53 residents residing in the centre, with two vacancies on the second day of the inspection.

The inspector arrived at the centre on the evening of the first day of the inspection and saw residents in the communal areas conversing happily together or with the staff, and some of them were looking forward to watch a football match. Overall, the feedback from the residents was positive, and they were happy to chat with the inspectors about life in the centre. Staff who spoke with inspectors were knowledgeable about residents. Inspectors observed many positive interactions over the course of the two days inspection; however, inspectors also observed instances where the staff practices were not safe and where residents' individual needs were not addressed, as further described in the report.

The centre provided a homely environment for residents. Residents' rooms were spacious, clean and had sufficient storage space available for their personal belongings. Residents had access to enclosed garden areas, the doors to the garden areas were open, and the gardens were easily accessible.

However, inspectors also observed several areas that required attention to address notable wear and tear on the premises. The premises were found to be clean throughout. However, improvements were required in relation to the storage and maintenance of certain areas. At one exit door, the tiles were cracked, which was also found on the previous inspection. This would not allow for adequate cleaning of the floors and may also be a trip hazard for residents. There were improvements found in some of the store rooms where new shelving had been placed, allowing for adequate cleaning as items were stored on the floor. However, there were still other store rooms that required the completion of these shelves. The provider had a plan in place to have all store rooms completed in the coming weeks. Inspectors observed that there continued to be hoists stored along the corridors. This was also highlighted on the last inspection. This may cause a person to trip and also impede an emergency evacuation should it occur.

Residents were provided with a selection of activities that they could participate in. There were also outings planned for the summer months and pictures seen of previous outings, which the residents appeared to have enjoyed. External advocacy services were available for residents if required, and notices with contact details were displayed around the centre. Residents also had access to televisions, radio, telephones and newspapers and were involved in activities and discussions on current affairs and local matters.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection show that there had been a significant decline in the level of compliance for this centre and that the governance and management arrangements and systems required to be strengthened to ensure the service was safe, consistent, and appropriately monitored for the benefit of the residents living there. This was an unannounced risk inspection carried out by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on actions taken by the provider to address issues of compliance found on the last inspection in October 2022. Notifications and unsolicited information received by the Office of the Chief Inspector were also reviewed.

Beechwood Nursing Home is owned and operated by Maisonbeech Limited, which is the registered provider. The company is comprised of two directors. From a clinical perspective, care in the centre was directed by a newly appointed person in charge. They were supported by two clinical nurse managers (CNMs) who oversee the work of a team of nurses, health care assistants, an activity coordinator, maintenance, housekeeping and catering staff.

The person in charge was responsive to issues identified during the inspection. Inspectors found that one of the clinical nurse managers regularly worked as a staff nurse due to the ongoing staff nurses shortages in the centre for the last few months. As a result, the supernumerary time in a week was not allocated to both of the clinical nurse managers to attend to administrative and monitoring duties as stated in the registered provider's statement of purpose (SOP).

A number of disparities were observed between the centre's own audit findings and the findings of this inspection. While key clinical areas, such as residents' weight loss, were monitored, the data gathered was not correctly analysed and followed up. As a result, in a number of instances, appropriate expertise was not timely sought by the health care professionals. This is further discussed under Regulation 23: Governance and management and Regulation 6: Health care.

The oversight of the staff training records was not adequate, and inspectors found that staff were not appropriately supervised in their work and not all staff had adequate knowledge regarding the needs of residents, as discussed in Regulation 16: Training and staff development.

The management of records was not effective as inspectors experienced delays in obtaining the records requested, and some of the records were not adequately

maintained, as discussed under Regulation 21: Records.

While the directory of the residents was available for review on the day of the inspection, it did not contain all data required in the regulations.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with an appropriate skill-mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Due to delays in getting accurate information on the day of inspection, the inspectors examined staff training records submitted following the inspection. These showed that not all staff had up-to-date training completed to support them in their respective roles. For example, 19 staff members were out-of-date with safeguarding training, 11 were out-of-date with manual handling training, 22 were out-of-date with infection control and 13 with fire training. Additionally, the records showed that the manual handling training was delivered online only. Inspectors observed instances on the day of the inspection where staff members used inappropriate manual handling techniques while assisting residents with their mobility needs. As a result, inspectors were not assured that the online delivery of manual handling training was effective and supported staff in safe practice delivery.

Additionally, nursing staff practices and knowledge were not in line with best-evidenced practices and guidance on the monitoring and management of weight loss for residents, as evidenced under Regulation 5: Individual assessment and care plan and Regulation 6: Health care.

Furthermore, there was inadequate supervision during meal times, as inspectors observed unsafe practices in respect of the support provided to residents with swallowing difficulties, which was not in line with residents' care plans and

assessments. This is outlined under Regulation 18: Food and nutrition.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents did not contain all the information specified in paragraph 3 of Schedule 3 of the regulations; for example, the details regarding residents' general practitioner (GP), their addresses and phone number were missing in a number of entries.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that systems that would ensure that the service delivered to residents is safe and effectively monitored were inadequate. This was evidenced by;

- There were ineffective systems to improve the quality of the service in respect of residents' weight loss monitoring. For example, audit findings were not effectively used to inform quality improvement plans.
- The oversight of the training records was not adequate, as several staff members were out-of-date with training that supported them in their roles and responsibilities. Additionally, inadequate supervision of staff practices posed a risk to safe care delivery.
- Gaps in the maintenance of the records in relation to staff rosters and records for controlled drugs are highlighted under Regulation 21: Records.
- Clinical oversight systems in place to monitor health care, care planning and food and nutrition required strengthening, as outlined further under the specific regulations.
- The whole time equivalents (WTE), that is, the number of staff listed in the centre's registered statement of purpose (SOP), did not correspond with the staff numbers listed on the roster. For example, the statement of purpose (SOP) stated that the two clinical nurse managers are WTE of 2; however, one of the clinical nurse managers has been working as a staff nurse for the last few months due to nurse staff shortages. The WTE for staff nurses was 1.9, equivalent lower than the equivalent stated in the centre's registered SOP. As a result, the supervision was not adequate, as discussed throughout the report. The inspectors were informed that there was ongoing recruitment to replace the staff vacancies.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) for the centre required some minor amendments. The contact person for complaints was the former person in charge. This was reviewed and discussed during the inspection.

Judgment: Compliant

Regulation 30: Volunteers

There were no people involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 21: Records

Inspectors experienced significant delays in getting access to some of the records requested from the management of the centre on the first day of the inspection and subsequently throughout the inspection.

- The inspectors were not assured that required staff training records were appropriately maintained and accessible at all times. The inspectors were given three different training records on the second day of the inspection, and none of them were up-to-date, correctly reflecting staff members' training records of staff who were working in the centre at the time of the inspection.
- The roster reviewed on the second day of inspection did not reflect the full names of people available on the ground. For example, the name used in different parts was either the first name or, in another part, the surname of the staff only. Inspectors observed that white correction fluid was used on the roster. Additionally, it was difficult to establish what hours were the

clinical nurse managers and the person in charge working, as there were no working hours recorded and what staff was on annual or sick leave.
- Inspectors observed that records for MDA (Misuse of Drugs Acts) controlled drugs were not correctly documented in the control drug register. For example, some data, such as the strength of the drug, were documented only at 7.30 hrs checks but not at 19.30 hrs checks.

Judgment: Not compliant

Quality and safety

Inspectors found that ineffective systems of governance and management described in the capacity and capability section of this report impacted on the quality and safety of care provided to residents in key areas such as food and nutrition, care planning, temporary absence or discharge of residents and infection control.

Residents had access to general practitioners (GPs) on a weekly basis. Residents had access to specialist health and social care services; however, the inspectors found that a number of residents with weight loss had not had appropriate referrals to health professionals such as dietitians. These findings are discussed under Regulation 6: Health care.

There was also a need to ensure that care plans were developed for all issues identified through the assessment process. Assessment and care planning is discussed in more detail under Regulation 5: Individual assessment and care plan of this report.

Residents were offered a choice at all meal times. However, inspectors found that some residents did not receive their prescribed consistency of food. Some residents that were prescribed to have a soft diet were given a normal diet. Another resident who had diabetes (a medical condition that affects how the body uses blood sugar/ glucose) was not receiving a diabetic diet. There was a diet sheet made available to staff to guide them on the types of meals residents were prescribed. This diet sheet was not matching what was in the resident's care plan or what the health care specialist' had prescribed. This could have a negative impact on the resident's health, posing a risk of choking or aspiration.

There was a residents guide provided to the inspectors on the day, which was not adequately updated. This was not made available for residents to view.

The inspectors identified some aspects of infection prevention and control that required attention, such as ensuring staff were wearing surgical face masks appropriately and safe storage practices as discussed under Regulation 27: Infection control.

On the day of the inspection, the inspectors viewed transfer documents for two

residents who had recently been transferred to the acute hospital. These documents provided minimal information about the resident. In the sample of transfer records seen on the day, vital information about residents' medical condition or skin integrity was not included. In addition, these transfer documents did not have the resident's name or date of birth, no contact details for their next-of-kin, and no communication needs for either resident were documented.

Inspectors observed that medicines were prescribed and administered to residents in a safe manner on the day of the inspection. Medicines were stored securely.

Regulation 10: Communication difficulties

The inspectors saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage facilities in their bedrooms for their personal belongings. There was an effective and practical labelling system for residents' clothes in place.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had not ensured that each resident received their diet as prescribed by a health care professional. The diet sheet that was provided to staff to guide them was not as prescribed, which posed a health and safety risk to the residents. For example;

- One resident received a minced moist diet, although the diet sheet stated 'regular diet'.
- One resident who was prescribed a diabetic diet was not receiving this, and the diet sheet indicated a 'normal diet'.
- One resident was prescribed a soft chopped diet but received a 'normal diet'.

Residents in the dining room were not provided with adequate quantities of drinks.

Six tables where residents were having their dinner were halfway through their meal before any drinks were provided.

Judgment: Not compliant

Regulation 20: Information for residents

There was no information for the residents' guide in the centre. The registered provider did not ensure such a guide was in place and available to residents as required by regulation.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Two residents who were temporarily absent from the centre due to hospital admission did not have the relevant information about the resident provided to the receiving hospital. For example, the transfer document did not include the following;

- The resident's name or date of birth.
- The resident's next of kin details.
- The resident's medical history.
- Relevant details about skin integrity, such as pressure sores or wounds.

Judgment: Not compliant

Regulation 27: Infection control

While it was evident that the provider had addressed many of the findings of the previous inspection, the inspector found that the following required action to ensure procedures were consistent with the National Standards for infection prevention and control in community services (2018).

- There was inappropriate segregation of clean and dirty items as the inspectors found a cleaning trolley, vacuum cleaner, and four bins were stored in the shower corner in the communal bathroom. This posed a health and safety risk.
- Staff were not consistently wearing face masks correctly in line with national guidance.
- Equipment was not managed in a way that minimised the risk of transmitting

of a healthcare-associated infection. Inspectors observed unclean wheelchairs used by residents on the second day of the inspection. These wheelchairs were stored in the centre's dining room. Additionally, there was a strong odour of urine on the wheelchair seats.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that all medicinal products dispensed or supplied to a resident are stored securely in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

- Inspectors observed that there was no care plan for a resident with a medical history of diabetes. This posed an increased risk that the complications related to diabetes would not be timely recognised by staff members and acted upon.
- The care plans reviewed for weight loss were not person-centred as they did not describe and reflect how to respond to the risk of losing weight, but instead, the care plan described dementia/communication needs of residents.
- There were no care plans for residents whose weight loss monitoring data indicated weight loss.
- There was no mention of the Malnutrition Universal Screening Tool (MUST) scoring high risk in residents' care plans, although this was the assessment tool used in line with local policy.
- There were no entries in the care plan guiding staff members that the residents were being prescribed oral nutritional supplements.

Judgment: Not compliant

Regulation 6: Health care

Inspectors reviewed weight loss for residents in the last three months from data given to them by the management of the centre. Inspectors found that where the resident experienced weight loss, this information was not recognised and followed up with appropriate action by the management of the centre. The Malnutrition Universal Screening Tool (MUST) assessment was not calculated correctly, and there

was no further professional expertise sought from a dietician.
Judgment: Not compliant
Regulation 9: Residents' rights
The registered provider had provided residents with facilities for occupation and recreation. The residents also had appropriate access to an independent advocacy service.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 21: Records	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Not compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0040245

Date of inspection: 01/06/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A new training matrix has been developed where refresher trainings are alerted within 6 months of expiry. Staff who need to renew their training are contacted by the PIC. The matrix is monitored monthly by the Group Quality and Clinical Practice Lead. An in-house refresher course on the use of computerised system has been completed on the 7th of June by the Group Quality and Clinical Practice Lead in the home. The training covers assessments, care planning, transfer and discharge, weight monitoring, MUST calculations and ABC charting. To ensure that all staff are up to date, the following trainings have been scheduled and confirmed: • Fire Training- 24th and 31st of July • Manual Handling- 26th June, 7th, 10th and 14 of July	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents has been updated with the correct name of the GP, address and phone numbers. The directory of residents will be monitored monthly by the PIC. The directory will be reviewed monthly by the Group Quality and Clinical Practice Lead.	

Regulation 23: Governance and management	Not Compliant

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

• Training has been provided to include a step-by-step process on how to record the weight, calculating BMI and MUST score by the Group Quality and Clinical Practice Lead on the 6th of June. Weights will be monitored by the CNMs weekly / monthly or as required to ensure the MUST and BMI are properly calculated.

• By 31 July 2023, all mandatory staff training records will be complete. This will be reviewed monthly by the PIC. Weekly spot checking will be carried out by the PIC and any issues identified will be addressed immediately.

• A new roster template has been developed and implemented. All staff nurses are educated and trained in maintaining records on MDA checking completed. Medications Audits are carried out by CNM weekly which includes MDA checks to ensure compliance. This is then reviewed by the PIC and monthly oversight by the Group Quality and Clinical Practice Lead.

• The care plan of all residents is monitored daily by PIC and due care plans are updated. A new Kitchen production sheet has been developed and is provided daily to staff. All mealtimes are supervised by a CNM or staff nurse. Spot checks will be conducted by the Group Quality and Clinical Practice Lead and Group Operations Manager.

• Our SOP highlights 1.25 WTE CNM our schedule reflect the same.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

• Colour coded traffic lights system training matrix reviewed by the PIC monthly. Refresher training notified in advance. This is reviewed monthly by the Group Quality and Clinical Practice Lead

• A new roster template has been implemented with identifies all the staff in each department.

• During the inspections MDA check was rectified and continues to be maintained. A

weekly medication audit is completed by the CNM which covers the MDA.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• All residents nutrition and hydration care plans have been reviewed with correct IDDSI information in place. A new kitchen production sheets has been developed and is updated daily or as required by the nurses in charge, this is then given to catering.
• All staff have been informed to ensure drinks are provided throughout mealtimes, supervised by nurses to ensure the safety of residents.

Regulation 20: Information for residents	Not Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
Residents' information guide has been updated and available to all Residents and families. Copies are kept in the dayroom and a printout is available upon request if needed.

Regulation 25: Temporary absence or discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
All nurses have attended a refresher training in completion of the national transfer form prior to any discharge or transfer of a resident from the nursing home. The transfer document includes all the relevant details about skin integrity, such as pressure sores and wounds.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Cleaning checklist and storage of equipment are monitored by the housekeeping manager. Clean and dirty items are now correctly segregated. The cleaning trolley, vacuum cleaner are correctly stored in the appropiate areas. This is monitored by the PIC during daily spot-checks.
• Staff were advised on the correct way of wearing mask based on hse guidelines. All staff have been retrained to put masks on and take them off and assessed regularly to ensure compliance is maintained.
• Wheelchairs, special chairs and cushions have been included in the equipment cleaning checklist. This maintained and monitored by the housekeeping manager

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The medical history of residents has been reviewed and any pertinent medical conditions have corresponding care plans.
• There are care plans in place for residents with a medical history of diabetes.
• The care plans have been reviewed for residents with weight loss and are person centered.
• Nutrition care plan of all residents have been reviewed and ensure that MUST score is included.
• Oral nutritional supplements have been reviewed and reflected on the care plan.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• All nurses have been retrained with the correct way of calculating MUST score. Appropriate referrals-based MUST Score are being done.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/07/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/07/2023
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Not Compliant	Orange	13/07/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff,	Not Compliant	Orange	31/07/2023

	based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	09/06/2023
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Not Compliant	Orange	13/07/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	13/07/2023
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	Orange	31/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	31/07/2023

	effectively monitored.			
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.	Not Compliant	Orange	13/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	13/07/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/08/2023

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	31/08/2023