



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

## Issued by the Chief Inspector

Name of designated centre:	Cedar House Nursing Home
Name of provider:	Cedar House Nursing Home Company Limited By Guarantee
Address of centre:	35 Mount Anville Park, Goatstown, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0000023
Fieldwork ID:	MON-0036485

## About the designated centre

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

Cedar House is a single-story, purpose built nursing home under the care of the Society of the Sacred Heart. The building is set within the grounds of Mount Anville House and can accommodate 24 residents. Cedar House Nursing Home opened in 1983 to provide long and short-term nursing care for Religious of the Sacred Heart, and now accepts residents from other orders and lay-people. Residents over 65 will be accommodated, and 24 hour nursing care is provided to both male and female residents. There are a variety of scheduled activities on offer and residents privacy and dignity is a high priority.

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

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 24 March 2022	08:50hrs to 17:00hrs	Margaret Keaveney	Lead

## What residents told us and what inspectors observed

Over the day of the inspection the inspector spoke with a number of residents, and approximately five residents in detail to identify their experiences of living in Cedar House Nursing Home. Residents told the inspector that it was a pleasant place to live in and that they could exercise choice in how they spent their day. The atmosphere in the centre was tranquil and quiet, and residents appeared comfortable and at ease in their surroundings. However, there were a number of repeat findings of non-compliance with the regulations in this inspection which could impact on the safety and quality of care received by residents living in the centre. This is further discussed throughout the report.

On arrival to the centre, the inspector was met by a member of the management team, who ensured that a COVID-19 assessment, hand hygiene and temperature checking were completed in the reception area.

A short opening meeting was held with the person in charge and administrator, and the person in charge then guided the inspector on a tour of the centre. The centre was clean, tidy and met the needs of the 24 residents living there on the day of the inspection. It is set out over one floor and was observed to be homely and nicely decorated throughout, with handrails fitted along the wide corridors to facilitate residents' safe movement. There were a number of communal areas for residents to socialise in or spend time alone, such as a large bright dining room, a day room and a well-stocked library.

Many communal rooms overlooked a large well-maintained garden that was easily accessible from various points in the centre. The garden was wheelchair-friendly with wide paths and a number of seating areas for residents to sit and enjoy in the good weather. The inspector spoke with one resident who stated that they were 'delighted with the garden' as it provided them with an opportunity to exercise daily and enjoy the sounds of wildlife and children in the nearby school.

Each resident occupied a large single en-suite bedroom space. All bedrooms overlooked either the gardens or a pleasantly planted internal courtyard, with residents' privacy protected by window film that did not obscure resident's view out of the windows. The inspector observed that resident's bedrooms were comfortable and personalised with photographs, ornaments and other personal memorabilia that reflected the residents' interests. There was adequate storage space in residents' bedrooms for their clothes, personal belongings and items of assistive equipment such as walking frames. Lockable storage space was available for residents if they wished to use it.

Residents told the inspector that they enjoyed the variety of activities on offer in the centre over seven days of the week, and the activities on offer reflected the interests and preferences of the residents residing in the centre. They were mainly led by the centre's chaplains, and included story-telling, sing-alongs and watching

documentaries. An external singer performed in the centre every three weeks, and the physiotherapist ran exercise classes every second week. The hairdresser visited weekly and residents visited them in a dedicated hairdressing room in the centre. There was a large bright oratory in the centre and residents had access to services daily, either live or virtually.

The inspector observed positive and supportive resident and staff interactions throughout the day. Staff were observed to have an attentive but relaxed manner with residents and it was apparent that the staff and residents knew each other well. Residents spoken with expressed satisfaction with the service provided and gratitude to the staff for the quality of care they received. Residents described staff as 'very kind' and 'caring'. Another described the centre as a 'lovely place to live in'.

Residents told inspectors that the meals provided to them were very tasty and that while a choice of menu was not displayed, there was always a choice available to them. The dining room was a large bright room which had modifications to keep the noise at a comfortable level for residents. The tables were set with a small vase of flowers and tablecloths. The inspector observed the resident's dining experience and saw that for residents lunch was a sociable occasion. Some were observed to remain in the dining room chatting over a cup of tea or coffee long after their meal had finished. Those residents who required support were assisted appropriately and discreetly. Some residents chose to remain in their bedrooms for meals and this choice was respected and facilitated.

Visitors to the centre were checked for symptoms of infection at the reception area and were requested to practice hand hygiene and wear a mask. Residents could also receive visitors in dedicated areas, their bedrooms or in the garden. There were no restrictions on visiting, other than at mealtimes and pre-booking was not required.

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

## Capacity and capability

The findings of the inspection are that the registered provider had not taken sufficient action to address repeated non-compliances with the regulations. Further staff training, improvement of governance and management systems and fire safety was required to improve the quality and safety of care provided for residents in the centre. This was an unannounced inspection to follow up on the progress that the registered provider had made towards achieving compliance with the regulations since the previous inspection of July 2021 and to monitor ongoing compliance with the regulations.

The following were found in this inspection and the previous two inspections, and are examples of how the provider was not complying with the Health Act 2007 (Care

and Welfare of Residents in Designated Centres for Older People) Regulations 2013:

- Gaps in the monitoring of the service and in identifying quality improvement projects in the centre
- No structured system auditing the service provided to residents
- Significant gaps in mandatory training for staff
- The risk management policy contained details of systems of risk management and safety committees which were not in place in the centre
- The provider did not have a risk assessment to manage and control all fire risks in the centre
- There was insufficient fire drill information available to provide assurances that staff could effectively evacuate the centres largest compartment in an appropriate time frame

Cedar House Nursing Home Company Limited is the registered provider for Cedar House Nursing Home. There was a clearly defined management structure in the centre, which comprised of the provider representative, administration manager and person in charge. This team met monthly to discuss some areas of the service being provided to residents.

Although the provider had adequately resourced the centre to meet the needs of the residents, the inspector was not provided with sufficient assurances that there were effective management systems in place to ensure that the service being provided to residents was safe, appropriate, consistent and effectively monitored. Although, the provider had recently assigned a staff member to develop and complete audits, there was no clear oversight of the auditing system by the management team. For example, the records showed that although a number of environmental audits on the service had been completed, such as on the laundry room, sluice room, cleaning store room, however the provider had not developed an audit schedule to ensure that all areas of the service were effectively monitored.

The inspector was told that audits would be completed as per the suggested time frame in individual policies, however there was no readily available information on these time frames. The inspector was informed that completed audits were to be reported in a clinical report and presented at the monthly management team meetings. However, a member of the management team informed the inspector that this report had not yet been produced, and so there was no clear oversight of key clinical information. The development of the monthly clinical report was cited as an action in the centre's plan to achieve compliance with the regulations in the previous inspections of October 2019 and July 2021.

Other areas of the service identified as not being in compliance with the regulations over the last two inspections, were again found to be not compliant in this inspection. This was despite the provider having previously provided written assurances, to the Chief Inspector of Social Services, that actions would be completed to achieve compliance with the regulations. These findings are listed above and are further discussed in this report.

Since the previous inspection in July 2021, the provider had complete an annual

review report on the service provided to residents in 2020. However, there was no evidence that residents and families feedback on the service had been sought or used to inform this report. The provider had a COVID-19 contingency and preparedness plan in place should the centre experience an outbreak of COVID-19, however this plan had not been updated to include the most up-to-date guidance on the personal protective equipment to be worn by staff while providing care to residents.

The centre's staffing rosters for the week prior to, the week of and the week following the inspection were reviewed, and both day and night staffing levels were examined. Sufficient staff were on duty to meet the assessed needs of the 24 residents in the centre both day and night.

The person in charge had developed a training matrix since the last inspection. This record showed that although staff had access to training, a high number required updated mandatory training. This was a similar finding to the previous inspection. For example, approximately 50% of staff were due to complete refresher training in hand hygiene and infection prevention and control. 30% of staff required training in safeguarding vulnerable adults from abuse, and 96% staff required training in manual handling, with no training date scheduled. Following the previous inspection the registered provider had provided assurances that staff would be appropriately supervised through a system of annual appraisals, however the person in charge was unable to provide evidence that this system had been developed. The registered provider also had no system for inducting new staff into their roles and providing them with information on caring for residents living in the centre.

The inspector reviewed two contracts for the provision of services and found that they were not in line with the regulations, as they did not clearly specify the terms and conditions of the residency and the fees to be charged for additional services. The inspector was also informed that a number of residents had not received or signed a contract for the provision of services.

## Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the requirements of residents in line with the statement of purpose.

There were registered nurses on duty at all times as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

## Regulation 16: Training and staff development

The registered provider had not provided staff with access to refresher mandatory training courses including safeguarding vulnerable adults, manual handling and infection prevention. In records reviewed by the inspectors, 30-96% of staff required refresher training sessions in these areas.

The registered provider did not have systems in place for staff development and supervision, such as included induction and regular performance appraisals.

Judgment: Not compliant

## Regulation 23: Governance and management

The system of governance and management in place in the centre had not addressed repeated issues of regulatory non-compliance identified over the previous two inspections. For example:

- Although clinical audit on falls, infection prevention and control practices by staff and medication management had been completed, other key clinical information was not collected and analysed to monitor the safety and quality of the care delivered to residents. For example, weight loss and the use of restrictive practice in the centre.
- The monthly number of resident falls was discussed at a recent management meeting, however there was no evidence that the provider had a system in place for the review of the causes and effects of such incidents and accidents involving residents. There was no evidence of an action plan to improve the safety of residents.
- Another repeat finding was that, although the provider had developed a risk register of clinical and health and safety risks within the centre, there was no system in place for the review of identified risks. As part of the risk management process, the provider had stated in their risk management policy that a Clinical Governance Committee and Health and Safety Committee would be in place to oversee identified risks in the centre. However, the inspector was told that neither committee existed in the centre. Therefore, the provider had insufficient oversight of the measures and controls identified for risks to ensure that they remained appropriate and if additional measures and controls were required
- Although cleaning schedules had been developed following the previous inspection, there was no system in place to ensure that the schedules were completed.
- The provider did not have effective systems in place to ensure that staff received refresher mandatory training as it fell due.
- The inspector was not assured that the provider had adequate precautions and training systems in place to protect residents from the risk of fire. This is further discussed under Regulation 28 Fire precautions.
- The provider did not have appropriate systems in place that ensured that each resident agreed and signed a contract on the services to be provide to

them, before they were admitted to the centre.

An annual review report for 2020 had been completed following the previous inspection. However, it did not contain evidence that it had been prepared in consultation with residents and their families. The 2021 annual review report was presented to the inspector in draft form. When requested, the management team were unable to provide evidence that residents and families feedback on the service provided during 2021 had been sought.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed two contracts of care between the resident and the provider and saw that they did not clearly set out the terms and conditions of their residency. For example;

- One contract did not specify if the resident was receiving support under the Fair Deal scheme or the agreed fees payable by the resident for the services provided by the registered provider.
- Another contract did not clearly outline the cost of 'optional extra' services such as laundry, all therapies, and transport costs.  
Neither contract specified the bedroom in which the resident would reside in the centre, which is one of the terms on which the resident would reside in the centre.
- A number of residents living in the designated centre had not been provided with a contract on the provision of services on their admission to the centre.

Judgment: Not compliant

### Quality and safety

Overall, the residents in the centre were receiving good clinical care from competent staff, and had a choice in how they spent their days. However, this inspection identified that action was required to meet the regulations for access to healthcare, restrictive practices, risk management, infection control and fire safety.

The inspector viewed records of four residents' care plans. Pre-admission assessments were completed and care plans were developed within 48 hours of resident's admission. Inspectors saw evidence that residents' needs were regularly assessed, and as they changed their care plans were updated to reflect the changes and ensure that staff were guided on how to provide the best care to residents.

The provider had arrangements in place for residents to access general practitioners and allied healthcare professionals, such as dietetics and speech and language therapy services, which could be availed of both in person and virtually. Residents were also supported to access local community services such as opticians, chiropody and dental care. The inspector was informed that the physiotherapist visited the centre fortnightly, and completed one to one and group sessions with residents. However, a review of resident's records showed that residents did not always have timely access to healthcare services. This is further discussed under regulation 6 below.

The inspector reviewed records of active monitoring and surveillance for signs and symptoms of COVID-19 which was carried daily in line with the current guidance, with residents' temperature was recorded twice a day.

The inspector observed that for residents with a physical restraint, such as a bed rail, care plans were developed which evidenced and guided their use. The use of sensor alarms was included in care plans, such as falls and safety care plans, however the provider did not recognise their use as restrictive practice and they were not included on the centres' restraint register. Therefore the inspector were not assured that the provider had sufficient oversight of their use within the centre. Also, although the inspector saw evidence that the use of sensor alarms had been discussed with residents, or where appropriate their families, documented consent on their use had not been recorded.

Residents had access to an activity schedule, which met their preferences and capabilities. Residents met every two to three monthly to discuss the service provided to them. This meeting was chaired by the centre's chaplain and was well attended. The chaplain attended management team meetings and reported on the issues raised at residents' meetings. Residents could attend both in person and virtual religious services in the centre's large oratory. Residents were also supported to choose how they lived their lives. For example, they could choose to socialise in a number of communal areas or to remain in their bedrooms which were equipped with a TV and radio for each resident. Residents could receive visitors in private over seven days of the week. The person in charge had informed families of recent changes in Health Protection Surveillance Centre guidance on visiting.

The majority of residents were observed to eat their lunchtime and evening meals in the dining areas, while others chose to eat in their bedrooms. Snacks and fresh water were available to residents throughout the day. Mealtimes were observed to be a social experience for residents. The inspector observed that the system of informing the kitchen of residents' dietary requirements required review, as although the chefs provided one resident with a soft food diet as required, the dining room folder had not been updated with this information. This was discussed with the person in charge on the day of the inspection.

A review of the centre's risk policy showed that it had not been approved by any member of the centre's management team. The policy also assigned the responsibility for managing specified risks to committees which did not exist in the centre. Following the findings of the previous inspection, the provider had developed

risk assessments on some risks specified under the regulation. However, the inspector observed that these assessments had not been assigned a risk owner or review date, and therefore the inspector was not assured that the controls and measures in place to mitigate the risk were appropriate.

The inspector observed many good infection prevention and control practices in the centre. The provider had also provided adequate cleaning resources, including cleaning staff and cleaning equipment. The provider had implemented improvements in this area following the previous inspection, such as additional hand sanitisers in resident corridors, providing a cover for linen trolleys, changes to cleaning procedures and the installation of a new bedpan washer. However, the inspector observed that further improvement was required in the some areas. This is discussed under regulation 27 below.

Action was required to ensure adequate precautions were in place to protect residents against the risk of fire. This is a repeat finding from the previous two inspections and is further discussed below under regulation 28 Fire Safety. Notwithstanding this, the provider did have a number of arrangements in place to protect residents against fire risks. There was a clear fire procedure in place and 88% of staff had up-to-date fire safety training, and staff spoken with were knowledgeable on coordinating the evacuation of residents in the event of a fire.

### Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre.

Visits were conducted in line with appropriate infection control practices.

Judgment: Compliant

### Regulation 18: Food and nutrition

All residents had access to fresh water at all times, and a choice of meal was available at mealtimes. Residents were provided with adequate quantities of nutritious and wholesome food and drink.

Judgment: Compliant

### Regulation 26: Risk management

The centre's risk management policy was not centre specific, as there was no evidence that it had been reviewed or approved by a member of the centre's management team.

The inspector was not assured that measures and actions in place to control identified risks were appropriate as for some risks, a risk owner had not been assigned. While for other risks, the committees responsible for developing and monitoring procedures for clinical and health and safety risks in the centre did not exist, in line with their written procedure.

Judgment: Not compliant

### Regulation 27: Infection control

Action was required in the following areas to ensure good infection prevention and control practices in the centre:

- There was no documented cleaning schedule for residents' equipment. This could lead to cross contamination.
- Hand sanitiser dispensers were not available in all communal areas, which could prevent good hand hygiene practices being adhered to.
- There were significant gaps in the twice daily monitoring of staff for the symptoms of COVID-19. This contravened the centres' infection prevention and control policy.
- The hand wash sink in the centre's treatment room did not comply with current recommended specifications for clinical hand hygiene sinks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements were required to ensure adequate precautions were in place to protect against the risk of fire and to safely evacuate residents in the event of a fire occurring. Many of the following issues were also identified on the last inspection on the 7 July 2021 and had not been addressed. For example;

- The registered provider could not provide evidence that the designated centre complied with the relevant legislation and guidance on fire precautions, and had not sought the advice of a competent fire safety professional on this matter.
- Staff had not received suitable training in fire evacuation procedures. Therefore, the inspector was not assured that staff in the centre were

adequately prepared for the procedure to be followed in the case of fire, and for the safe and timely evacuation of residents:

- Fire drills had not been completed with the minimum number of staff.
- A daytime fire drill had been completed which simulated the evacuation of a single person from a single bedroom. There was no evidence that the simulated evacuation of a compartment had occurred.
- Residents' personal emergency evacuation plans (PEEPs) were stored in electronic form in the treatment room, and were not readily available in residents' bedrooms. The management team were not aware that PEEPs were not stored in residents' bedrooms. This could result in delays in efficiently and safely evacuating residents from the designated centre.
- A sample of PEEPs were reviewed and did not contain any details on resident's capacity or other com-morbidities, such as poor hearing or sight, would could impact on the safe evacuation of the resident in the event of a fire in the designated centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission and care plans were developed. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence based clinical tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

### Regulation 6: Health care

From a review of residents' records, the inspector observed that residents did not always have timely access to healthcare services based on their assessed needs. For example;

- One resident had not been reviewed by the centre's physiotherapist despite sustaining a serious injury following a fall.
- A resident had not been re-referred to a dietitian despite ongoing weight loss over a number of months.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

The inspector observed that the provider did not acknowledge and assess some environmental restraints, such as sensor alarms, as a restrictive measure. Therefore, there was no oversight of their use in the centre and residents had not provided documented consent on their use.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities, and to exercise their political and religious rights. Residents had access to radio, television and newspapers and to the internet. Residents were supported to exercise choice at mealtimes.

There was an independent advocacy service available in the centre. A resident's meeting was held every two to three months.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cedar House Nursing Home OSV-000023

Inspection ID: MON-0036485

Date of inspection: 24/03/2022

## 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 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>Mandatory training is ongoing, which includes manual handling; safeguarding and infection control. Systems have been developed to ensure appropriate induction and appraisals of staff.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Further clinical audits on weight loss and restrictive practice will be included in the programme of audits.</p> <p>The audit results are now included in the monthly management meeting, and any action required by the management team identified.</p> <p>Monthly clinical meetings have been implemented. Any clinical issues will be discussed at the management meeting. The clinical governance committee will be replaced by a Compliance Officer; supported by the Nurse Manager and Management Team.</p> <p>Similarly, Health and Safety risks will be discussed at the management meeting.</p> <p>The housekeeping staff will record their work on the epiccare system. The Nurse Manager/Nurse in Charge will review the environmental cleaning by carrying out a random sample inspection of one room daily.</p> <p>The matrix for refresher training will be developed.</p> <p>A system has been developed to ensure that each resident signs a contract, referring to services provided.</p>	

The annual review has been amended to include resident feedback.	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care has been developed to include whether the bed is funded through Fair Deal, or privately funded.</p> <p>The contract also includes optional ancillary services and charges, and the room number to which the resident is admitted.</p> <p>Each resident will sign a contract, referring to services provided.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk management policy has been reviewed and signed by the Nurse Manager.</p> <p>The risk register is under review, with risk owners assigned to each risk. These will be discussed as appropriate at either the management meeting, or the clinical meeting. The clinical governance committee, and health and safety committee will be replaced by a Compliance Officer; supported by the Nurse Manager and Management Team.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A schedule has been developed in relation to cleaning equipment.</p> <p>Hand sanitisers will be available in all communal areas.</p> <p>The twice daily monitoring has been added to the sign in for staff, and is now signed off by the nurse on duty.</p> <p>The hand wash sink will be in compliance, as per specification.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A fire safety professional has inspected the premises. We await his report.  Training dates x 3 have been scheduled. This training will include compartment evacuation and fire drills.  Personal emergency evacuation plans have been stored in residents' bedrooms, and at the Nurses' Station. These include additional needs, such as poor vision or cognitive impairment.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  All residents will have timely access to healthcare services, as required.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  All restrictive practice is now documented, with consent from residents/family members.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2022
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	Orange	30/06/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/06/2022

Regulation 24(1)	The registered provider shall agree in writing 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.	Not Compliant	Orange	30/04/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/04/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/07/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	Orange	08/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/05/2022
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.	Not Compliant	Orange	08/09/2022
Regulation 28(2)(iv)	The registered provider shall	Not Compliant	Orange	01/04/2022

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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.	Substantially Compliant	Yellow	31/05/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	01/04/2022