



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

## Issued by the Chief Inspector

Name of designated centre:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Unannounced
Date of inspection:	12 January 2023
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0038708

## About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

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

Number of residents on the date of inspection:	23
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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 12 January 2023	09:20hrs to 17:20hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were provided with a good standard of care by a dedicated team who knew their needs well. The inspector met with many of the 23 residents living in the centre on the day of inspection and spoke with six residents in more detail to gain insight into their experience of living in the centre. The inspector met with four visitors during the inspection. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival to the centre, the inspector met the person in charge. Following a short introductory meeting, the person in charge accompanied the inspector on a walk around the centre. This walk around the centre gave the inspector an opportunity to introduce themselves and to meet with residents and staff. In addition to talking with residents, the inspector spent time observing residents' daily routines to gain insight into their experience living in the centre and how their needs were met by staff. During the walk around, the inspector observed that a number of residents were up and dressed and sitting in the day rooms while some were being assisted by staff with their personal care. The inspector saw a number of residents enjoying breakfast in the dining room. A local general practitioner was in the centre reviewing residents where required during the morning of inspection.

Grange Con Nursing Home is located in a scenic rural setting approximately six kilometres from Blarney and Ballincollig in Cork and is a family run nursing home. All residential accommodation is located on the ground floor with staff changing, staff dining facilities and management offices located on the first floor. The centre is registered for 24 residents and has nine single occupancy bedrooms, six twin room and one three bedded room. All the twin rooms and seven of the single bedrooms had ensuite toilet and shower facilities, while the remaining rooms had a hand wash basin. There were toilets and bathrooms in close proximity to the bedrooms without ensuites. The inspector saw that the majority of the bedrooms were spacious with adequate storage for personal belongings. The centre had been painted since the previous inspection and was clean and warm throughout. Residents' bedrooms were personalised with family photographs, paintings and personal possessions. A number of residents told the inspector that they loved the views of the countryside from their bedrooms.

Communal spaces in the centre comprised of two day rooms, a dining room and a sunroom. A number of residents used the sunroom to meet their visitors or they also met their visitors in their bedrooms. The communal rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. There were panoramic views of the surrounding countryside from the day rooms and sunroom. The corridors in the centre were decorated with pictures and paintings and had handrails to assist residents walking through the centre. The centre had features such as tables and lamps and an old fashioned sewing machine which made the

centre feel homely. There were pictures of significant celebrations with residents on display. The inspector also saw pictures of a recent visit by a local pet farm which residents appeared to enjoy.

The inspector saw that the lunchtime meal in the dining room was a sociable and enjoyable experience for residents. The inspector observed that residents who wished to eat their meals in their bedrooms were facilitated to do so. Staff were aware of residents' likes and dislikes and were seen providing assistance in a discreet manner to residents who required it. There was two choices available for the lunch time meal and desert and lunch offered to residents both appeared and smelled appetising. The inspector saw that residents were given alternatives to the daily choices, for example, a salad at lunchtime, and chips were also prepared for residents who liked them. In general, residents told the inspector they always got a choice of meals and were complimentary about the food.

Residents appeared to be well cared for and were neatly dressed in accordance with their preference. The inspector saw that residents were relaxed and comfortable in the centre and that staff engaged with residents in a respectful and kind manner throughout the inspection. Staff were present to provide assistance and support to residents. Open visiting was in place, which was welcomed by the residents. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day.

During the morning of the inspection, the inspector observed that residents spent long periods of time with no facility for activity or social engagement. Residents and staff confirmed that there were no activity scheduled for the morning other than watching TV. In the afternoon an external musician attended the centre and provided a sing-along music session for a number of residents. The activity schedule for the centre was reviewed. The schedule included one hour daily sessions that included an exercise class with a physiotherapist, a yoga session and massage sessions, bingo, board games, an external musician. The schedule was discussed with the person in charge who agreed to review same. A local priest celebrated mass in the centre once a month and residents had access to national and local newspapers. Residents were supported to go on outings with their families. Residents views were sought on the running of the centre through regular residents meetings in the centre. From a review of these minutes it was evident that action was taken in response to their suggestions. For example, a number of residents had requested some home baking such as scones in the morning and this was arranged with the chef for a few mornings each week.

The next two sections of the 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

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection in February 2022. The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out and the inspector found that many of the findings from the previous inspection had been addressed. However some improvements were required which are outlined under the quality and safety section of this report.

Grange Con Nursing Home is operated by Grange Con Quarters Limited who is the registered provider. There are four company directors, one of whom is the person in charge and another company director works as the operations manager in the centre. There is a clearly defined management structure in place. The person in charge is supported in her role by an assistant director of nursing and a team of nurses and health care assistants. The centre also has catering and housekeeping staff. Staff had a good awareness of their defined roles and responsibilities.

The person in charge demonstrated good knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life. The management team held regular formal management meetings and minutes reviewed by the inspector indicated that key issues relevant to the running of the centre were discussed and actioned. The centre had experienced a significant turnover of staff and had ongoing recruitment in the centre to maintain staffing levels. The registered provider ensured that the number and skill mix of staff were appropriate to meet the assessed needs of the 23 residents living in the centre.

Management in the centre ensured that staff were provided with both face to face and online training appropriate to their role. Staff confirmed that they had been provided with training to support them in their roles. Uptake of training was monitored by the person in charge in the centre. The person in charge and assistant director of nursing worked on opposite shifts to ensure staff were adequately supervised in the centre.

There were systems in place to monitor and evaluate the quality and safety of the service, which comprised of a yearly audit schedule and the collection of weekly key performance indicators. This information was used to implement quality improvements within the centre. There was evidence of consultation with residents through residents' meetings.

Overall accountability and responsibility for infection prevention and control and antimicrobial stewardship within the service rested with the person in charge. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced its first outbreak in the centre during March 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives.

Following the outbreak, a formal review of the management of of COVID-19 to include lessons learned to ensure preparedness for any further outbreaks had been undertaken.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. Complaints were investigated in line with the centre's own policy.

The arrangements for the review of accidents and incidents was good and from a review of the records maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

### Regulation 15: Staffing

The provider had ensured that the number and skill mix was appropriate having regard for the size and layout of the centre and the assessed needs of the 23 residents living in the centre on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

From speaking with staff and from a review of the training matrix maintained by the person in charge, it was evident to the inspector that staff were supported to attend training appropriate to their role. Staff attended both face-to-face and online training in the centre. Staff were seen to be appropriately supervised in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were management systems in place to ensure the service was safe, appropriate and effectively monitored.

Judgment: Compliant



## Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the occupancy of the room.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed records of all incidents and accidents occurring in the centre and found that relevant notifications had been submitted for all incidents specified in the regulations within the required time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

Records were maintained of verbal and written complaints and the outcome was documented. The complaints process was seen to be displayed prominently in the centre. The complaints policy included an appeals process as well as the contact details of the Ombudsman.

Judgment: Compliant

## Quality and safety

Overall, the quality of care provided to residents was found to be good, and several examples of good practice and person-centred care were observed. The inspector found that residents living in Grange Con Nursing Home had good access to medical and healthcare services. However, some action was required in relation to care planning, infection control and fire precautions and ensuring residents had sufficient opportunities for social engagement as outlined under the relevant regulations.

Residents had timely access to general practitioner (GP) services and to allied health and social care professionals as required to meet their needs. Systems were in place for referral to specialist services such as dietetic, speech and language and podiatry services. Residents were also provided with access to other health care professionals, in line with their assessed need. Dietetic referrals had been sent for a

number of residents. A physiotherapist was in the centre one day a week to provided assessments and treatments for residents as required. The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which informed care planning. However, further action was required in relation to care planning to ensure that care plans were updated in line with residents changing needs as outlined under Regulation 5:

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication administration practices were being monitored well and medication errors were monitored and actioned. However, improvements were required in the management of medications as outlined under Regulation 29 Medication and Pharmaceutical services.

The inspector saw that a number of renovations had been implemented in the centre including the painting of the centre since the previous inspection and the centre was clean and warm throughout. The person in charge monitored antibiotic use and infections and colonisation status of residents living in the centre. The person in charge had ensured that residents were facilitated to receive their COVID-19 vaccinations. The provider had implemented cleaning checklists for daily and deep cleaning of rooms and the management team had purchased and implement a colour-coded mops and cleaning cloths system and a new cleaning trolley to reduce the risk of cross infection since the last inspection. A new storage unit to ensure the cleaning trolley was stored in an appropriate location had been purchased and delivery was awaited of same. However, some issues pertaining to infection control required to be addressed, which are detailed under Regulation: 27 infection control.

The centre promoted a restraint free environment and there was one resident allocated bed rails on the day of this inspection. Alternatives to bedrails such as low low beds and crash mats were promoted and implemented by the person in charge.

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. Fire safety training had been provided to staff. The inspector found that staff were generally knowledgeable and clear about what to do in the event of a fire. Daily and weekly records of fire safety checks were maintained. The provider ensured that simulation of evacuation of residents with minimal staffing levels occurred to ascertain if residents could be evacuated in the event of a fire. However, the frequency of these simulations need to increase in view of recruitment of new staff to the centre. Personal emergency evacuation plans in the event of fire were in place for each resident, however evidence of regular review of these plans were required to ensure that residents requirements both day and night were reflected. These findings are outlined under Regulation: 28 Fire precautions.

In general, residents' choices and preferences were seen to be respected. The inspector saw that staff engaged with residents in a respectful and dignified way.

Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents' meetings were held regularly and there was a good level of attendance by residents. Issues identified during these meetings were actioned by management in the centre. Visiting was facilitated in the centre in line with national guidance. However, residents access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities required action as outlined under regulation 9 Residents rights.

### Regulation 11: Visits

The centre's current visiting arrangements were appropriate, and the inspector saw many visitors coming and going on the day of inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Records of residents' personal property were maintained. Residents' bedrooms had space to maintain their clothes and personal possessions. Personal storage space comprised single or double wardrobes, chests of drawers and bedside locker with lockable storage. Residents had access to on-site laundry facilities. Minutes of residents' meetings and residents surveys did not identify any issues with laundry services provided in the centre.

Judgment: Compliant

### Regulation 17: Premises

The premises conformed to the matters set out in Schedule 6. The inspector saw that the design and layout of the centre was appropriate to meet the needs of residents. The inspector saw that the centre's bedrooms and communal areas had been recently painted and were well maintained. New furniture such as tables and chairs for the dining room and further communal seating had been ordered and was due for delivery. An external storage unit was due for delivery to ensure safe storage of the centre's cleaning trolley and equipment.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met and regular nutritional assessments were in place in accordance with the residents' care plans. The inspector saw residents were offered a choice at lunch time. There were plenty snacks and drinks provided to residents during the day. Residents were generally complimentary about the food and choices available, including modified diets. Assistance was offered in a discreet and dignified manner where required.

Judgment: 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 registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action

- Residents wash basins were washed in the bedpan washer. This practice increases the risk of cross contamination as bedpan washers are only validated for the reprocessing of human waste receptacles.
- Two sharps containers did not have the temporary closing mechanism in use therefore there this could cause a needle stick injury.
- The frequency of infection control audits required review to ensure oversight of infection control practices in the centre.
- hoist slings were not designated for individual resident's use and therefore may pose a risk of cross infection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire:

- Two sets of cross fire doors in the centre did not close completely once magnetic door holders were released, the provider ensured that these were corrected following the inspection

- A bedroom door hold open device was loose and required review, the provider ensured that these were corrected following the inspection.
- One emergency exit luminaire outside one bedroom was not working on the day of inspection.
- While evacuations of the largest compartment in the centre had been simulated in the centre with night time staffing levels, the frequency of these drills needed to be increased to ensure that all staff were competent and confident in evacuation procedures. This is especially important as a number of new staff had been recruited to the centre.
- residents' personal emergency evacuation plans required review to ensure they clearly outlined the safest way to evacuate the resident in the event of a fire both day and night.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The following issues required action in relation to medication management in the centre to ensure that medicines are administered or managed in line with the professional guidelines for nurses from Bord Altranais agus Cnaimhseachais na hEireann 2020.

- Topical medication stored in the medicine fridge was open longer than recommended. This meant that the effectiveness of it could not be assured and was required to be discarded, this was addressed by the nurse on duty on the day of inspection.
- Although there were arrangements in place to segregate unused or out of date medicines and it's return to the pharmacy for safe disposal. There was adequate records to support this practice, however, the inspector saw that there was some excess stock that was not returned to pharmacy in a timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' care plans and assessments were reviewed and while some were updated in accordance with the regulations, they did not consistently reflect the changing needs of residents. For example, of the sample of care plans seen, two residents did not have their care plans updated following review by a dietitian or to reflect weight loss, therefore their care plans didn't reflect the residents needs. A resident's care plan was not updated to reflect their changed needs after admission

to hospital for surgery.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents living in this centre were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was onsite to provide assessments and treatment to residents one day a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as community palliative care as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were provided with training on the management of responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector saw that staff provided person-centred care and support to residents in a respectful manner. Restrictive practices, such as bedrails were managed in the centre through ongoing initiatives, which included moving towards a restraint free environment. There was a very low usage of bed rails in use in the centre with one resident using these.

Judgment: Compliant

### Regulation 9: Residents' rights

The provision of activities observed, on the day of inspection, did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While an external musician provided live music in the afternoon, the majority of residents sat in both day rooms with television as the only source of stimulation outside of this time.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0038708

Date of inspection: 12/01/2023

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Resident wash basins are now being hand washed after each use in a sink. All staff have been updated with this new practice and will be monitored by the Person in Charge and/or the Assistant Person in Charge and included on the infection control audit.</p> <p>Staff have been educated to close the sharps bins with the temporary closing mechanism after disposing of each sharp. Posters are also displayed by the sharps bin as a reminder to do so. This is monitored on the infection control audit.</p> <p>The infection control audit schedule has been reviewed and increased frequency of audits are now scheduled each quarter.</p> <p>Extra hoist slings have been purchased and are for individual resident's use. Each sling is labelled and stored in each resident's bedroom in line with infection control practice to prevent cross contamination.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The two fire doors which did not close completely were corrected the day after inspection.</p> <p>The door hold-open device which had a loose screw was also corrected after the inspection.</p>	

The emergency exit luminaire outside one bedroom has since been replaced.  
The frequency of fire evacuation procedures has been increased especially taking into consideration new recruits.

Residents' personal emergency evacuation plans have been reviewed. Additional information is now outlined for each individual resident to evacuate residents in the safest manner in the event of a fire both day and night.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
Staff are reminded to discard any completed or discontinued topical medication stored in the medication fridge as well as medications on the medication trolley.

Pharmacy returns are carried out more regularly as required to avoid any buildup of medicines for disposal.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
Care plan information session for nurses facilitated by Julie Holland.  
Additional opportunity offered to staff to attend a webinar for care planning.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The activities schedule has been reviewed to include additional activities throughout the day.



## 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 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	20/02/2023
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.	Substantially Compliant	Yellow	06/02/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	28/02/2023

	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.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	13/01/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	21/02/2023

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	10/02/2023