



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

Issued by the Chief Inspector

Name of designated centre:	Riverdale Nursing Home
Name of provider:	Killyglasson Limited
Address of centre:	Laragh, Ballon, Carlow
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0000273
Fieldwork ID:	MON-0036623

About the designated centre

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

Riverdale Nursing home is a purpose built centre situated in a rural setting just outside the village of Ballon in Carlow. The centre is registered for 34 beds which are accommodated in four twin and 23 single bedrooms. Communal spaces include a large reception area which is divided into seating areas, one which has a fire place and comfortable seating, a dining room, day room, quiet room, hairdressers room and meeting room. There is access to a large secure garden to the rear of the building and parking is available at the front. The centre had recently been extended and refurbished in 2015. The centre offers respite, convalescence and long stay to adults mostly over the age of 65, in some circumstances residents under the age of 65 may be accommodated. Residents with varying dependency levels are accommodated with 24hour nursing care available. The centre employs approximately 39 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 31 March 2022	09:00hrs to 18:30hrs	Arlene Ryan	Lead
Thursday 31 March 2022	09:00hrs to 18:30hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Inspectors spoke with a number of residents in the centre and their general feedback was that they were satisfied with the care and service they were receiving. Residents also told inspectors that they liked living there and that they felt safe. Inspectors observed that the residents were well groomed and staff were courteous and respectful towards the residents and took time to assist them with their need. One resident informed inspectors that the "staff were very good" and would do anything for you. The residents told inspectors that the person in charge was always around and checked with them to see that everything was ok. Another resident supported this and said they were very happy with their living arrangements as they don't have to worry about anything. Residents were observed calling staff by their names and appeared very comfortable with them.

Inspectors arrived unannounced at the centre and were guided through the COVID-19 infection prevention and control measures necessary on entering the designated centre. Following an introductory meeting the inspectors walked around the nursing home with the person in charge. During this walk around inspectors saw that that staff were busy assisting residents with morning care activities. Some residents were in the day room having breakfast and others were being assisted to the dining room to eat. All the bedroom accommodation was on ground level with mostly single and four, double rooms. Three double bedrooms had recently been converted to single rooms affording more space for the residents living in these rooms.

Some residents had brought in personal items and pictures which were in their rooms and created a more homely feel. The day room was large and bright and the adjoining dining room was sufficient to meet the residents needs.

When inspectors asked about the quality of food, residents were very complimentary about the food available in the centre. They said that it was tasty and hot and there was always a choice available to them. One resident told the inspectors about some of their preferences for food and how the staff routinely accommodated this. Drinks were available throughout the day and residents were encouraged to keep hydrated.

Residents laundry was washed in the nursing home and returned to the residents rooms. One resident said that most of their washing was done in the centre but sometimes their family took some items home for laundering. The resident said that they never had a problem with the laundry arrangement and had plenty of space for clothing and personal items.

The communal room was where residents and staff were seen to spend the majority of the day. There were newspapers available and some residents were watching television. While care staff worked hard to provide care for residents, the inspectors saw that there was no activity schedule in place in the morning leaving long periods of inactivity. However in the afternoon most residents were in the day room where

the staff had arranged activities including exercise pedals, hand massages and a sing song. Mass was also available to the residents. The residents were actively involved in these activities and appeared to be really enjoying them. Activities were delivered by the nurses and health care assistants as the activities coordinator was on leave.

Inspectors did not observe any visitors coming to the centre on the day of inspection however two of the residents told inspectors that they had visitors in the last week. They were aware that there had been a COVID-19 outbreak and that visitor numbers were lower as a result. The person in charge and residents informed inspectors that there had been a garden party for mother's day on the Sunday prior to the inspection and their families and friends were invited to this celebration.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While there were management systems in place and some evidence of good nursing practices, some of the managerial arrangements to oversee the effective running of the service was not sufficiently robust. On the day of inspection, Inspectors found that many of the quality and safety aspects of the service had not been monitored appropriately and requested assurances from the provider to ensure safe appropriate care was provided to the residents at all times. Additional detail are available under the individual regulations in the quality and safety section.

The compliance plan from the previous inspection carried out in January 2021 was followed up and some items had still not been completed. These have been included under the individual regulations later in this report.

The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on an information report received by the the Chief Inspector. Killyglasson Limited is the registered provider. The centre is registered for 31 residents, and on the day of the inspection, there were 28 residents living in the centre.

An outbreak of COVID-19 was declared on the 11th March 2022. To date 14 residents and four staff had tested positive for COVID-19 infection during this outbreak. However they had all recovered and all residents and staff were COVID-19 free on the day of inspection. During the outbreak the centre had engaged with the public health team for support and advice. Twice daily monitoring of temperatures

and for signs and symptoms of COVID-19 were documented for all residents and staff on duty.

The person in charge, who is also the provider, worked full time at the centre and was supported by a clinical nurse manager (CNM), who was on leave on the day of the inspection, and a senior staff nurse. The operations manager was temporarily allocated to another role within the nursing home whilst actively recruiting a replacement. This impacted on the support available to the the person in charge in their operational role.

The person in charge was actively recruiting another activities coordinator with the aim of increasing the activities programme as the activities schedule was not fully meeting the needs of the residents.

The nursing and health care assistant staff rosters, reflected the number of staff on duty on the day. The staffing levels were adequate for the size and layout of the centre and number of residents accommodated at the time of inspection. There was no use of agency staff to fill shifts. There were no nursing or health care assistant vacancies. Staff were observed being attentive to residents and call bells were answered in a timely manner.

The provider had appropriate resources to ensure effective staffing levels, and a training program to ensure staff received appropriate access to training, including fire safety and safeguarding.

The centre had developed its system for monitoring quality and safety. Each month, a summary of audit findings was created; however, it was not clear how the results of these audits informed the ongoing quality and improvements agenda in the centre, especially within the senior management team. There were no records of these team meetings to show items discussed and actioned. The clinical and non-clinical auditing programme was not robust enough to ensure sufficient oversight and monitoring of the services provided. The system did not capture most of the findings observed by inspectors on the day of inspection, for example, infection control and premises issues. Whilst the policies and procedures were up-to-date, inspectors were not assured that all were fully implemented within the nursing home.

Inspectors found that not all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector, as required under Regulation 31: Notification of Incidents.

There was a low level of complaints recorded in the centre. Residents who spoke with the inspectors were aware of who to speak to if they had a complaint or a concern.

Regulation 15: Staffing

There was a minimum of one qualified nurse on duty at all times. On the day of inspection there were adequate staff on duty to meet the assessed needs of the residents. Staff were attentive towards residents and call bells were answered in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff had received training, and staff informed inspectors that they were facilitated to attend mandatory training and other training appropriate to their roles. Staff informed inspectors that they were updated on any changes during the morning huddle meeting.

Identified training issues in relation to fire evacuation training is detailed under Regulation 28: Fire Precautions.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were not robust enough to ensure that risks were identified and addressed appropriately. On the foot of the finding during the inspection, the provider was required to submit a number of assurances to the Chief inspector in respect of; premises, resident's rights, infection control and fire precautions. The details are outlined under each regulation. This was evidenced by:

- Ineffective oversight of infection prevention and control arrangements did not support effective infection control practices and procedures.
- Adequate arrangements were not in place to address fire safety risks and the reviewing of fire precautions.
- Notifiable incidents that occurred in the centre had not been reported to the Chief Inspector, as required under Regulation 31: Notification of Incidents.
- Residents rights were not being fully upheld in relation to privacy and opportunities to participate in activities in accordance with their interests and capacities.
- Premises issues had not been identified and therefore improvements were not actioned, to comply with Schedule 6 of the Health Act (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2013 as detailed under Regulation 17: Premises.

The draft annual review of the quality and safety of care delivered to residents in 2021 was available to inspectors. There was no documented evidence of the recording of resident's views or a recent satisfaction survey available in the centre. Therefore consultation with residents was not included in the annual review.

Judgment: Not compliant

Regulation 31: Notification of incidents

The registered provider did not submit notifications identified by inspectors, for two quarters in 2021 in respect of wounds, restrictive practices and expected deaths in the registered centre as required by the regulation.

Upon discussion with the registered provider one NF06 notification of suspected allegation of abuse was found not to have been submitted in a timely manner. The inspector was satisfied however that this allegation had been appropriately responded to.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints log was maintained and the number of complaints in the centre was low. Where complaints happened they were promptly responded to. The complaints procedure did not fully meet the regulatory requirements in that it did not include the nominated person to oversee that the complaints policy and procedure was effectively implemented in practice. However, the inspectors were satisfied that the complaints were audited on a regular basis and they were appropriately responded to. There were no open complaints at the time of inspection.

Judgment: Substantially compliant

Quality and safety

While residents were satisfied with the service, and received good health care, a focus on safety and quality improvement was required to ensure residents received a safe and appropriate service. Overall the premises was clean but improvements were required to bring this centre back into compliance with national standards for infection prevention and control.

A sample of resident's records showed that a pre-admission assessment had been completed prior to the residents' admission, followed by a comprehensive nursing assessment on the day of admission. A range of validated tools were used to inform the care plans developed within 48 hours of admission. However social care and activities assessments and plans required strengthening and they did not contain specific details of the residents individual interests and capacities to participate. Care plans were subject to a four monthly review or sooner when changes had occurred.

There was evidence of the residents receiving medical and allied health care professional services. For example the chiropodist attended the centre every six to eight weeks and some residents were seen regularly by them. One resident informed inspectors about his upcoming appointments arranged through the centre and was very happy with the services received.

The oversight and management of infection control practices in the centre showed to be insufficient of the day of inspection as outlined in this section of the report and under regulation 17: Infection Control. Staff were observed wearing full personal protective equipment (PPE) during the morning rounds, yet there were no active cases of COVID-19 in the centre. Clinical waste bags were observed in a waste skip at the front of the centre. Inspectors were informed that the clinical waste had been segregated for 72 hours in the yellow clinical waste bins before placing it in the skips. Inspectors requested an urgent review of this practice in line with the Health Protection Surveillance Centre (HPSC) guidelines in relation to the correct disposal of waste streams. Inspectors also noted that there was a lack of appropriate domestic and clinical waste bins throughout the centre, affecting the correct segregation of waste.

The processes for the identification and segregation of clean and dirty equipment such as wheelchairs and residents handling slings, were not sufficient, posing a risk of cross-contamination. Some items of equipment, such as cushions, were worn and torn and required replacement.

Storage arrangements were poor with some items stored on the floor preventing effective cleaning, and a vacuum cleaner inappropriately stored in the linen room creating the potential for cross-contamination. Replacement cartridges were not used in the alcohol gel and soap dispensers resulting the build up of residue in the containers posing a risk of cross contamination.

There was a risk of cross contamination within the laundry room. For example there were no clear areas for clean and dirty linens to be sorted. Evidence of pre-soaking linen was found in conflict with the centre's own policy on sluicing contaminated linen. The laundry skips had no lids to ensure the safe transfer of contaminated linen and prevent cross-contamination. .

Inspectors identified discrepancies between the fire management policy, floor plans and fire alarm system in terms of compartments and zones. The fire compartments were not clearly identified on the floor plans or on the escape route maps. It was unclear if the zones identified at the alarm panel and the compartments on the floor plans were the same and met the requirements for being a designated fire

compartment. There was no evidence available on the day to clarify the designated compartments. An urgent fire risk assessment of the designated centre was requested, to be completed by a competent person and to address the findings of the inspection in relation to fire precautions. Further issues are outlined under Regulation 28: Fire Precautions.

Fire evacuation drills carried out in the centre was based on the zones as per the fire panel; however a full evacuation of the largest compartment with minimal staff was not available to inspectors. Most fire drills were completed with the evacuation of one or two residents at a time. An urgent evacuation drill was requested by inspectors.

Regulation 11: Visits

Open visiting had not fully commenced following the recent COVID 19 outbreak. There was no dedicated room available for residents to receive visitors in private.

Judgment: Substantially compliant

Regulation 17: Premises

The following issues were identified on inspection:

- There were chords missing from call bells in the communal toilets therefore not allowing residents to summon assistance.
- Some toilets only had one supportive handrail beside the toilet so did not fully meet the needs of the residents.
- Appropriate clinical hand washing sinks were not available.
- Storage arrangements in the medication room was poor with items being stored on the floor and blocking access to the hand washing sink.
- Some bedroom floor surfaces were damaged and as a result were a trip hazard to residents.

Judgment: Substantially compliant

Regulation 27: Infection control

During the inspection, inspectors observed that the national standards and guidance were not being fully implemented. Inspectors observed for example:

- Inappropriate use of PPE.

- Ineffective arrangements for the segregation and disposal of clinical waste.
- The bedpan washer had not been serviced in over two years therefore correct temperature regulation could not be verified. Urgent assurances were requested in respect of this.
- A communal shower room for residents had an inner room used as a sluice room. This sluice room did not have a door so, therefore, was open to the shower room posing a cross contamination risk to users of the shower room.
- Inadequate arrangement to support effective hand hygiene.
- Wear and tear on surfaces impacting on the ability to clean the surfaces (floor and sinks).
- Inappropriate storage of items (hand gel, laundry, cleaning equipment).

Judgment: Not compliant

Regulation 28: Fire precautions

There were not adequate precautions in place against the risk of fire:

- Inspectors observed inappropriate storage practices of combustible items near power sources, electrical boxes and immersion tank heaters in multiple store rooms creating a significant risk of fire.
- There were discrepancies between the fire management policy, floor plans and fire alarm system in terms of compartments and zones.
- The hatch into the attic was open creating a potential route for smoke and fire to travel through the building in the event of a fire. This was rectified on the day and inspectors saw that the hatch had been replaced.
- Oxygen cylinders were not stored appropriately in the outside yard and were at risk of falling over.

In addition, the provider had not taken steps to ensure there were effective arrangements for evacuating the centre, taking into account the needs of the residents and staffing levels at different times.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was completed for each resident and care plans were in place. However these care plans did not reflect a person centred approach in relation to the residents individual social care needs for example the resident's preferences and engagement in activities.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence that residents had access to medical and allied health professionals services and the records showed regular appointments, where required, with speech and language therapy, dietetics and chiropody.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) on the day of inspection.

There was a restraints log in place in the centre. There had been a reduction in the use of restraints and where restraints were used, an assessment had been completed and a care plan was in place. For example the use of bed rails had been reduced.

Judgment: Compliant

Regulation 8: Protection

The safeguarding policy was available to inspectors and was up to date. Staff had received training and were able to demonstrate this knowledge to inspectors during conversations.

The centre was not a pension agent for any residents.

A policy and procedure for the handling of resident petty cash was in place and random sampling found the cash balances to be correct.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were not always able to undertake activities in private. Inspectors found that the bedroom door latches were depressed using a screw which did not allow the residents to close their doors securely. One room was missing a latch completely. The lock on the shower room was also broken.

Residents had limited access to recreation and activities. Inspectors observed long periods of resident inactivity in the morning time in the communal areas, as staff were seen to be busy providing care to residents throughout the centre. A comprehensive and individualised activities programme based on the residents assessed needs was not established.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverdale Nursing Home OSV-0000273

Inspection ID: MON-0036623

Date of inspection: 31/03/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Quality of care and safety data will be collected weekly and bi monthly audits will be carried out and reviewed with management and staff and any issues highlighted will be identified and a quality and improvement plan implemented to ensure a safe and appropriate service</p> <p>All staff are trained in IPC precautions and weekly huddles are ongoing to keep staff updated and familiar with best practice and updated guidelines on IPC Handgel and soap dispensers are being replaced with disposable cartridges to prevent cross contamination Evacuation floorplans are being updated by our fire consultant to clearly outline the fire compartments All notifiable incidents have been reported to the chief inspector. Recruitment of a new activity person is in progress and an extra carer is employed in the afternoon to carry out activities in accordance with the residents’ interests and capacities. Residents’ views from our satisfaction surveys will be included in our annual report.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifiable incidents will be reported to the chief Inspector within the timeframe required under Regulation 31.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A member of staff has been nominated to oversee that the complaints policy and procedures are effectively implemented and that all complaints are responded to in a timely manner.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Visiting has fully recommenced following the Covid 19 outbreak 25/04/2022 and restrictions will only be reintroduced on the advice of public health and completion of a risk assessment</p> <p>There is suitable space available for private visits.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>: Call bell cords have been ordered for communal bathrooms</p> <p>Appropriate clinical sinks are being sourced and will be installed when delivered</p> <p>Storage has been rearranged in the medication room and boxes are no longer stored on the floor</p> <p>A refurbishment plan is being put in place and all floor coverings that are damaged will be replaced</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Clinical waste collected on 2nd April 2022
 Clinical waste bins as required are now in situ throughout the building
 All PPE removed and stored in the outside shed.01/04/2022
 Guidelines updated and enforced on the use of PPE 05/04/2022
 All items stored at floor level removed in storage areas05/04/2022
 Bedpan washer service completed 29/04/2022
 All equipment will be identified after cleaning
 Vacuum cleaner is now stored in cleaning room
 Area has been identified for folding of laundry
 All contaminated linen is placed in alginate bags for washing
 Lids have been ordered for linen skips
 Hand hygiene units increased to support effective hand hygiene
 Inner room in the communal shower room no longer used as sluice room 24/04/2022

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A Fire consultant is updating our fire safety policy and has made recommendations some of which have already been implemented
 All night staff have carried out time monitored evacuation drills from the largest compartment area 04/04/2022
 Regular evacuation drills are carried out with day staff
 The fire management policy is being revised to clearly identify the fire compartments on floor plans and escape route maps
 Hatch cover replaced in Linen room31/03/2022
 Hand hygiene units have been increased to support effective hand hygiene
 Oxygen cylinders are now stored safely outside 26/04/2022

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

We are in the process of recruiting a replacement for the position of Activity Coordinator and when they commence employment care plans will be completed to reflect a person centered approach in relation to resident’s individual needs and preferences in social activities.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: All bedroom door handles are in working order 05/04/2022 All bathroom doors can be locked 26/04/2022 It is the policy in this Nursing home that during an outbreak of any infectious disease that communal activities are ceased for IPC precaution to safeguard residents and staff	

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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	25/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/07/2022

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	01/06/2022
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	01/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	01/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	01/06/2022

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	04/04/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	01/05/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	15/04/2022
Regulation 5(3)	The person in charge shall prepare a care	Substantially Compliant	Yellow	01/06/2022

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	01/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	12/04/2022