



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

Issued by the Chief Inspector

Name of designated centre:	Eyrefield Manor Nursing Home
Name of provider:	Norwood Nursing Home Limited
Address of centre:	Church Lane, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0000036
Fieldwork ID:	MON-0035051

About the designated centre

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

Eyrefield Manor is a two-storey purpose-built centre situated on the outskirts of a busy town. The centre can accommodate 53 residents, both male and female, for long-term and short-term stays. Care can be provided primarily for adults over the age of 55 years. The centre caters for residents of all dependencies, low, medium, high and maximum, and 24 hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. According to their statement of purpose, the centre provides a safe physical and emotional environment for all residents and staff and is committed to maintaining and enhancing the quality of life of the residents. Residents' accommodation comprises 11 single rooms, 18 twin room and two triple rooms. All, with the exception of two single rooms, have full en-suite facilities. These two single rooms have en-suites with toilet and wash hand basin. Other bathroom facilities are located around the building. Access between floors is via stairs and a full sized lift. Adequate screening is available in the shared rooms. The centre has two dining rooms, one on each floor. The main kitchen is on the ground floor with a kitchenette on the first floor. Adequate communal space is provided with main sitting rooms on each floor along with smaller communal rooms and seating areas. Other facilities include an oratory, hair salon, laundry rooms, and a visitors' room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Tuesday 18 January 2022	11:30hrs to 18:30hrs	John Greaney	Lead
Wednesday 19 January 2022	08:30hrs to 15:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. Prior to entering the centre, the inspector was guided through infection prevention and control measures, which included a temperature check and a declaration that the inspector was free of symptoms associated with COVID-19.

This centre was experiencing an outbreak of COVID-19 on the days of the inspection. The outbreak was confined to the first floor and all residents on this floor were isolating in their bedrooms on the advice of Public Health. This was not the normal routine and therefore not a true reflection of the lived experience for residents. Some residents on the Ground Floor continued to spend time in communal rooms, as none of the residents on this floor had contracted the virus. As a result of the outbreak, the inspector had limited opportunities to speak with residents, as most residents in the communal rooms had experienced cognitive decline and were unable to relate their experience of living in the centre.

Following an opening meeting with the person in charge, the inspector was guided around the premises. The centre has accommodation for up to 53 residents over two floors in eleven single bedrooms, eighteen twin bedrooms and two triple bedrooms. All except two of the bedrooms have en suite bathrooms with shower, toilet and wash hand basin. The remaining two bedrooms also have en suites containing a toilet and wash hand basin only. Communal shower rooms are available for these residents.

There are bedrooms, a dining room and sitting rooms on both floors. The first floor can be accessed by stairs and lift. There is a good standard of decor throughout the centre. Considerable efforts have been made to create a homely environment with carpeted floors on corridors and sitting rooms, comfortable seating in sitting rooms and bedrooms, framed paintings on walls, and fireplaces in sitting rooms. While some furniture had cloth upholstery, there were cleaning records that indicated that these were steam cleaned on a regular basis as were the carpets. Bedrooms were personalised with residents' photographs, paintings and ornaments, and some residents had brought in items of furniture from their home.

There was good access to an outdoor area that was paved and landscaped with raised plant beds and shrubs. It contained a Garden Room, which was predominantly used by visitors. It also contained a small Glass House containing seating that could be used by residents to sit in, should the weather be cool.

There are two small laundry rooms, one on each floor. While they were small, they were tidy and staff described an adequate system of ensuring there was no cross contamination between clean and dirty linen. The centre appeared to be clean throughout.

The inspector spent time observing staff and resident interactions and found that it

was clear that staff knew the residents well with conversations relating to their likes and dislikes and friendly chat about family members and visitors. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The overall impression of the inspector was that staff were familiar with residents needs and were providing kind and respectful care. The person in charge predominantly spend her day caring for residents on the first floor, monitoring their status and ensuring that all their needs were met. It was clearly evident that residents were in receipt of a high standard of care.

While the centre was currently closed to indoor visits, with the exception of compassionate visits, residents were assisted with phone and video calls to relatives. One of the directors made contact with the next of kin of each resident that had tested positive for the virus on a daily basis to ensure they were kept up to date on the status of the resident, in the absence of face to face visits. The inspector availed of the opportunity to talk with two people that were closely connected with two of the residents. Both were highly complimentary of the care provided by staff and of the oversight of care provided by both owners of the nursing home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013, particularly in relation to the management of an outbreak of COVID-19 in the centre. Overall, this inspection found that residents were in receipt of a high standard of care by staff that were responsive to their needs. Some improvements were required in relation to personnel records and contracts of care.

The registered provider of Eyrefield Manor Nursing Home is Norwood Nursing Home Limited. The centre was established in 2006 and the two company directors, the registered provider representative and the person in charge, work full time in the centre.

In the absence of staff that tested positive for the virus, remaining staff increased their working hours and worked additional shifts to make up for the shortfall of staff. Staff were redeployed from their usual roles in instances where there were identified needs. For example, as the centre had a high number of nursing staff, some nurses worked additional shifts as healthcare assistants (HCAs) on days when there was a shortage of HCAs. This allowed for the segregation of staff caring for residents that had tested positive from those that were not detected. Based on the observations of the inspector, discussions with staff and a review of the roster, there were adequate staff on duty to care for residents on the days of the inspection.

There was a clearly defined management structure in the centre. Lines of authority and accountability, and roles and responsibilities were understood by all staff. There were systems in place to monitor the service. A schedule of audits was completed in areas such as infection prevention and control, falls, nutrition and care plans.

The inspector was informed that overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the assistant director of nursing, who was also the designated COVID-19 lead. An outbreak of COVID-19 had been declared in the designated centre on 09 January 2022. Serial testing was undertaken and a total of 32 cases of COVID-19 infection were identified, involving 20 residents and 12 staff members. Management acted promptly to isolate infectious residents and staff and commenced containment measures to minimise the risk of spread of infection. This resulted in the outbreak being confined to the upstairs section of the centre and also protected a number of the upstairs residents from contracting the virus. Public Health were assisting in the management of the outbreak through regular teleconferences and telephone calls.

Up-to-date infection prevention and control policies and procedures were in place and based on national HPSC guidelines. The centres outbreak management plan was updated regularly and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Monthly infection prevention and control audits were undertaken. Audits were carried out to ensure compliance with COVID-19 measures. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required qualifications and experience for the role. She is an experienced nurse and manager and has been in post since 2006. It was evident throughout the inspection that the person in charge was involved in the day to day operation of the centre and provided clinical supervision to staff. There are appropriate deputising arrangements in place, should the person in charge be absent.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were kept under constant review and there was an ongoing recruitment programme. The inspector was informed that new staff had recently been recruited and are to commence employment in the weeks following this inspection. There was a particular need for additional cleaning staff, as the provider

and person in charge were both carrying out cleaning duties to supplement the cleaning roster. Prior to the end of the inspection the registered provider representative assured the inspector that additional cleaning staff had been sourced.

As the centre was in the midst of an outbreak of COVID-19, the staffing contingency plan was operational. This involved some staff working additional shifts or working longer shifts and other staff taking on roles which were different to their usual roles. While employing agency staff was an option should more staff test positive, the provider did not need to avail of this option as their own staff covered any gaps in the roster. Many of the staff that had tested positive were due to return to work in the days following this inspection.

Staff members spoken with were knowledgeable of residents' individual needs and preferences. Staff were seen to respond to residents' requests for assistance in a timely manner and all interactions by staff with residents were respectful and caring.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in relation to fire safety, manual handling, responsive behaviour and the safeguarding of vulnerable adults. All staff received training in relation to infection prevention and control that included donning and doffing personal protective equipment (PPE), COVID-19 and hand hygiene. Regular IPC audits were conducted to ensure that training was effective. Other training to support staff in meeting the needs of residents had also been completed by some staff, such as falls prevention, cardiopulmonary resuscitation, and restraint.

Judgment: Compliant

Regulation 21: Records

Of a sample of four personnel files reviewed, three contained gaps in employment for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed

ongoing quality improvements in the centre. Monthly management meetings were held and primarily focused on infection prevention and control (IPC) related topics. Staff meetings were also held monthly and the agenda usually included IPC, audits, incidents, staff training and maintenance issues. An annual review report on the quality and safety of care and quality of life for residents was available for 2021.

There were adequate arrangements in place for consultation with residents. Residents meetings were held every two to three months and issues raised at these meetings were addressed. The registered provider representative and person in charge were on site on a daily basis and it was evident that residents were consulted on an informal basis through opportunistic chats, in addition to the more formal residents' meetings.

There was a clearly defined governance and management structure and staff were clear about the lines of authority and accountability, and specific roles and responsibilities for all areas of the service. The person in charge is supported by an assistant director of nursing and a team of clinical, catering and household staff.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care setting out the terms and conditions of their residency. Residents' contracts of care outlined the services to be provided and the fees to be charged. The contract required a minor amendment to identify the number of other residents in shared rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A

summary of the complaints procedure was on display in the centre.
A review of the complaints log identified that there were only two complaints recorded in 2021. A review of these complaints indicated that an adequate investigation was conducted and remedial measures put in place, if required.

Discussions with relatives indicated that management were always available and were responsive to any requests that they may have.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a high standard of care by staff that were responsive to their needs. Some improvements were required in relation to wound assessment records and in the transcription of medications.

The inspector reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be predominantly person-centred and were updated either four monthly or more frequently when there were any changes to the residents care or condition. A review of the care plan of a resident with a wound identified that the assessment of wounds would benefit from the use of template to guide staff in objectively recording improvements or otherwise of the wound.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability, as requested by residents or as required

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. The inspector observed residents making choices about how they spent their day, including what meals and drinks they would have. Residents were aware of their

rights and were supported to exercise choice in their lives. Advocacy services were available to residents if needed.

There were good systems in place in relation to fire safety. With the exception of emergency lighting, fire safety systems and equipment had preventive maintenance conducted at the recommended intervals. There were regular safety checks to ensure that equipment was functioning and to ensure fire evacuation routes were free from obstruction. Residents' support needs were clearly documented in their personal emergency evacuations plans (PEEPs), which were updated regularly. Fire drills were conducted approximately every six months, usually under the supervision of an external consultant. Fire drills usually simulated night time staffing and were conducted from the first floor. While the drills simulated high risk scenarios, it would be advantageous to supplement these drills with additional drills using a variety of scenarios, including day time staffing and also to conduct additional drills in the absence of the external consultant.

Overall staff demonstrated good practices in relation to infection prevention and control. The centre was in the midst of an outbreak of COVID-19 on the days of the inspection. Prior to the inspection, the inspector got updates on an almost daily basis, predominantly by telephone, on the status of the outbreak. Management and staff had succeeded in limiting the spread of the outbreak. Staff were observed to use PPE appropriately and carry out safe hand hygiene practices in line with current guidance. Even though there was a shortage of cleaning staff, there were systems in place to ensure that the environment and equipment was cleaned in accordance with best practice guidance. Staff that carried out cleaning were well informed about procedures to be followed.

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector. Food was attractively presented and residents requiring assistance were assisted appropriately. There was a good supply of fresh fruit and vegetables in the kitchen and residents were offered fruit as snacks during the day. While activities were limited due to the redeployment of staff to other duties as a result of the outbreak, other staff were observed to make every effort to keep residents entertained throughout the day.

Regulation 11: Visits

Visiting restrictions were in place and only window visits and compassionate visits were permitted in accordance with Public Health guidance. There were good systems in place to support residents maintain contact with relatives through telephone and video calls. Management ensured that relatives of residents that had tested positive for the virus were phoned each day to let them know how residents were doing.

Judgment: Compliant

Regulation 17: Premises

This is a purpose built centre comprising eleven single bedrooms, eighteen twin bedrooms, and two triple bedrooms over two floors. The premises was clean, tidy and in a good state of internal and external repair. The centre was well lit, heated and ventilated and free of sloping floors, steps and trip hazards.

The layout of the centre was in line with the statement of purpose and was suitable to meet the needs and promote the dignity and independence of residents. The centre is designed in a manner to allow residents with wandering type behaviours to navigate the centre unrestricted and without running into dead ends.

There was adequate space between beds in shared rooms. All bedrooms except two had a wheelchair accessible en suite with a shower. Two single rooms had an en suite with a wash-hand basin and toilet. Residents in these bedrooms had access to an accessible shower.

The centre was pleasantly decorated in a homely manner. There are carpeted floors on corridors and in sitting rooms. Cleaning records indicated a schedule of steam cleaning for all carpeted areas. There was comfortable seating throughout and even though some of the armchairs were upholstered with fabric, these also formed part of the schedule for steam cleaning. Bedrooms were personalised with personal photographs and memorabilia and some residents had items of furniture from their home in their bedrooms.

There was a programme of preventive maintenance that included hoists, beds, heating equipment and bedpan washers and servicing was conducted at appropriate intervals.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed and appropriately monitored. There was sufficient staff available to support residents who needed assistance with drinking fluids and with eating their meals. Residents are routinely assessed for the risk of dehydration and malnutrition with evidence-based assessment tools and appropriate measures put in place, when required.

Residents that had tested positive for COVID-19 had their intake and output monitored to ensure their nutritional and hydration needs were met. Residents with needs for special, modified and fortified diets were provided with meals and snacks

prepared as recommended.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks.

Judgment: Compliant

Regulation 27: Infection control

The centre was subject to an outbreak of COVID-19 on the days of the inspection. Senior management reported that they had acted to implement Public Health recommendations at the earliest possible opportunity. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. This had been successful in preventing the onward spread of the infection. Nineteen residents on the first floor of the centre tested positive for COVID-19 on the initial set of PCR tests. A further two rounds of PCR tests were conducted over the following eleven days and only one additional resident tested positive. This was not unexpected, as the resident was a close contact of a positive case. None of the residents on the ground floor tested positive for the virus.

Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. The inspector observed good compliance with infection control policies and appropriate use of PPE.

Information about resident's colonisation and infection status was documented in their care record. COVID-19 care plans had also been developed for residents that had tested positive for COVID-19 infection.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends and prior to the current outbreak scheduled visits were facilitated in line with updated public health guidelines. Visiting restrictions had been introduced due to the ongoing outbreak in line with public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Preventive maintenance of emergency lighting was conducted annually instead of quarterly as required by the relevant fire safety standards. The lighting had most recently been serviced in May 2021.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review was required of transcription practice to ensure that it complied with guidance from the nursing and midwifery board of Ireland. Nurses transcribed medications but did not sign the prescription and there was not a second signature to verify that the transcribed prescription was accurate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While records indicated the effective management of wounds, an assessment chart or photographs were not used to record and monitor the status wounds. Narrative nursing notes were used to make a subjective assessment of the wound but objective data such as dimensions, exudate or status of surrounding tissue were not routinely recorded.

Judgment: Substantially compliant

Regulation 6: Health care

Good standards of evidence based health and nursing care and support was provided for residents in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from a local practice, allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Out of hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff with good outcomes for residents. Staff were monitoring residents for symptoms of COVID-19 on an ongoing

basis including twice daily temperature checks.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by the inspected confirmed that they felt safe in the centre. All interactions by staff were appropriate and respectful. Arrangements were in place to ensure that in the event of allegations of abuse these would be addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. A detailed account of each resident's life was collated that guided staff with ensuring that their quality of life in the centre was optimised. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished.

Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eyrefield Manor Nursing Home OSV-0000036

Inspection ID: MON-0035051

Date of inspection: 19/01/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Satisfactory explanations for any gaps in employment to be documented in staff file.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contract will now identify the number of residents in shared rooms by using the word "triple" instead of "shared."	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency lighting to be serviced quarterly from now on. Service completed after inspection on 21st January 2022.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: From now on, two nurses will verify and sign transcribed prescriptions.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Objective data including photographs and dimensions to be used in all cases of wound treatment.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	18/02/2022
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.	Substantially Compliant	Yellow	18/02/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	21/01/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	18/02/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	18/02/2022