



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

## Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 May 2023
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0040187

## About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms and activities room. Residents also have access to two secure enclosed garden areas. The centre can accommodate residents who require naso-gastric feeding and with tracheotomy tubes.

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

Number of residents on the date of inspection:	73
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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 23 May 2023	10:15hrs to 17:30hrs	John Greaney	Lead
Wednesday 24 May 2023	08:30hrs to 15:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was positive. They stated that staff were kind, caring and responsive to their needs. The inspector observed that residents appeared to be well cared for and this was supported by comments made by residents over the course of the inspection. Residents' independence was promoted and they were seen to be moving freely around the centre and had ready access to secure outdoor areas.

The inspector arrived to the centre unannounced in the morning of the first day of the inspection. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. The inspector availed of the opportunity to meet and speak with residents in their bedrooms and in the various communal areas during the tour but also at other times over the course of the two days.

Millbrae Lodge Nursing Home is a modern purpose built facility that is registered to accommodate 81 residents in 59 single bedrooms and 11 twin bedrooms, all of which have en suite facilities. It is a two storey building with bedroom accommodation and communal space on both floors. Accommodation in the main section of the ground floor comprises thirty single and four twin rooms. There is also a dementia specific wing on the ground floor, called the Special Care Unit, that has eleven single and two twin rooms. Bedroom accommodation on the first floor comprises eighteen single and five twin rooms.

Bedrooms were generally fitted out with a comfortable chair, bedside locker and a wardrobe. Residents' bedrooms were personalized to varying degrees, with some bedrooms having family photos and memorabilia and others having minimal items of a personal nature on display.

The main communal area on the ground floor was an open-plan dining and sitting room and this is where most residents living in the main wing of the centre spent their day. The inspector observed residents having their breakfast in the dining area over the course of both mornings. Residents that wished to have their breakfast, or any of their meals, in their bedrooms were facilitated to do so.

There was a secure outdoor area that was paved, had some potted plants and was an inviting area to spend some time when the weather was suitable. Both days of the inspection were sunny and residents and visitors were observed to spend time outside. There was some garden furniture in the courtyard. The inspector was informed that delivery of new garden furniture was awaited, as the current furniture was weather damaged. There was a new smoking shelter in the middle of the courtyard and while some residents smoked there, others sat in the sun and smoked their cigarettes nearby. There was drain vent that was in the middle of the shelter and this was sealed on the second day of the inspection to ensure there were no

unwelcome scents emanating from the vent.

The inspector observed residents' dining experience over the course of the inspection. Food served was wholesome and there was adequate staff to support the residents during meal time. Residents had a choice of food each day. Staff were seen assisting residents in a discrete and sensitive manner during meal times. Residents were generally very complimentary of the food, with some saying that "you wouldn't get better in a hotel". The inspector observed that residents started to congregate in the dining area from about 11:50am for lunch, with lunch being served at approximately 12:10pm. A number of residents responded, when asked about the timing of meals, that they were a "bit early". They stated that evening tea was served at 4pm and this was very close to lunch. They did confirm that there was a drinks round later in the evening, when they could have hot or cold drinks and snacks. One resident told the inspector that they had cornflakes for breakfast. The inspector enquired if this was their usual breakfast and they stated that when they were at home they had porridge made with milk. The resident stated that they didn't like the porridge here as it was made from water.

In addition to the main sitting rooms, other communal areas on the ground floor included a quiet room, an activity room and an oratory. The inspector noted that there was a candle lighting in the oratory, which was unattended. This was not included on the risk register. The candle was removed immediately and replaced with a battery operated candle.

Communal space in the special care unit was also an open-plan sitting and dining room. Residents also had access to secure outdoor space and this was readily accessible to residents. This area had recently been renovated with brightly coloured murals depicting village scenes on corridors. Bedroom doors were brightly coloured using laminate to give the impression they were front doors of houses.

The first floor is accessible by stairs and lift. There is a large sitting room on this floor but residents could also freely access the communal areas on the ground floor. Some residents were seen to have their meals here, while others went to the dining area on the ground floor. There were two doors leading from the sitting room to two small balconies. There were wooden decking type flooring on the balconies. One of the wooden planks on one of the balconies was loose. This area was also not on the centre's risk register. The provider was requested to risk assess access to these balconies due to the height of the railing. The provider was also requested to include access to stairs and landing areas by residents and to incorporate this into the risk register.

The environment was generally well maintained and clean. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The layout and the signage in the centre helped to orientate residents and facilitate them to move around the building independently.

Residents were observed to enjoy the activities on the days of the inspection. There was one activity coordinator. A second activity coordinator had been recruited but left soon after commencing employment. Healthcare staff were seen to provide

activities in both the special care unit and upstairs, while the activity coordinator was facilitating activities on the ground floor. The absence of the second activity coordinator meant there was limited access to activities in the mornings while healthcare staff were supporting residents with personal care. Mass was held in the centre on the first afternoon of the inspection.

Staff promoted a person-centered approach to care and were observed to be kind and respectful towards residents. The inspector observed resident' and staff engagement throughout the inspection. Residents were seen to joke with staff and it was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff.

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 to residents.

## Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on previous inspections in May 2022 and August 2022. The findings of this inspection were that residents were supported to have a good quality of life by staff that knew residents well. However, action was required, predominantly in the in areas of governance and management, assessment and care planning and fire safety to ensure regulatory compliance.

Millbrae Lodge Nursing Home is a privately owned nursing home. The registered provider is Millbrae Lodge Nursing Home Limited, a company comprising three directors. The centre is part of a large group of nursing homes, known as Orpea residences. There are centralised support structures across the organisation to support the centres with issues such as human resources, training, finance and quality. The senior management team include a Chief Executive Officer, a Chief Operating Officer, a Regional Director, Associate Regional Director and the person in charge. The person in charge works full-time in the centre and reports directly to the regional director. She is supported in her role by an assistant director of nursing (ADON), two clinical nurse managers (CNMs) and a team of nurses, health care assistants (HCAs), activity, catering, household, administrative and maintenance staff.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. There were regular management meetings to review key clinical and operational aspects of the service. While there was management oversight of risks

in the designated centre, the inspector found a number of risks which had not being identified or addressed by the provider. These are outlined under Regulation 23 of this report.

The inspector reviewed the worked and planned roster. Rosters showed weekend supervision was provided by the ADON or a CNM and there was a minimum of one registered nurse on duty in each area at all times. While there were adequate numbers of nursing and care staff, action was required in relation to household and activity staff. This is outlined in more detail in this report under Regulation 15, Staffing.

All records requested during inspection were made readily available to the inspector. Staff files reviewed contained some gaps in employment histories but were otherwise complaint with the regulations and contained all the items listed in Schedule 2. An Garda Siochana (police) vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. An induction programme was in place, which all new staff completed.

### Regulation 15: Staffing

There were insufficient numbers of household staff for cleaning and laundering duties. As a result, on some days cleaning staff were assigned to laundry duties resulting in there being less than the required three staff assigned to cleaning. In fact on some days, although infrequent, there was only one staff assigned to cleaning duties. This did not allow staff to complete all of the scheduled cleaning activities each day.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Some staff were overdue attendance at training in mandatory areas, such as fire safety, managing behaviour that is challenging, safeguarding residents from abuse and manual handling

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of resident contained all of the information in relation to residents that

were admitted and discharged from the centre.
Judgment: Compliant
<b>Regulation 21: Records</b>
A review of a sample of personnel records found that there were gaps in the employment histories for some staff for which a satisfactory explanation was not recorded.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
There was a statement of purpose that clearly outlined the services to be provided and facilities available in the centre.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
A review of the accident and incident log indicated that notifications required to be submitted to the Chief Inspector were submitted in accordance with the requirements of the regulations.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The policies required by Schedule 5 of the regulations were in place, and updated on in line with regulatory requirements.
Judgment: Compliant
<b>Quality and safety</b>

Overall, residents were complimentary of the care provided by staff that knew them well. The observations of the inspector were that staff were kind and caring and responsive to residents' needs. Action was required by the provider to come into compliance with the regulations, particularly in relation to assessment and care planning. Improvements were also required in relation to fire safety, residents' rights, and infection control.

Residents' needs were assessed on admission to the centre through validated assessment tools. This information informed the development of care plans that provided guidance to staff on the care to be delivered to each resident. Action was required in relation to care planning to ensure the care plans accurately reflected the changing needs of each resident and contained up-to-date information on advice from other healthcare professionals. assessment and care planning is discussed further under Regulation 5 of this report.

Residents were reviewed by their general practitioner (GP) as required or requested. Referral systems were in place to ensure residents had timely access to specialist and allied health services through a combination of remote and in-person reviews.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with by inspectors demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were seen to be courteous and kind.

The inspector found that residents could exercise choice in how to spend their day. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities.

Visiting was observed to be unrestricted and the inspectors observed a high level of visitor activity over the course of the inspection. visitors were seen to meet with residents in their bedrooms, in communal rooms and in the courtyards. Visitor spoken with were complimentary of the care provided and the responsiveness of staff. Visitors confirmed that there were no restrictions on visiting and some visitors were observed to spend large parts of the days with their relative.

There were adequate arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including drugs that that required additional controls. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Good medication administration practices were in place and were supported by access to pharmacy services.

Improvements were noted in infection prevention and control practices since the previous inspections. Significant improvements had been made to the system for

laundering clothes, predominantly achieved by removing obstructions and utilising doors that had been designed to minimise the risk of cross contamination. Some further work was required to fully reduce the risk and also to eliminate the need to use the hairdressing room as a thoroughfare when taking clean linen from the laundry. There was also a need to review the allocation of laundry and cleaning duties. Infection prevention and control issues are outlined under Regulation 27 of this report.

### Regulation 11: Visits

The centre had unrestricted visiting and a high level of visitor activity was observed over the course of the two days of the inspection. Visitors were seen to come and go freely and it was evident that they were familiar with staff and were on first name terms.

Judgment: Compliant

### Regulation 12: Personal possessions

Despite a commitment in the previous compliance plan to introduce a button tagging system for personal laundry, this had not been introduced. There were a large amount of residents' clothes stored in the laundry that were not labelled and it was therefore it was not possible to ascertain if they belonged to residents still living in the centre or if they belonged to residents that had been discharged.

Judgment: Substantially compliant

### Regulation 17: Premises

The centre was generally bright and clean. There was adequate communal space for the number of residents living in the centre. Residents had access to secure outdoor space, which was readily accessible to residents and a large number of residents were seen to avail of this over the course of the inspection. While there was garden furniture, some of the paintwork was weather damaged. New garden furniture was on order and delivery was expected in the weeks following this inspection.

There was a programme of preventive maintenance for equipment such as hoists, beds, wheelchair and the lift and this was completed on a regular basis.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up-to-date risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure the provider was in compliance with the national standards for infection prevention and control in community services published by the authority. For example:

- improvements were noted in the system for recording cleaning in the centre. Some further adjustments were required to ensure that all cleaning practices were captured, such as high touch areas and to also identify when only the en suites in a bedroom were cleaned
- while a large number of wash hand basins compliant with HBN 00-10 Part C Sanitary Assemblies standards had been installed suitable locations throughout the centre, splash back units had not yet been installed
- some further adjustments were required in the dirty to clean flow in the laundry that would also eliminate using the hairdressing room as a thoroughfare when taking clean laundry out of the laundry
- there was not always segregation of laundry and cleaning duties, which poses a risk of cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required by the provider to ensure adequate arrangements were in place to mitigate the risk of fire. Issues identified included:

- adequate arrangements were not in place with regard to the supervision of smoking. A smoking apron in the first floor smoking room had been significantly damaged from cigarette burns and its effectiveness in preventing a resident's clothes from catching fire was reduced due to holes in the fabric of the apron

- the fire blanket in the first floor smoking room had been removed from its holder and was sitting on a chair in the smoking room
- a review was required of fire doors to ensure that they functioned appropriately in the event of a fire. Of a sample of cross corridor fire doors checked by the inspector, one door would not close when the hold open device was released as it got caught on the floor. This was addressed by maintenance on the day of the inspection
- while the fire alarm had preventive maintenance conducted regularly, the interval between each maintenance episode at times extended beyond the quarterly intervals specified in relevant standards
- there was a need to ensure that adequate detail was contained in fire drill records to confirm that all residents could be evacuated in a timely manner in the event of a fire

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The wrapping on some medications stored in a medication fridge were damp due to a problem with the fridge.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Action was required to ensure that residents' assessments and care plans were updated to reflect the changing needs of residents on an ongoing basis and to guide staff in care delivery. For example:

- the care plan for a resident diagnosed with diabetes mellitus did not accurately the current care needs for that residents, such as the medication regimen or the frequency for blood sugar monitoring
- the nutritional risk assessment for one resident was not accurately completed and it was not clear if the risk score assigned to the resident was accurate. While the resident was not suitable for weighing an alternative means of assessing the resident's nutritional risk was not utilised
- wound assessment charts were not always completed and it was not clear from dressing care records if wound dressings were changed in accordance with the recommendation of the tissue viability nurse

Judgment: Not compliant

## Regulation 6: Health care

The assessment and care plan record for one resident indicated that they would be referred for assessment by a dietitian due to weight loss, however, the resident was not seen by a dietitian for another two months.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was evidence that where a resident behaved in a manner that was challenging or posed a risk to the safety of themselves or others, the response to such behaviour was not restrictive. There was a low level of use of bed rails. When bed rails were in use, there was a risk assessment in place that was updated at frequent intervals.

Judgment: Compliant

## Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. There was an up to date safeguarding policy in place to guide staff on what actions to take in the event of suspicions or allegations of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse and the appropriate actions to take should there be an allegation. Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. There were adequate systems in place for the management of residents' personal finances. The centre was acting as pension agent for four residents and adequate banking arrangements were in place for the management of this money. Residents were supported to access independent advocacy services.

Judgment: Compliant

## Regulation 9: Residents' rights

While residents were consulted on the operation of the centre, including the quality and quantity of the food further consultation was required to ensure that:

- meals were served at a time that was suitable to residents

- that individual preferences for breakfast were ascertained, such as the type of porridge that residents would like.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Millbrae Lodge Nursing Home OSV-0000419

Inspection ID: MON-0040187

Date of inspection: 24/05/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A robust rolling Human Resources plan is in place across the group for all grades of staff which includes local and international recruitment. This ensures that we are able to respond to vacancies at the earliest opportunity. The vacancy in housekeeping staff at the time of inspection has been filled with the new staff member taking up post following successful Garda vetting.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            A full review of the training matrix has commenced to ensure that any gaps in relation to mandatory and other training have been addressed. The matrix will be reviewed at monthly governance meetings to ensure that staff complete relevant initial and update training in a timely manner.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            All staff personnel files have been reviewed and an explanation has been documented in</p>	

employment histories where applicable. Gaps in employment are routinely discussed at interview and going forward all staff involved in recruitment document the explanation given.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

A button tagging system for personal laundry has been purchased and all personal clothing shall be appropriately labelled by 31 July 2023.

Regulation 27: Infection control

Substantially Compliant

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

The approach to cleaning has been revised to ensure high-touch areas and en-suites in bedrooms are now included. From 9 June 2023, splash backs have been installed where applicable for wash hand basins. The laundry flow has been revised to eliminate the hairdressing room as a thoroughfare and a segregation of cleaning and laundry duties has taken place to mitigate the risk of cross-contamination.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The damaged smoking apron was removed from the smoking area on the day of inspection and replaced with a new apron. Immediately following the inspection, staff were reminded at daily handover meetings of the need to ensure fire blankets remain in holders when not in use and in the event of an issue with fire doors, to immediately raise this with maintenance. The approach to fire alarm preventative maintenance has been revised to ensure this is completed within the quarterly interval period. Fire drills now include relevant details for each individual resident in line with their personal emergency evacuation plan.

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:  A replacement for the faulty medication fridge, on order at the time of inspection was installed on day one of the inspection.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  A comprehensive review of care planning has been completed for each resident to ensure that all assessments are accurately completed and nursing care provided is fully reflective of residents' needs and wishes and incorporates the recommendations of the TVN and other professionals where applicable.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Individual preferences for all meals has been discussed and agreed with each resident. A recent review of meal times has been completed in conjunction with residents and meal times have been revised in accordance with their preferences.</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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	31/07/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2023
Regulation	The person in	Substantially	Yellow	31/07/2023

16(1)(a)	charge shall ensure that staff have access to appropriate training.	Compliant		
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	30/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2023
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	30/06/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	30/06/2023

	fire equipment, means of escape, building fabric and building services.			
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	30/06/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	23/05/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Not Compliant	Orange	30/06/2023

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023