



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Manor Nursing Home
Name of provider:	Foxberry Limited
Address of centre:	Yewston, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 January 2022
Centre ID:	OSV-0000422
Fieldwork ID:	MON-0034326

About the designated centre

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

Nenagh Manor nursing home is located a short walking distance of the town of Nenagh. It is set out over three levels and provides 24 hour nursing care. It can accommodate 50 residents over the age of 18 years and includes a dementia specific unit which accommodates 10 residents. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, hairdressing room and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 27 January 2022	09:30hrs to 19:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were happy with the care provided by staff. Many of the residents who spoke with the inspector said they were happy with their life in the centre, which was homely and welcoming. There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat and their individual choices around what items of clothing they wished to wear.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. Following an opening meeting with the person in charge and the assistant director of nursing, the inspector was guided around the premises.

Nenagh Manor Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area on the outskirts of Nenagh town. It is a three storey facility, which was originally a large house that was renovated and extended to reach its current capacity of fifty residents. Bedroom accommodation comprises thirty eight single and six twin bedrooms. Ten of the bedrooms on the lower ground floor are designated for residents that have a diagnosis of dementia. Most of the bedrooms are en suite with toilet, shower and wash hand basin, however, a small number either have en suites with toilet and wash hand basin only or do not have en suite facilities. Communal shower and toilet facilities are located proximal to these bedrooms.

There are a variety of communal areas for residents to use on both the lower ground and ground floors including sitting rooms, a dining room, two conservatories, and a visitor's room. There are two outdoor areas, one adjacent to the dementia unit and the other located at the side of the premises. The outdoor area located adjacent to the dementia unit is readily accessible but is in need of renovation as it does not have secure fencing and would benefit from some landscaping features and garden furniture, to make it more inviting to residents. The second outdoor area is larger, is predominantly used by residents outside of the dementia unit, and most residents would need to be accompanied by staff to access this area as it is located across a yard and not readily accessible from within the centre.

On the walk about of the centre the inspector observed a friendly, relaxed and calm atmosphere throughout. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

The upper floors are accessed by stairs and lift. A number of evacuation aids are

located on the landings of the upper floors for ease of access in the event of the need to evacuate residents down the stairs in an emergency. Staff were familiar with these devices and confirmed that they had practiced using them in fire drills.

The resident bedrooms were clean and bright and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Residents that spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably including adequate space to store personal belongings in wardrobes and chest of drawers. There was access to a television in all bedrooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner. The older part of the premises had lots of character, however, also posed challenges. For example, the pulley device on some old Georgian style windows was broken and the windows were held open with wooden blocks. The inspector was informed that due to the building being protected, the provider could not change the windows. Management were requested to ensure that in the interim, while a solution was being sourced, to risk assess residents being accommodated in these rooms to ensure they would not be injured should they attempt to remove the wooden blocks keeping the windows open.

Throughout the day the inspector observed that a significant number of residents spent their day in their bedrooms. There was one whole time equivalent activity coordinator, which was job-shared. Due to the design and layout of the centre, residents were effectively accommodated in four separate areas of the premises. It was not possible for one person to provide adequate activities for all residents, particularly as so many remained in their rooms. This was supported by the observations of the inspector, who saw that residents had limited stimulation, other than television and radio.

Staff knew residents well and all interactions by staff with residents were seen to be respectful. Residents said that staff were quick at answering their call bells and they were always respectful in their interactions. Residents said they felt safe living in the centre and that their rooms were cleaned daily and maintained tidy by staff.

The inspector observed residents receiving visitors throughout the day. Visitors completed COVID -19 health checks when they arrived and wore face masks before entering the building. Residents were able to meet their friends and family in the privacy of sitting rooms or in their bedrooms, where appropriate. The inspector spoke with a small number of visitors. They said that they were happy with the care their relatives received and that that staff were kind and caring.

The inspector noted that the provider had made improvements to the premises which addressed the issues highlighted in the last inspection in relation to the location of communal showers. It was identified then that residents that did not have en suite facilities had to travel a distance from their bedroom to a shower room. In response the provider had converted two en suite bathrooms to communal bathrooms. While this resulted in improvements for some residents, it was not evident that there was adequate consultation with residents that no longer had en

suite bathrooms.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations. Overall, the inspector found that residents received a good standard of care that met their assessed needs. Improvement was required with regard to staffing, staff training and personnel records and this is discussed in more detail throughout this report.

The registered provider of Nenagh Manor Nursing Home is Foxberry Limited, a company comprising four directors. The directors are involved in the running of a number of other nursing homes throughout the country. The provider has an overarching management team and resources that include human resources, finance, and estates. Operationally, the person in charge reports to an operations manager that oversees a number of other centres.

The management structure was clear with the management team consisting of a person in charge, an assistant director of nursing and a clinical nurse manager. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care. A team of activity, catering, domestic, administrative and maintenance personnel provide further support to the centre.

Staff were supervised in their roles by the person in charge, assistant director of nursing and clinical nurse managers who provided oversight to care and support staff in their work. The inspector reviewed examples of probation and competence reviews by management to highlight areas of good practice, and to support staff with career development objectives and areas in need of improvement. Where performance was not at the desired level, enhanced supervision arrangements were in place to support staff in meeting competencies. Staff understood their role, were knowledgeable of residents individual needs and were seen to engage with residents in a kind and caring manner throughout the day of inspection.

Staff were facilitated and supported to attend training, relevant to their role. A review of training records identified that staff were facilitated and supported to attend training relevant to their role. All staff had completed training in safeguarding residents from abuse and in manual handling. records indicated that a number of staff required attendance at dementia care and responsive behaviour. All staff had completed training in infection prevention and control that included modules on hand hygiene and donning and doffing personal protective equipment. The

observations of the inspector throughout the inspection indicated good compliance with infection control guidance.

The complaints procedure was on display in the designated centre and the complaints policy was up-to-date. Residents and staff, who spoke with the inspector knew how to make a complaint. Records of complaints reviewed indicated that complaints were managed appropriately.

Records and documentation required by Schedule 2, 3 and 4 of the regulations were made available on the inspection day. The records required by Schedule 2 for staff were not complete, as as detailed under Regulation 21: Records.

There were systems in place to ensure that residents' well-being was promoted and residents lived as independently as possible. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed care needs. A review was required of activity staff to ensure that the programme of activities met the social care needs of residents.

The quality and safety of care delivered to residents was monitored through a range of audits. The programme of audits included reviews of incidents of responsive behaviour, incidents involving residents' falls, the use of restraint, and a variety of infection control related audits.

The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2020 and the review for 2021 was at an advanced stage. A copy of this review was made available to the inspector. A more accessible format for the review was required as the font was quite small and difficult to read.

Regulation 15: Staffing

There were inadequate activity staff to meet the needs of residents, given the design and layout of the centre and the number of residents that remained in their rooms throughout the day.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of training records indicated that a number of staff were overdue attendance at dementia and responsive behaviour training. The inspector was informed that these were predominantly staff that had been recruited during the pandemic and the programme of training had been impacted by restrictions on

visitors to nursing homes.

Fire safety training was overdue for two staff.

Judgment: Substantially compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A review of a sample of four personnel records found that three files did not contain a full employment history as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a well established governance and management structure in place. The registered provider had good systems in place to oversee the service and ensure safe quality care was delivered. There was an annual review of the quality and safety of care delivered to residents completed for 2020. The annual review for 2021 was at an advanced stage but was not yet completed. The provider was advised to ensure that the annual review was in an accessible format as the text was in small font and difficult to read.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was kept under review and contained all the detail required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately

managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the person in charge as the complaints officer. The policy included an independent appeals process. The procedure for making a complaint was on display. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly. A review of the complaints log indicated that complaints were recorded, investigated and required improvements, if any, were put in place in response to complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Overall, residents health and welfare was maintained by a good standard of evidence-based care and support. While many residents were content living in the centre and said they felt safe, there were some opportunities for further improvement in infection control, premises, and the socialisation of residents.

Residents had good access to GP services, including out of hours. There was good access to allied health professionals to assess, recommend supports and meet resident care needs.

The risk management policy met the requirements of the regulation. There were associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. There was a risk register in the centre which covered a range

of risks and appropriate controls for these risks. Robust accidents and incident reviews were carried out following any incident that took place in the centre. While these incidents were reviewed annually, the system could be enhanced by a more detailed trending than the system currently in place.

Residents care plans and daily notes were recorded electronically. All residents had a nursing assessment and care plan in place. However, a review of a sample of care plans found that some improvements were required in relation to the personalisation of these plans. This is discussed further under Regulation 5. Residents had good access to their general practitioner and were supported in the centre by allied health care professionals, such as a physiotherapy, dietetics and speech and language therapy.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. Staff and residents were being monitored twice daily for signs and symptoms of COVID-19. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspection these measures were observed to be adhered to by staff.

Up-to-date service records were in place for the maintenance of the fire equipment, fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans in place, and these were updated regularly and identified the evacuation methods applicable to individual residents for evacuations. There was good awareness and understanding of fire safety within the centre and regular fire drills were carried out to ensure staff had the required skills to safely evacuate the residents in the event of fire.

The inspector found that residents were free to exercise choice about how they spent their day. Residents were assisted to get up in the morning at a time of their choosing. A small number of residents were observed in the communal areas of the centre while most residents spent time alone in their rooms. Residents had access to television, radios, newspapers, telephones and WiFi. All residents spoken with were complimentary of staff, and of the care they provided. Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held every two to three months. Records indicated that a range of issues were discussed such as fire safety, visiting, activities, food, and COVID-19. While there was a programme of activities that included group and one-to-one sessions, it was not possible for one activity staff to ensure that there was an adequate programme of activation for residents. This is further discussed under Regulation 9.

The centre was initially a large domiciliary dwelling that was converted to a nursing home and then extended over the years. There is a good variety of communal day space, such as dining and day rooms, conservatory and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. There is a ten bedded dementia unit and access to this unit is secured by a coded lock. Bedrooms throughout the centre were generally personalised with residents' photographs and memorabilia. The bedroom doors in

the dementia unit were brightly coloured, and colour and signage was used to assist residents to locate toilet facilities independently. The unit was well-maintained and pleasantly decorated with colourful art work on the walls that had been created by residents. Residents had direct access to a secure pleasant outdoor space. While the centre was generally clean and bright, some maintenance was required. Floor coverings in some areas of the premises were worn and the opening and closing devices on some windows did not function appropriately. While there were two enclosed outdoor areas, one of these required renovation. This is discussed in more detail under regulation 17.

Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance. Visits were encouraged with appropriate precautions to manage the risk of introduction of COVID-19.

Judgment: Compliant

Regulation 17: Premises

Some improvements were required in relation to the premises, including:

- the railing surrounding the outdoor area beside the dementia unit is not of sufficient height to make it secure. This area also required attention in the context of making it an enticing area for residents to spend time. There was no garden furniture; the paving would benefit from power washing; and there were no plants or shrubs.
- the opening device in some windows did not function appropriately resulting in windows being held open with blocks of wood
- the floor covering in a corridor on the first floor and in the laundry was in need of replacement as it was significantly damaged

Judgment: Substantially 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. The risk management policy contained all of the requirements set out under regulation

26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

There was an up-to-date plan in place to respond to major emergencies, including COVID-19.

Judgment: Compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- the laundry room was small, which did not allow for the segregation and flow of clean and soiled laundry to minimise the risk cross contamination
- damaged floor covering could not be effectively cleaned and decontaminated.
- the taps in the sink in the laundry room were not hands-free
- there was a lack of clinical wash hand basins on corridors and adjacent to nurses stations

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. Staff spoken with were knowledgeable of what to do in the event of a fire.

Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Fire drills were held regularly and a variety of scenarios were simulated. Fire drill records indicated that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of care plans found that many were generic and did not provide adequate guidance on the care to be delivered on an individual basis to each resident.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). A physiotherapist visited the centre on a weekly basis to carry out group exercise classes and also carried out individual assessments, when indicated. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required. The inspector found that advice given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who had responsive behaviours. The least restrictive practice was seen to be used, in accordance with national policy, as published on the website of the Department of Health.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

The centre was pension agent for seven residents and adequate arrangements were in place for the management of residents' finances. All staff had attended training on safeguarding residents on abuse. Staff spoken with were knowledgeable of what to do should a resident make an allegation of abuse. When there were allegations of abuse, these were investigated and safeguarding measures put in place while the investigation was underway. Residents had access to the services of an advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required in relation to the activation and socialisation of residents. There was no activity staff at the weekend and only one activity coordinator on duty from Monday to Friday. This was inadequate to meet the social and recreational needs of residents across three floors. The centre is laid out over three floors and the lower ground floor is sub-divided to incorporate a dementia specific unit, so that operationally there are four distinct areas. Even though the activity coordinator visited residents in their rooms, the design and layout of the centre meant that it was not possible for one activity staff to meet the activity needs of all residents. The inspector observed that a large number of residents remained in their bedrooms throughout the day with limited stimulation, other than television and radio.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	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	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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 Nenagh Manor Nursing Home OSV-0000422

Inspection ID: MON-0034326

Date of inspection: 27/01/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A full review of activity provision is being completed by the PIC to ensure the activities offered are as per resident’s wishes. This schedule is over 7 days a week. • Ongoing recruitment drive to recruit a part time activity coordinator is underway to support the homes current full time position. HCA’s are allocated to support the activity program to ensure residents social and activity needs are met as per their wishes. 	
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: To ensure compliance the PIC will have the following in place and implemented and actioned as required :</p> <ul style="list-style-type: none"> • The PIC will complete a weekly review of the homes staffing training matrix which indicates the dates staff training certs expire. Training will be arranged in a timely manner to ensure compliance. • Training dates have been set to meet the gaps found on the day of inspection. • The RPR team will review to ensure compliance. 	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The staff employee files are being reviewed to ensure they comply with Schedule 2. As each new employee commence their file will be reviewed by the PIC and home administrator to ensure it is fully completed. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The railings surrounding the outdoor area beside the dementia unit will be made secure and the outside area made more inviting with planting, decoration and furnishing. • The windows are being reviewed to ensure they are all in correct working order. • The Floor in the first floor lobby and laundry room will be replaced. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The laundry room will be reconfigured to ensure clear segregation of clean and soiled area that will minimise the risk of cross contamination. • The Flooring will be replaced • The taps in the sink in the laundry room will be fitted with lever handles. • The corridors and the area near the nurses station will have additional hand sanitising units and a review is underway re the viability of installing hand washing sinks. 	

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:</p> <p>To ensure compliance the Registered Provider and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The PIC/ADON/CNMs are undertaking a full review of each residents care plans to ensure they are not generic in nature and that they correctly reflect the identified needs of the residents and the plan to meet those needs is clearly defined and followed. • The RPR governance and compliance team will review care plans periodically to ensure ongoing compliance and ensure learning when non compliances are found. Results of this review will include learning outcomes and training if required. • The PIC holds regular staff nurse meetings and care planning will now be a standing items for review and discussion. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A full review of activity provision is being completed by the PIC to ensure the activities offered are available and supported the 7 days a week. The activity coordinator and PIC are meeting with residents to ensure they receive and partake in activities as per their choosing. • Ongoing recruitment drive to recruit a part time activity coordinator is underway to support the homes current full time position. HCA's are allocated to support the activity program to ensure residents social and activity needs are met as per their wishes. 	

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 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	30/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
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	31/05/2022
Regulation 21(1)	The registered	Substantially	Yellow	30/04/2022

	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.	Compliant		
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	31/05/2022
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	30/06/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	30/04/2022

	accordance with their interests and capacities.			
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