



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

## Issued by the Chief Inspector

Name of designated centre:	Valentia House Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0038555

## About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 44 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies; low, medium, high and maximum, and provides 24 hour nursing care. The centre currently employs approximately 50 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of a total of 16 single bedrooms with ensuite facilities, nine single bedrooms without ensuites, five twin bedrooms with ensuites, six bedrooms without ensuite. There are two dining rooms, two sitting rooms, and one conservatory. The majority of the premises is wheelchair accessible. However, five single bedrooms are located on the first floor and there is a chair lift for access, if required. These bedrooms are suitable for residents with good safety awareness and mobility. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon and the dining room.

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

Number of residents on the date of inspection:	39
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## How we inspect

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 25 April 2023	07:45hrs to 16:15hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Throughout the inspection the inspector spoke with residents and visitors and spent time observing practice throughout the different areas of the centre. The inspector noted a calm atmosphere and residents who looked well cared for. The vast majority of residents who spoke with the inspector reported that they were happy with the service and care provided to them. A small amount of residents had some concerns related to the level of noise associated with the building work in the centre, which is discussed throughout the report. Overall, residents said they felt safe and comfortable.

The centre is located in the village of Camolin, Co. Wexford in a quiet, country area, situated off the main road and surrounded by a lovely garden. There were nicely decorated bright living spaces and dining areas where residents were observed spending time relaxing during the inspection. All areas within the centre were observed to contain appropriate furniture to enhance residents' mobility and independence. There was a private conservatory, and two sitting rooms that residents could access to receive visitors. An oratory was available to residents, which was appropriately decorated with religious and statues and had an altar and seating for religious ceremonies.

There were 39 residents living in the centre on the day of inspection. The centre is registered for a total of 44 beds, however, the five single bedrooms on the first floor of the centre had been kept vacant by the registered provider on a voluntary basis. The inspector observed that extensive construction work was being undertaken on an area of the centre which was previously used as a large communal area called the coffee doc. This area had also previously contained a kitchenette and two staff toilets. The entire area had been demolished and work was ongoing to construct three single ensuite bedrooms in their place. The inspector observed that the building works were completely sealed off internally in the adjacent corridor, where there were a number of bedrooms. The coffee doc area had been predominantly used as a staff training, changing and break area since the onset of the COVID-19 pandemic, and residents had not been using this space. The management team outlined that the five upstairs rooms would be properly reconfigured to staff and office space. The inspector observed that a store room which had previously been accessible from the corridor was also demolished as part of the construction. This meant that there was less space available to store equipment such as hoists. A hoist was seen to be stored inappropriately on the corridor, presenting a risk to resident safety. This is discussed further under the quality and safety section of the report.

On the day of inspection, one construction worker was seen to arrive at approximately 08.50am. The main demolition work had been completed, and throughout the day the inspector did not hear excessive noise as a result of the construction. Nonetheless, a resident described the previous few weeks of construction as "beyond loud, completely disruptive and incessant". The resident told the inspector that they had not been informed in advance that this would be

occurring, and that they had to leave their bedroom each morning until the work stopped in late afternoon as they could not bear the noise.

Residents were very positive about the staff working in the centre. Residents reported that staff were "all so polite" and stated "I get on with them all", "they are lovely". Residents said they received help when it was requested and they usually didn't have to wait long. Staff were seen to be familiar with the residents' needs and preferences and were observed to be respectful in their interactions with residents. Staff greeted residents by name and residents were seen to enjoy the company of staff with light hearted fun and laughter observed during the inspection. There were a number of residents who had a diagnosis of dementia or other cognitive impairment living in the centre. The inspector observed that these residents appeared comfortable in their surroundings and were free to mobilise around the corridors and communal areas. The inspector witnessed a loud alarm at the front door which was activated by residents who wore an alarmed bracelet wandering close to the door. This alarm was distracting as it was very loud. On further investigation, there were a number of residents wearing these alarms without a thorough assessment of their need for one. This is discussed further under the quality and safety section of the report.

Lunchtime were seen to be a good experience for residents. Residents who took their meals in the centre's dining rooms sat at tables that were laid and decorated nicely. A radio was playing in the background, and the choice of loud pop songs did not fit with the relaxed dining experience, where softer music would be more appropriate. Residents were assisted in a respectful and dignified manner by staff who were patient when providing support. Residents reported positively regarding the variety, quality and choice of food available. Some residents had forgotten which menu option they had chosen, and there were no menus on display in the dining room to assist residents and remind them of the days choices.

There was a large notice board near the sitting room which was used to inform residents of the social and recreational activities occurring and other pertinent information. Residents' artwork was also proudly displayed in this area. There was a dedicated activity staff member on duty who provided a varied programme of activities during the week. Throughout the inspection the inspector observed different activities that had been arranged for residents to enjoy such as a live music session with staff participating in the singing. Activities included live music sessions from musicians, exercise classes, flower arranging, bingo, trivia quizzes and movies. The activity coordinator had organised an upcoming trip to the 1798 Rebellion centre in Enniscorthy Castle for residents who were interested in local history. Staff and family members would accompany the residents. Residents told the inspector they were very much looking forward to the outing. A hairdresser also attended the centre every week for residents to have their hair styled in the dedicated hair salon.

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

Overall, the residents in Valentia House Nursing Home were supported to achieve a good quality of life, with support from a strong staff and management team. Notwithstanding the positive findings and areas of good compliance with the regulations as outlined in the report, further improvements were required in maintaining staffing levels particularly for night time, and in quality and safety aspects such as infection control, the management of behaviours that challenge, and residents' rights.

This unannounced inspection was triggered following receipt of unsolicited information which raised concerns about the rights of residents, communication with residents, the premises, and governance and management. The concerns related to construction and demolition work in the centre which was allegedly causing severe noise disturbance and necessitated residents having to leave their rooms in the morning for the day. The information received alleged that residents had not been consulted in advance of these construction works and that they were unaware of the level of disruption that the works would cause. The inspector examined the information received during the course of the inspection by reviewing a number of records and talking to staff and residents. The inspector found evidence to support some of the concerns raised, which is discussed throughout the report, with particular regard to the findings under regulation 9: Residents' rights.

Historically, levels of compliance in the centre had been poor during the inspections on 1 December 2020, 18 March 2021 and 1 March 2022. Following a series of engagements with the office of the Chief Inspector, a restrictive condition was attached to the centre's registration, requiring the centre to come into compliance with regulation 15: Staffing, regulation 17: Premises, and regulation 27: Infection control by 31 December 2021. The registered provider had submitted an application to remove the restrictive condition, however, continued non-compliance was identified during the inspection in March 2022. Following this, the registered provider committed to a series of actions with the intention of bringing the centre back into compliance, and the date for achieving compliance was varied by the office of Chief Inspector to 30 September 2022. The subsequent inspection on 13 October 2023 found that improvements had been seen in a number of areas, including the specified regulations, which had increased to substantially compliant. The provider was requested to submit an application to remove the restrictive condition, however this had not been submitted by the time of the inspection, and restrictive condition 4 remained on the centre's certificate of registration.

Valentia Nursing Home Limited is the registered provider of Valentia Nursing Home. This limited company has three directors, who are all engaged in the day-to-day operations and governance of the centre. The registered provider had notified the office of the Chief Inspector of the temporary absence of the person in charge in September 2022, and a suitable person was nominated as person in charge during the period of absence. In advance of the inspection, the person in charge had returned to the centre, and the role was now a shared role between the existing

person in charge and the new person in charge, who had been deputising during the planned absence. The registered provider had not formally notified the office of the Chief Inspector of the changes to the person in charge role, as is required by the regulations.

There were systems in place to monitor the service provided to residents. These included a weekly collection of data such as restraint use, falls sustained by residents, and antimicrobial usage. Improvements had been seen in some areas since the previous inspection, for example, accidents and incidents occurring in the centre were audited monthly, and plans were developed following the audits to determine measures to reduce recurrence of the incidents. There was evidence of good clinical oversight of the service, with regular governance meetings occurring, minutes of which were documented and used to inform service improvements. Despite these improvements, further oversight was required in some areas, as outlined under regulation 23: Governance and Management.

One of the persons in charge worked three days a week, and the other worked two days in the person in charge role and two days in a nursing role. One would deputise for the other in the event of planned absences from the centre. This arrangement had been newly implemented and the distribution of responsibilities for different areas of governance was being finalised. For example, one person in charge would take responsibility for infection control, and another for incident management. The registered provider provided assurances that the system of job-sharing the role was being monitored to ensure it was effective.

The inspector reviewed records of worked rosters and found that due to some staff nurses leaving the role, the registered provider had reverted to rostering one nurse on duty on some night shifts. This presented a departure from the commitment made by the registered provider in March 2021, to rostering a minimum of two nurses at night. The inspector was not satisfied that one nurse at night was sufficient to meet the needs of the residents, as outlined under regulation 15: Staffing. Healthcare assistant, domestic, and catering staff levels were seen to be adequate and the registered provider confirmed that there were no current vacant posts in these departments.

Records showed that existing staff were up-to-date with mandatory training modules including fire safety and the safeguarding of vulnerable adults. A training plan was in place for newer members of staff, and appropriate training such as the management of behaviours that challenge was scheduled accordingly as soon as was practicable following commencement of employment. Despite the high level of training taking place, there was no formal induction process for new employees in any department, therefore oversight and supervision of new staff members could not be assured.

## Regulation 15: Staffing

The whole time equivalent (WTE) of nursing staff was less than the 9.3 WTE outlined in the centre's statement of purpose. There were six full-time staff nurses and three part-time nurses employed in the centre. A review of rosters identified that in the two weeks prior to the inspection, there were only five nights where two nurses were on duty. Dependency level assessments identified that on the day of inspection, 13 residents were maximum dependency, eight were high dependency, and 12 were medium dependency. Additionally, the centre were providing care for residents at end-of-life. The inspector was not assured that one nurse on night duty could safely and effectively meet the collectively assessed needs of the residents.

This issue echoed similar findings from the previous inspections in March 2021, March 2022 and October 2022.

Judgment: Not compliant

### Regulation 16: Training and staff development

There was no structured or documented system in place for the induction of new staff. A review of staff files showed that while staff training had been completed for all staff, there was no documented procedure for induction or supervision of new staff, in any department. This was particularly important in the context that governance meeting minutes had identified some issues in relation to performance of staff. In the absence of a structured induction process, robust supervision cannot be assured.

Judgment: Substantially compliant

### Regulation 21: Records

A sample of records required under Schedules 2, 3, and 4 of the regulations were seen to be maintained in good order and easily retrievable for inspection purposes.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider did not ensure that the centre had sufficient staffing resources to ensure the effective delivery of care in accordance with the centre's statement of purpose. Resources had not been made available to reconfigure the double-occupancy rooms in the centre and bring them into compliance with

regulatory requirements.

The inspector found that the overall management systems in place required strengthening to ensure that the service provided was safe, appropriate, consistent and effectively monitored. In particular, the centre did not ensure that the rights of the residents were promoted.

- Management failed to provide appropriate consultation with residents regarding the building work in the centre before commencing a programme of demolition and construction which impacted upon the experience of the residents in the centre
- A complaint raised by a resident in relation to the noise generated from the construction works was not dealt with through the centre's complaints procedure. This does not provide assurances that the centre is effectively monitored.
- Residents' privacy continued to be compromised due to the registered provider failing to complete the actions set out in the centre's compliance plan following the previous inspection in October 2022. The registered provider had committed to providing locks on ensuite doors by 31 December 2022. No progress had been made to achieve this

Increased oversight of the following areas was required, as discussed further under each regulation; staff training, management of behaviours that challenge, the premises and infection control.

Judgment: Not compliant

### Regulation 14: Persons in charge

The role of person in charge was fulfilled by two staff members who met the necessary criteria for the role as described under the regulation.

Judgment: Compliant

### Regulation 32: Notification of absence

The registered provider had failed to formally notify the Chief Inspector of the return to duty of the person in charge.

Judgment: Not compliant

## Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had failed to notify the Chief Inspector of the intended change of the person in charge and had not supplied the information in regard to the matters set out in Schedule 2 in respect of the new person in charge.

Judgment: Not compliant

## Quality and safety

Residents were in receipt of a good level of nursing and medical care and were provided with opportunities for social activation, however, the inspector found that more could be done to ensure a rights-based approach to care was consistently adopted. While staff were seen to interact with residents in a kind and person-centred manner, the system of collaboration with residents required review, to ensure that the centre achieved high standards of thoughtful, respectful, individual care, which is outlined as the ethos of care in their statement of purpose.

Overall, the premises was well-maintained both internally and externally. There were systems in place to ensure that all areas of the centre continued to be maintained to a high level. Communal areas of the centre were bright and welcoming and residents were seen to enjoy these areas. Bedroom accommodation varied between single and twin bedrooms, some with ensuite facilities, and some without. There was sufficient communal toilet and bathing facilities within short distance of the rooms which did not have an ensuite. As identified on previous inspections, the layout and configuration of some twin rooms did not fully meet the criteria outlined in S.I 293 of 2016 which specifies that the floor space area for each resident shall include the space occupied by a bed, a chair and personal storage space.

Records showed that residents' health needs were met to a very good standard. There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Residents in the centre also had access to specialist medical services when required. Reviews and ongoing medical interventions were evidenced. There were advanced care plans in place for the majority of residents, and the person in charge ensured that when residents approached the end of their life, they were provided with an excellent level of care and comfort.

The inspector found that improvements were needed in how restrictive practices were managed in the designated centre to ensure that they were used in the least restrictive manner and for the shortest period of time in line with national policy as published by the Department of Health. A number of residents were seen to wear bracelets which alarmed when the resident came close to the front door. This was despite these residents being unable to exit from this door as it was secured with a

coded keypad. The inspector found that this was an overly restrictive practice and did not promote the autonomy of the residents. Additionally, the alarm which sounded was very loud and detracted from the ambiance in the nearby sitting and dining rooms. When this was brought to the attention of the management team, they informed the inspector that the proximity of the front door to the main communal and bedroom areas, and the nurse's station, necessitated the use of a loud alarm. Findings in this regard are outlined under regulation 7: Managing behaviour that is challenging.

Following the inspection in March 2021, the registered provider had implemented a number of enhanced infection control procedures to maintain compliance with the national standards for infection prevention and control in community health services and other national guidance. The inspector found that these improved procedures, which were evidenced during the inspection in March 2022, had been sustained and staff were seen adhering to best-practice guidance in relation to environmental cleanliness, the wearing of PPE, and effective hand hygiene. The ongoing building work in the centre had been risk assessed, from an infection control point of view, and there were dust control measures in place which were seen to be effective. The inspector identified a small number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre, as described under regulation 27: Infection control.

The inspector found that residents were free to exercise choice about how they spent their day. There was a schedule of activities in place and residents could choose whether or not to attend these. Residents had access to television, radios, newspapers, telephones and internet connection. Nonetheless, some popular television channels were not available, as outlined by a resident. This was brought to the attention of the management team by the inspector who cited issues with signals in the area. While there appeared to be a good level of informal discussion with residents, the inspector was not assured that residents or their nominated representative had been appropriately consulted with about the building work in the centre and how this would impact the residents, particularly those who's bedrooms were situated close to the building site. Further formal surveys, meetings and discussions with residents and their families would ensure that the residents' views about the care and service provided to them was captured and reviewed, to ensure that their individual wishes and choices were respected.

The registered provider was required to take action to ensure the privacy and dignity of residents was protected in all areas of the centre. Locks were not in place in all ensuite doors. This finding was made during the inspection in October 2022 and the registered provider outlined in their compliance plan that a solution had been identified and that the required works to ensure the privacy of these residents would be completed by 31 December 2022. This was not completed.

## Regulation 11: Visits

Visits to the centre were occurring, and the current visiting procedures did not pose any unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 13: End of life

End-of-life decision making incorporated residents and their families, where appropriate. The sample of records viewed showed that residents' personal wishes at end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching end of life. Residents families and friends were welcome to be with the resident and were involved in their care, with the resident's consent.

Judgment: Compliant

### Regulation 17: Premises

As identified on the previous inspection, double-occupancy bedrooms in the centre were found not to comply with configuration requirements as outlined in S.I 293 (2016). The configuration of these rooms did not afford residents the necessary privacy to conduct personal activities in private in that the floor space area did not include the space occupied by a bed, a chair, and personal storage space, for each resident of that room. For example, in one bedroom, there was no space for a bedside locker next to the bed. This was a repeat finding from the previous inspection.

Due to the building work being carried out in the centre, an area which had formerly been used to store equipment such as hoists was no longer available. As a result, there was insufficient storage space in the centre and hoists were being stored in the corridors. This presented a risk to residents mobilising in the area, as evidenced by a hoist which was seen on two occasions unattended in the corridor, with the brakes not secured, and blocking the assistive handrail.

Judgment: Substantially compliant

### Regulation 27: Infection control

The following findings had the potential to impact on the effectiveness of infection

prevention and control within the centre:

- privacy curtains around beds were not part of cleaning schedule. Current guidance states that this should be done three-monthly, or if soiled. The inspector noted a stained curtain around one bedside
- clinical waste bins were being used in areas where they were not required
- there was a lack of clarity amongst staff regarding the status of residents who were potentially affected by a multi-drug resistant organism (MDRO) such as Meticillin-Resistant Staphylococcus aureus (MRSA)
- aspects of the premises did not promote effective cleaning and decontamination, for example; scuffed and worn wooden lockers, drawers and chair legs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessment and treatment by their GP's. Referral pathways were in place to geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a regular basis. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The use of alarmed bracelets "Wanderguards", used with the intent of stopping residents from leaving through the front door, were not being classed as an environmental restraint within the centre's own procedures. A review of associated records identified some occasions whereby Wanderguards were applied to a resident without a formal assessment of the risk of wandering or absconding, and without considering alternatives to the restraint. This is not in line with national policy.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The registered provider did not ensure that residents could undertake personal

activities in private:

- there were no locks on the doors of an interconnecting ensuite between two bedrooms
- there was no lock on the ensuite door of some double occupancy bedrooms
- the configuration of double occupancy bedrooms required review, for example; residents' wardrobes were not always easily accessible as they were located across the room within another resident's bed space. This is also referenced under regulation 17: Premises above.

Residents were not consistently consulted with about the organisation of the centre:

- there was no evidence that residents or their representatives had been consulted with about the building works in the centre, and how this may affect their day-to-day lives, prior to their commencement
- residents meetings were held every six months. A review of minutes of these meetings showed that only 11 residents attended the most recent meeting on 7 March 2023. Additionally, an action following this meeting remained outstanding, whereby a resident requested a certain TV channel and this had not yet been provided
- satisfaction surveys had been sent out to residents and family members however there was a very poor response to these. No alternative method of consultation had been considered.
- action was not always taken on foot of the survey responses. A specific, yet simple, request from a resident's family member was not seen to have been put in place for the resident.

Residents were not facilitated to fully exercise choice about their dining arrangements, as evidenced by:

- Staff stated that residents could use the dining room for breakfast, however the inspector saw that no residents used the dining room until lunchtime, and for the entire morning the door to the dining room was locked with a bolt that was out of reach of the majority of residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 32: Notification of absence	Not compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Valentia House Nursing Home OSV-0004370

Inspection ID: MON-0038555

Date of inspection: 25/04/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Due to ongoing recruitment delays in the atypical visa department the two nurses due to commence employment in January have been delayed until July. This will bring the WTE in the centre to 9.3 and the Statement of Purpose will reflect this.</p> <p>The current capacity of the centre is 39. Following a series of assessments and meetings, to improve the quality of care and the safety of all residents, 4 bedrooms on the first floor were closed and additional staff rostered for night shift</p> <p>Clinical night time oversight is provided on and off site by the PIC’s and the Clinical Lead. Dependency assessments are routinely carried out using recognized audit tools to guide safe staffing levels</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:            The induction policy has been reviewed. All new staff will complete a grade specific induction process.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that, the resident’s rights are always upheld. Disruption due to essential work will be minimized and communicated to residents in advance. See Regulation 9. The provider has committed resources to extra oversight of the centre. Clinical lead provides out of hours on call service. A senior nurse works part time in a supernumerary capacity. Recruitment of experienced staff is ongoing. See Regulation 15. Key Performance Indicators has been rigorously monitored and presented at the clinical governance meeting. Please See Regulation 7.</p>	
Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence:</p> <p>The procedures for a job share notification were unclear resulting in a delay to the notification of the return of the person - in - charge to a job-sharing position. This was subsequently rectified.</p>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>The registered provider had previously provided the authority with the details of the person in her capacity as acting person-in-charge to cover the unavoidable absence of the person- in- charge.</p> <p>On the return of the person in charge to a job-sharing position with the person who had deputised in her absence, the procedures for a job share notification were unclear which resulted in a delay to the notification. The situation has been clarified and all necessary documentation has been submitted to the authority.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The layout of twin rooms occupied is under review so that the configuration allows privacy for two residents.</p> <p>Area has been identified for hoist storage. One room on the first floor is to be repurposed as store room. All unused and outdated equipment is reviewed and removed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A cleaning schedule for the privacy curtains has been implemented and is operational. Privacy curtains will be laundered more frequently if soiled.</p> <p>Clinical waste bins are now appropriately located.</p> <p>The multi- drug resistant organism status of all residents has been clarified for staff. This information is documented in the resident’s care plan and in the infection control risk register.</p> <p>An audit of the internal environment has been undertaken in collaboration with the maintenance team and an action plan has been developed to address the deficits identified within a specific timeframe.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: An audit of the use of wander guard alarms has been completed, this has resulted in a 30% reduction in their use. All residents currently using an alarm tag have been risk assessed.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An easy locking system has been installed on the interconnecting rooms.</p> <p>Residents and their families will be more formally notified in the event of further building works taking place in the future.</p> <p>Resident's meeting have been scheduled to take place more frequently and are to be organised in such a way as to encourage a larger attendance.</p> <p>Satisfaction surveys will be made more accessible to residents</p> <p>The use of the dining room for breakfast has been offered to the current residents, with a very low uptake. The facility is available and is an option for all residents. The bolt on the dining room door has been removed.</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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	31/05/2023
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	31/05/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Not Compliant	Orange	31/08/2023

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
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	31/08/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2023
Regulation 27	The registered	Substantially	Yellow	31/07/2023

	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.	Compliant		
Regulation 32(4)	Where an absence referred to in paragraph (3) has occurred, the registered provider shall notify the Chief Inspector of the return to duty of the person in charge not later than 3 working days after the date of his or her return.	Not Compliant	Orange	31/05/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/06/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Not Compliant	Orange	30/06/2023

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/07/2023
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.	Not Compliant	Orange	30/06/2023