



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

## Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	22 July 2022
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0037017

## About the designated centre

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

Maryborough Nursing Home is a designated centre and located in the sub-urban setting of Maryborough in Cork city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	36
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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
Friday 22 July 2022	09:00hrs to 16:40hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents' rights were promoted in the centre and they were supported to have a good quality of life. The inspector met with many of the 36 residents living in the centre and spoke with six residents in more detail to gain an insight into their experience. Residents told the inspector that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety was promoted at all times. This will be discussed under the relevant regulations. On arrival, the inspector was guided through the centre's infection control procedures by the clinical nurse manager who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Following an initial meeting with the clinical nurse manager, the person in charge attended the centre and accompanied the inspector on a walk around the centre. During the walkaround the inspector observed that many of the residents were up and ready for the day's activities while some enjoyed a leisurely breakfast.

Maryborough Nursing Home was laid out over five corridors with six to nine residents living in each corridor on the ground floor. The centre had 35 single rooms and one twin room which the provider maintained as single occupancy for residents. Of these rooms, 31 bedrooms had en-suite toilet and shower, one bedroom had en-suite toilet and hand wash basin while four bedrooms that were not en-suite had a hand-wash basin. The inspector saw that the majority of rooms were spacious and decorated with residents' personal possessions and photographs and memorabilia of importance to the residents. The inspector saw that six residents' rooms had bedroom and shower flooring replaced since the last inspection. Some lockers and drawers had been repainted. Two clinical handwash sinks had been installed in the centre, one in the utility room and a second at the nurse's station. While some renovations to flooring and the hairdresser room were yet to be completed, it was evident to the inspector during the walkaround that ongoing renovations were in progress in the centre.

Renovations to the internal courtyard had also been completed since the last inspection, with a water feature installed and plenty brightly painted furniture and parasols for residents to enjoy. This area could be freely accessed by residents and the inspector saw many residents using it to enjoy the glorious sunshine, to sit and read the papers, or to sit and chat with other residents during the day. Residents told the inspector they loved the space and a number of residents had enjoyed the recent "summer country hoedown" held in the courtyard. During the hoedown, local line dancers gave a display and lessons to residents and staff alike and country and western style day and food was enjoyed by many of the residents.

There was plenty communal spaces and rooms in the centre with one large day room, a sitting room and a library room. The inspector saw sample colours of paints were displayed on the wall to help staff and residents decide on the new painting planned for the sitting room and library room. The library room was stocked with a

range of books and had a new large TV for residents to enjoy. The centre had a large bright dining room where residents could enjoy their meals. The centre was warm, comfortable and bright. The corridors were nicely decorated with art works and framed photographs of cork scenes. Bedrooms appeared clean and residents who spoke with the inspector were happy with the standard of cleaning in the centre. The inspector saw that there was plenty of disinfectants with storage of gloves and aprons throughout the centre to ensure that staff had easy access to PPE. Alcohol hand rub dispensers were available in residents' rooms and the corridors throughout the centre.

The inspector saw that residents were offered a choice at mealtime and modified diets were seen to be well presented. The person in charge told the inspector that a menu was displayed on an electronic screen including pictures and calorific content of the menu available to residents. However during the inspection, the inspector saw that this screen could only be seen by a small number of residents in the area the screen was located and residents did not know the choices available for their meals. The person in charge agreed to review this process. The inspector saw care staff offering residents a choice of meals at lunch time and care staff provided assistance to residents with their meals in a respectful and dignified manner. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told the inspector that they were happy with the choice and amount of food available to them. The dining room was a nice bright room with plenty tables which were nicely decorated with table cloths and flowers and had condiments available for residents.

Visitors were seen coming and going throughout the day of the inspection. The provider had implemented an online booking system that they reported as working well. Visitors who spoke with the inspector were very complimentary of the care provided to their relatives in the centre.

Residents could enjoy a varied and flexible activity schedule in the centre. A newly appointed activity co-ordinator had developed a newsletter to inform residents and their families of the activities available in the centre. Activities such as knitting, artwork, puzzles, group exercise class led by the physiotherapist and bingo were scheduled from morning until the evening. Residents who spoke with the inspector said they had plenty to do during the day. External musicians also attended the centre each week. A number of residents told the inspector how they had discovered hidden artistic talents during the activities and plans were underway to develop a poetry group to discuss residents favourite poems. Residents told the inspector how they had really enjoyed a local historian who gave a talk on Cork city a few days before the inspection. Residents told the inspector they were looking forward to an outing to Crosshaven planned for the weekend after the inspection. Mass was celebrated monthly in the centre and residents enjoyed daily rosary which was important to them.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor compliance with the regulations and to assess whether action had been taken by the provider to address the non-compliances found in the previous inspection. While some action had been taken to bring the centre into compliance, repeat findings in relation to staffing resources in the centre required action.

Maryborough Nursing Home Limited was the registered provider for Maryborough Nursing Home and was registered to accommodate 37 residents. The provider had two directors both of whom were involved in the operational management of the centre, with one working as person in charge and the second working as the general manager in the centre. There was a clearly defined management structure in place that identified the lines of authority and accountability. Staff working in the centre were aware of their roles and responsibilities. The person in charge was supported in his role by a full time clinical nurse manager, a team of nursing staff, care staff, housekeeping and catering staff, two activity co-ordinators and an administrator.

The inspector found that nursing staffing levels were not adequate to meet the needs of the 36 residents living in the centre. There was only one registered nurse on duty from 6pm each week day and all night and one nurse was rostered most weekend days and nights. Cleaning staff resources also required further resourcing. This was a repeat finding from the previous inspection. This is discussed further under regulation 15; Staffing.

The person in charge demonstrated good knowledge of his role and responsibilities including good oversight of residents' care and welfare to promote quality of care and life for residents. The person in charge collected and monitored key metrics such as pressure ulcers, wounds, falls, infections, restrictive practices and residents nutritional assessments and used this information to monitor the quality of care provided to residents. There was an electronic management system in the centre for recording meetings and audits in the centre. A review of a sample of audits such as care planning and infection prevention and control indicated good compliance with these practices. However, oversight of fire safety required action as outlined under regulation 28 Fire precautions.

Staff spoken with had good knowledge of each resident's individual needs. Staff who spoke with the inspector were clear on how to identify, report and respond to abuse. There was a structured programme of induction available for all newly recruited staff. There was a programme of training available to staff at the centre and uptake of training was monitored by the management team through a comprehensive training matrix. While the person in charge discussed responsive behaviour with new staff on induction, a number of staff were overdue training in managing responsive behaviour as outlined under regulation 16; Training and staff

development.

A review of the centre's electronic complaint's log evidenced that complaints were recorded and investigated in line with the centre's policy. Based on a review of the electronic accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre. There was an annual review of the quality of care in the centre completed for 2021 which included consultation with the residents and incorporated their feedback.

### Regulation 15: Staffing

As found on the previous inspection, the number of nursing staff on duty at weekends and night time was not appropriate to meet the assessed needs of the 36 residents living in the centre given the size and layout of the centre.

There were six residents with total dependency needs and six residents with severe dependency needs as well as one resident who was end of life on the day of inspection.

There was one nurse on duty from 18.00 hours Monday to Thursday and until 17.00hrs on Friday, when the person in charge or the clinical nurse manager's shift ended. There was one nurse on duty every night. From a review of the rosters, while some weekend days had a second nurse rostered until 2pm, weekend days had just one nurse on duty all day and night. This meant that there was only one nurse available during these times to supervise residents' care and if a resident required nursing care while a nurse was administering medication, they would have to cease the round to attend to residents' needs.

There was one cleaner rostered every day and this was not sufficient to ensure that every bedroom was cleaned every day as recommended in national guidance.

Judgment: Not compliant

### Regulation 16: Training and staff development

While staff had access to training appropriate to their role, 14 staff were overdue training on managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with



their social or physical environment).

Judgment: Substantially compliant

### Regulation 23: Governance and management

As found on the previous inspection, there were insufficient resources to meet the nursing care needs of residents and to ensure that all bedrooms were cleaned daily in line with national guidance.

The management systems in place to ensure good oversight of fire safety precautions required action to ensure that the service provided is safe appropriate and effectively monitored.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, the inspector was satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with

the outcome.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Maryborough Nursing Home, where management and staff promoted residents' rights. There was evidence that residents needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that some improvements were required in the management of care planning, infection control and fire safety and to promote residents' safety at all times.

The inspector was assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy and occupational therapy. A physiotherapist also attended the centre twice a week to provide individual assessments and treatments and group exercise sessions for residents. Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed care plans, which guided staff to deliver individualised care. The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection. However from a sample of care plans reviewed by the inspector, it was evident that care plans were not consistently updated with residents changing needs, this is outlined under Regulation 5; Individual assessment and care plan.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome. Food was seen to be served in an appetising way. Residents were complimentary about the meals and snacks available in the centre. Some action was required to ensure that residents were aware of the choices available to them as outlined under regulation 18; Food and Nutrition.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre in line with national guidance.

The inspector saw that renovations and improvements to the centre were ongoing at the time of the inspection. Six bedrooms and showers had been renovated with new flooring and painting. Work to the internal courtyard was evident, ensuring residents had access to a bright and welcoming outdoor space that they could enjoy, some remaining renovations required are outlined under regulation 17.

The inspector saw that a number of infection control measures were in place and were monitored by the person in charge. A recent comprehensive infection control audit indicated good compliance with infection control practices in the centre. The person in charge monitored antimicrobial usage in the centre. Staff were wearing face masks in line with national guidelines and staff had access to hand sanitiser dispensers through out the centre and personal protective equipment as needed. Two clinical hand wash sinks for staff had been installed since the last inspection. The inspector saw that rooms and equipment in the centre were clean. However, some actions required in relation to infection control are outlined under regulation 27.

Staff demonstrated a clear understanding of fire safety precautions and had participated in evacuation drills. Residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. There was a system in place for daily and weekly checks of fire doors and exits and there were recorded electronically. The provider had undertaken a fire safety risk assessment by an external consultant since the last inspection and assurances were provided to the inspection that work was underway to action the findings of this assessment. New smoke seals had been inserted to fire doors and the inspector saw that a number of new fire doors were purchased and installation was expected in the week following the inspection. Fire fighting equipment such as extinguishers were checked annually and service records were available for same. However, as found on the previous inspection, quarterly servicing of fire detection and alarm systems and emergency lighting were not carried out within the recommended time frames. This is discussed under regulation 28.

## Regulation 11: Visits

Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspector saw and met a number of visitors coming and going to the centre during the inspection. Residents could meet their visitors in their rooms.

Judgment: Compliant

## Regulation 17: Premises

While it was evident to the inspector that a number of improvements to the premises had been undertaken since the last inspection, action was required in relation to the following;

- Flooring in one of the communal rooms was worn and required repair or replacement.
- Flooring in a number of bedrooms and treatment room was worn and required repair.
- The layout and function of the room used as a hair salon was not suited for the purpose of hairdresser, this had been identified on the previous and remained unchanged.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

it was evident to the inspector that while residents had a choice at mealtimes, the electronic system in place to display menus did not meet residents needs. Only a small number of residents could visualise the screen on which the menu was displayed in the centre and residents did not know what choice was available for the lunch time meal until asked by staff before serving. The person in charge agreed to review the system in place following the inspection.

Judgment: Substantially compliant

## Regulation 26: Risk management

The provider had an up to date risk management policy that met the requirements of the regulation. The provider had an emergency plan in place for responding to major incidents should such an incident occur in the centre.

Judgment: Compliant

## Regulation 27: Infection control

The following issues were identified which had the potential to impact the

effectiveness of infection prevention and control in the centre and required action;

- bedrooms were not cleaned every day in line with best practice.
- chemicals used in the centre for cleaning required action as a chlorine-based product was inappropriately used for routine environmental cleaning even though there was no outbreak in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire:

- As found on the previous inspection that while records provided to the inspector indicated that the fire alarm and emergency lighting were recently serviced, these records indicated that there were gaps of over the recommended three month time frame prior to the last servicing.
- A number of fire doors were found to be closing too slowly, this was immediately addressed by the person in charge following the inspection.
- A number of fire doors required replacement, the person in charge showed the inspector replacement doors that were due to be installed on July 25 2022.
- The inspector saw that there was no signage on two bedrooms where residents were using oxygen to alert staff in the event of fire. This was immediately actioned by the clinical nurse manager during the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that care plans were not always updated when residents needs changed. For example, a resident's end of life care plan required updating and a resident's skin integrity assessment and continence assessment required updating. These care plans were updated on the day of inspection by the clinical nurse manager.

Judgment: Substantially compliant

### Regulation 6: Health care

There was a good standard of evidence based healthcare provided in the centre. General practitioners routinely attended the centre to assess and treat residents as required. A general practitioner was onsite on the day of inspection to review residents. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry as required. A physiotherapist was onsite two days a week to provide assessment and treatment to residents who required it.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Management and staff promoted the principles of a restraint free environment. There were no bedrails in use in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector saw that there was a varied programme of activities scheduled seven days a week to ensure residents had opportunities to participate in activities in accordance with their interests and capabilities. Residents had enjoyed a recent beach themed party held in the courtyard where an external musician provided the entertainment. The inspector saw that other events such as a trip to Crosshaven and musicians and dancers were scheduled for the summer months. Residents choices and rights were promoted and respected by staff working in the centre. Residents were consulted with in the organisation and running of the centre through regular resident meetings. Residents had access to television, radio and newspapers of their choosing and had access to independent advocacy services.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Maryborough Nursing Home OSV-0004451

Inspection ID: MON-0037017

Date of inspection: 22/07/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Additional cleaning hours will be rostered from 31/10/2022 to ensure that every bedroom is cleaned each day. This will be monitored by the General Manager.</p> <p>The Modified Barthel Index continues to demonstrate that we are providing a surplus of care hours based on residents' assessed needs and there is at all times a registered nurse rostered on the premises (S.I. No. 415 of 2013 15(2)). Nevertheless, we will take the following additional action:</p> <ul style="list-style-type: none"> <li>• Nursing hours will be redistributed to ensure additional nursing hours on weekends. To be completed by 30/11/2022.</li> </ul>	
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: Dementia and managing responsive behavior training will be provided on 27/09/2022.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:  Additional cleaning hours will be rostered from 31/10/2022 to ensure that every bedroom is cleaned each day.</p> <p>The Modified Barthel Index continues to demonstrate that we are providing a surplus of care hours based on residents' assessed needs and there is at all times a registered nurse rostered on the premises (S.I. No. 415 of 2013 15(2)). Nevertheless, we will take the following additional action:</p> <ul style="list-style-type: none"> <li>• Nursing hours will be redistributed to ensure additional nursing hours on weekends. To be completed by 30/11/2022.</li> </ul> <p>General Manager will ensure that the fire alarm and emergency lighting will be serviced every three monthly without any gaps. Action plan implemented on 22/07/2022.</p> <p>Fire doors that needed replacement are already replaced.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Worn flooring will be replaced. To be completed by 31/12/2022</p> <p>Marked bedroom walls will be painted. To be completed by 30/09/2022.</p> <p>Layout of hair salon will be reviewed to match the purpose, awaiting planning permission to build new hair salon. To be completed by 28/03/2023.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  A4 size daily menu is now displayed just outside the dining room. Electronic menu display format changed after discussing with the residents. Action plan implemented on 05/09/2022.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Additional cleaning hours will be rostered from 31/10/2022 to ensure that every bedroom is cleaned each day.</p> <p>Chemicals used in the centre for cleaning was reviewed and purchased appropriate chemicals which will be used going forward.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  General Manager will ensure that the fire alarm and emergency lighting will be serviced every three monthly without any gaps. Action plan implemented on 22/07/2022.</p> <p>Fire doors that needed replacement are already replaced.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Residents' care plan will be updated when residents' needs change. This will be monitored by the Clinical Nurse Manager. Action plan implemented on 22/07/2022.</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 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.	Not Compliant	Orange	31/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/09/2022
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	28/03/2023
Regulation	The person in	Substantially	Yellow	05/09/2022

18(1)(b)	charge shall ensure that each resident is offered choice at mealtimes.	Compliant		
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.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	22/07/2022

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	22/07/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	22/07/2022
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	22/07/2022