



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Announced
Date of inspection:	06 December 2023
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0039856

About the designated centre

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

Sonas Nursing Home Tullow is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with en-suite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Wednesday 6 December 2023	09:10hrs to 18:10hrs	Sinead Lynch	Lead
Wednesday 6 December 2023	10:50hrs to 18:10hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Overall, residents in Sonas Nursing Home Tullow were supported to have a good quality of life. The residents spoken with on the day of inspection were mostly content and complimentary of the service provided. Inspectors spoke with both visitors and residents throughout the day of inspection. Residents said they particularly enjoyed the food in the centre and one resident told inspectors "the care is good, staff are kind". Another resident spoken with said "I really like it here, my family can visit whenever they want". A visitor spoken with on the day of inspection said "the food is great and the staff are great". Inspectors observed family and friends visiting residents in the centre throughout the day of the inspection and they were welcomed by staff. However, some residents also mentioned they were not able to access their general practitioner (GP) when requested and from observations of the inspectors some actions were required to enhance the experience, quality of life and the safety of the residents living there, this will be discussed further in the report.

On the day of inspection residents were observed in their bedrooms, relaxing in communal areas and receiving visitors in their rooms or in the centre's reception areas. The centre was located in the countryside with peaceful surroundings with a view of the green spaces from most residents' rooms. Residents' rooms were spacious and decorated to their tastes. The centre had two dining rooms and these were warm and welcoming with appropriately laid tables and food menus displayed with the daily choice of meals. Meals were offered to residents in their rooms and in other communal areas also. Inspectors observed residents eating together in the living room and having their meal served to them there as per their choice.

The reception area was a large space where residents could sit and also receive visitors. In the reception area there was a suggestion box for residents and visitors as well as large photo albums containing various photographs of residents on day trips and engaging in activities in the centre. There were contact details of advocacy services and the complaints procedure on display in this area also. Inspectors observed that residents looked well groomed and their clothes and footwear was suitable and fitted them well. Residents were satisfied with the laundry service and said they got their clothing back quickly, well-cleaned and fresh. The hairdresser was in the centre on the day of inspection and residents were enjoying having their hair done.

Throughout the day of inspection inspectors observed areas for improvement in relation to the premises. During a walk about of the centre with the person in charge there were issues observed in relation to maintenance required on corridors, inappropriate storage, fire safety concerns and infection prevention and control practice issues also. Inspectors observed a nurses station on the day of inspection which had open access to residents' files. There were no staff at the nurses station at this time and the records were freely accessible via computer as the previous staff member had not logged out of the system and through the unlocked filing

cabinet which had been left open with residents files on display. This did not ensure that residents' records were safely maintained at all times.

Residents spoken with informed the inspectors that they felt safe living in the centre. Residents were complimentary about the care and compassion shown to them by staff. Inspectors observed kind and compassionate interactions between staff. The staff knew each resident's needs and requirements and attended to their needs and requests in an empathetic way.

The next two sections of this 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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an announced inspection which took place over one day, to monitor ongoing compliance with the regulations. The findings of this inspection were that while there was a clearly defined management structure in place, the management systems were not effective to ensure a safe service was continuously provided for residents. Further actions were required with regard to the oversight and effective monitoring of the centre to ensure appropriate risk management systems were in place specifically in respect of healthcare, fire precautions, infection control and governance and management.

Sonas Nursing Homes Management Co. Limited was the registered provider of Sonas Nursing Home Tullow. There was a clearly defined management structure in place within the company, a director of quality and governance, a newly appointed quality manager, provider representative and person in charge. There were clear lines of accountability and authority.

The person in charge worked full-time and was responsible for the day-to-day operation of the centre in addition to providing oversight of clinical issues. They were supported by a clinical nurse manager, senior staff nurses and a team of nurses, health care assistants, social care practitioner, catering staff, domestic, activities and administration staff. There were appropriate levels of staff available, based on the assessed needs of residents, on the day of this inspection. Inspectors reviewed staffing rosters and received assurances that these staffing levels were maintained at all times.

The registered provider had a plan in place for the training and development of staff and there was evidence of training completed by all staff in areas such as fire safety, managing challenging behaviours, hand hygiene and safeguarding vulnerable adults. There was an ongoing schedule of training to ensure all staff were kept up-to-date on training and staff were appropriately supervised in their roles.

A variety of audits had been carried out with appropriate action plans developed to inform quality improvement. However, this inspection found a number of areas that required improvement which had not been identified by the provider's own internal auditing systems. A further review of the monitoring systems and improved oversight was required in a number of areas to ensure compliance with Regulation 23: Governance and management, Regulation 17: Premises, Regulation 27: Infection Prevention and Control, Regulation 28: Fire Safety and Regulation 21: Records. In addition, a full review of the systems in place to ensure timely access to GP was required as detailed under Regulation 6: Healthcare.

The centre had a directory of residents available for review, this was maintained in line with the regulatory requirements. The registered provider had an insurance policy in place which included loss or damage to residents' property. There was a statement of purpose in place that accurately reflected the layout of the centre and services provided.

Record-keeping systems comprised of electronic and paper-based systems. The archiving system and retention and storage of records had improved since the last inspection with a clear system in place on the day of inspection. The archive room was appropriately laid out and managed. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. However, the safe-keeping of records required further review as described under regulation 21: Records.

Regulation 15: Staffing

The registered provider had ensured there were adequate staff numbers and skills mix to provide care to residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a staff training and development plan which ensured that staff had regular and timely access to all mandatory and relevant training to support them in their roles. Staff had up-to-date training relevant to their areas of expertise.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place and available to inspectors and it contained all the required information.

Judgment: Compliant

Regulation 21: Records

Records specific to residents were not always kept in a safe and accessible manner. During the inspection there was a nurses station left unattended where residents' records were accessible from a computer system that was not password protected as the previous user had not securely logged off. As well as this, there was a cabinet unlocked and open with access to residents' files.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not sufficiently robust to ensure a safe, effective and consistent service was provided to the residents at all times. The registered provider had failed to identify significant risks through their own auditing or monitoring systems. For example;

- The regular fire safety checks had not identified that fire doors essential for safe smoke and fire containment were being held open; inspectors saw a fire door chain closer tied to a cupboard preventing the door from releasing in the event of fire. Other fire doors in the centre were not well-maintained and did not close properly. An immediate action was issued to the provider on the day of inspection in respect of the kitchen fire door and inspectors were satisfied that appropriate action was taken to mitigate the immediate risks.
- Oversight of staff practices required improvement in respect of appropriate storage practices, infection prevention and control, fire safety and safekeeping of records.

- There were recurrent findings from the previous inspection in January 2023 in respect of ensuring that premises was used at all times in line with the registered statement of purpose, as further described under regulation 17: Premises.

The designated centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example:

- Inspectors found that the healthcare arrangements in place were not appropriate, and that all residents did not have access to a general practitioner (GP) as outlined in the statement of purpose. There was ample evidence to show that failure to provide timely access to GP services was adversely impacting the residents living in the centre and is further detailed under Regulation 6: Healthcare and Regulation 13: End of life. This required urgent review by the provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. It accurately described the facilities and services available to residents, and the size and layout of the premises and had been recently revised.

Judgment: Compliant

Quality and safety

Notwithstanding the efforts made by nursing and care staff to provide a good standard of care and quality of life, overall, many of the residents' clinical health needs were not adequately met in relation to access to a general practitioner (GP). This had a negative impact for the residents who had wanted to remain in the designated centre to receive end of life care but without the support of a visiting GP this was not possible in many cases. Inspectors were not assured that residents were adequately consulted and had opportunities to discuss their end-of-life wishes with their allocated GP. While the centre had systems in place for referral to specialist services such as dietetic, speech and language and occupational therapy services, inspectors were not assured that residents had timely access to general practitioner (GP) services.

The premises required upgrading and further maintenance. One corridor along the Sofia dining room required painting and re surfacing. This posed limitations on being able to appropriately clean these surfaces and therefore was an infection control

risk. Inappropriate storage practices were observed throughout the centre and there was poor oversight of the management of equipment. For example, broken or out-of-use equipment items were stored in bedrooms that were vacant, such as a broken hoist, crash mats, wheelchairs and a drip stand. Many store rooms in the centre were not utilised for their intended purpose or as set out in the statement of purpose. The hoist store room was found to have cleaning items such as a floor buffer and buffer mats.

As a result, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included the inappropriate storage of resident equipment and also the effectiveness of the cleaning schedule in the centre. In one store room two unclean wheelchairs and an unclean hoist were found stored with clean equipment. This is discussed further under Regulation 27: Infection control.

The registered provider had not made adequate arrangements for containing fire. Fire compartment doors in some areas did not close appropriately and the double door leading into the kitchen required immediate action to ensure that in the event of fire it would be effective at containing smoke. The provider acted promptly and repaired the kitchen door before the end of the inspection.

Inspectors saw evidence of end-of-life assessments completed for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. However, the registered provider did not ensure that care plans and end-of-life assessments were effectively implemented for all residents. The inspectors found that some residents were not provided with appropriate end-of-life care in the designated centre due to the unavailability of their GP to come to the centre and review them. Furthermore, there was limited availability of a GP service for some residents over a long period of time. This did not ensure a safe service that met the residents' identified healthcare needs and in some cases residents were transferred to hospital having not been physically assessed by their GP in one year. This is discussed further under Regulation 6: Healthcare.

Where a resident had been transferred to hospital, a nursing transfer summary was available. Where the GP had assessed the resident a letter was provided detailing the residents medical needs. However, for some residents this letter was completed and sent digitally without the physically assessment of the resident by their GP. The hospital discharge letters and the resident's prescription was in the residents' file and the change in medication had been communicated to the GP and pharmacist. It was also seen that the resident's nominated representatives had been informed of the transfer.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff spoken with were familiar with and knew where to locate the safeguarding policy. They were clear about their role in protecting residents from abuse.

Residents rights were upheld in relation to their civil and political rights. Residents spoke about how they could make choices on how they spend their days. Residents who spoke with the inspectors said they could decide when they go to bed and have freedom to go out with friends and family as they wished.

Regulation 13: End of life

Notwithstanding the care planning arrangements and end-of-life assessments completed by the nursing staff, for some residents approaching end-of-life, the person in charge was unable to provide appropriate care and comfort due to the lack of access to a medical practitioner on site for some residents. For example:

- One resident was admitted to the centre and seven weeks after admission the resident had still not been reviewed by their GP. The person in charge requested a review by the GP to discuss end-of-life. This request was refused by the GP and the resident passed away one week later. This resident was never seen in their time in the centre by their nominated GP.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was not used in accordance with the statement of purpose. This was a repeated non-compliance. For example;

- Two registered bedrooms were being used to store equipment that was not required for the bedrooms.
- The registered activity store room had non activity items such as five crash mats and hoist slings.
- The registered hoist store room had a buffer floor cleaning machine and no hoists being stored here.

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- There was a lack of appropriate storage in the centre resulting in the inappropriate storage of cleaning equipment in a hoist store room
- The continence wear store was not being used for its intended purpose, this room was found to have wheelchairs, razors and other items required for personal hygiene use.
- The designated centre was not kept in a good state of repair internally. For example,

- The door and door frame entering store room one required repair as it was chipped and damaged
- The tiles on the wall in store room one required maintenance as there were holes in the tiles
- The corridor walls leading to the Sofia dining room required cleaning and painting as many parts of the walls were damaged and had signs of wear and tear.
- A number of fire doors were damaged and in need of repair.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Inspector saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service such as nursing transfer letters and medication kardex. Those residents who had been admitted from the acute sector or other services had all the relevant information sought in relation to them. These documents included, medical and nursing transfer letters, copies of any relevant inter-disciplinary assessments and their current medication prescription.

Judgment: Compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Residents' equipment was not maintained clean at all times. For example; a crash mat on a bedroom floor was unclean. Ineffective cleaning increased the risk of cross-infection.
- Inappropriate storage practices and ineffective segregation of clean and dirty equipment were observed throughout the centre, which posed a cross-contamination risk. For example, two unclean wheelchairs and one unclean hoist were observed in a store room.
- The treatment room was found to have no hand soap in the dispenser and no hand towel to ensure effective hand hygiene was maintained. This posed a risk that staff did not effectively clean their hands between procedures.
- Tiles on the store room wall had multiple holes present which would not allow for the walls to be effectively cleaned
- The cleaners store rooms had boxes and bottles of liquid stored on the floor which would not allow for the floor to be appropriately cleaned

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not make adequate arrangements for containing fires or for maintaining the means of escape free from obstructions at all times. For example:

- The fire chain on the door in the Sofia lounge had the release chain tied into the press door, which meant that this could not be automatically released should the fire alarm sound. This risk was promptly addressed on the day of inspection at the inspector's request.
- Inspectors observed poor practices in respect of ensuring that the means of escape were kept free from obstructions at all times. For example;
 - a linen trolley was placed in between two compartment fire doors which would prevent the door closing in the event of a fire
 - a medicine trolley was placed in between two compartment fire doors beside the nurses station which would prevent the doors closing in the event of a fire
 - on two occasions the inspector asked staff to move a coffee table from holding a sitting room door open.
- There was oxygen in use in one resident's bedroom. However, there was no signage indicating the fire risk
- There were containment issues as a result of poor maintenance of fire doors. For example;
 - two compartment doors on the corridors did not close effectively
 - the double doors entering the kitchen had the intumescent strip hanging off (this was replaced before the end of the inspection)

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' had a comprehensive assessment completed on admission. There were resident specific care plans in place to guide practice.

Judgment: Compliant

Regulation 6: Health care

The registered provider had not provided appropriate medical and health care for all residents. Effective arrangements were not in place to ensure residents' healthcare needs could be met by having access to a GP of choice as required by the regulation. For example:

- One resident who required admission to hospital had not been seen by their general practitioner (GP) in one year
- One resident who was admitted to the designated centre two months prior to the inspection had not been seen by their nominated GP
- One resident who had been residing in the centre for many years had not been seen by their nominated GP in 17 months. This resident was seen by the out of hours GP on one occasion and not followed up afterwards by their own GP.
- One out of the four GP's attending residents in the centre, did not have oversight and did not take responsibility of residents end-of-life care needs.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff in the centre had received training in relation to the detection and prevention of and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents' were encouraged to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0039856

Date of inspection: 06/12/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Meeting organised with all the nursing staff and discussed the importance of GDPR and keeping safe at all times the records of our residents. Confidentiality policy was discussed and signature acknowledging same was obtained from all staff.</p> <p>Cabinets in both nurses stations will have their locks changed and new set of keys given to the nurses on duty – the cabinets will be locked when no one is in attendance. This will be completed by 31/01/24.</p> <p>Computerised system has been set up that if it detects no activity for 1 minute it automatically locks the records and the access to the PC.</p> <p>Regular supervision from the management team during their rounds to ensure that no records are left at the nurses stations unattended.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A fire risk assessment has been organised and it will be completed by 31/01/24.</p> <p>Further actions have been taken to mitigate the immediate risks such as: the replacement of the fire strips (seals) on the fire doors in the home and fitting access control on the double doors in the kitchen (maglock on each door, keypad access from the corridor into the kitchen and push button exit from the kitchen onto the corridor and</p>	

green BGU in the kitchen connected to release on the fire alarm activation).

Items identified to be at risk of cross-contamination (slings) have been immediately removed from the room with the permanent disposal of the storage facilities.

Immediate relocation of the items stored inappropriately ensuring that the premises are used as per the statement of purpose.

Regulation 13: End of life	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: End of life:
 The provider has been working at sourcing a new GP to support the home with the issues highlighted in regulation 13: End of Life. There is a new agreement from the health centre to provide a GP visit as a weekly routine.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The items found in the 2 bedrooms have been immediately removed bringing them in compliance with the statement of purpose. The registered hoist storage room is now used solely for the storage of hoists.

Hoist slings and crash mats removed from the activity store. Reconfiguration of storage is underway and rooms will be used for their intended purposes. We have initiated a comprehensive review of our storage facilities to ensure that all cleaning equipment is appropriately stored in designated areas, in accordance with Schedule 6 of the regulations. We will provide additional training to our staff members to reinforce the importance of adhering to proper storage protocols, emphasizing the significance of maintaining a safe and hygienic environment. We are implementing a more robust system of regular audits and inspections to proactively identify and address any potential non-compliance issues promptly.

Buffer floor machine will be removed from the registered hoist store room once the newly appointed store room is re-painted. Will be completed by end of February 29/02/24.

“The continence wear store was not being used for its intended purpose, this room was found to have wheelchairs, razors and other items required for personal hygiene use.” –

Room to be redesignated and submitted in the SOP as a storage room along with change for new continence store.

The findings from the day of the inspection such as: the door frame being chipped and damaged, tiles on the wall in store room with holes in them, the corridors leading to Sophia dining room requiring painting, will be completed by maintenance by 29/02/24. The store room door frame and architrave have already been sanded, repaired and painted to allow for effective cleaning to take place.

A full colour scheme review of this corridor is underway where the amount of colours on the walls will be reduced to allow for more effective repairs and patching of scuffs and marks that may occur.

All fire doors in the premises have been reviewed and are being repaired where required. 29/02/24.

Regulation 27: Infection control

Substantially Compliant

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

Crash Mattress identified on the day of the inspection were disposed of and replaced as visible stains remained after deep clean was completed.

Cleaning schedule modified to ensure that a daily deep clean is both in place and monitored. A double signature from the staff completing the task and the nurse on duty was added to increase accountability.

In the treatment room the hand soap dispenser was replaced and refilled and the hand towel roll was refilled. Batteries were changed to ensure proper functionality of the device and added to maintenance checks.

Tiles on the wall in the store room will be replaced by 29/02/24 to ensure that effective cleaning can be performed.

The items stored on the floor in the cleaners store room have been removed and shelving has been ordered to ensure appropriate storage allowing easy access to clean.

Regulation 28: Fire precautions

Substantially Compliant

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

Staff meetings were held and discussion and re-education of staff from all departments in respect of the vital importance of Fire Safety.

Policy Fire Safety Management was discussed and signature acknowledging same was obtained from all staff. The importance of keeping corridors and escape routes clear has been re-communicated to all staff and is also highlighted during monthly fire drills and the daily and weekly checks carried out by staff and this is documented.

Sitting room rearranged in a manner that gives no opportunity to place any obstruction in front of the fire doors and this has also discussed at huddles.

Signage will be provided where oxygen is being used in residents bedrooms and importance of same communicated to staff. Presently there is no continuous oxygen being used in the home.

We have replaced the damaged intumescent strip on the corridor door that did not close effectively and a comprehensive review and maintenance plan for all fire doors will be implemented.

External contractor sourced to review and adjust all the compartment doors on the corridors to ensure effective closing in the event of a fire alarm activation. This will be completed by February 29/02/24.

In addition to these measures, we have also appointed an external Fire Safety consultant to carry out a fire risk assessment of the building.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
The provider has been working on sourcing a new GP to support the home with the issues highlighted in regulation 6 Health care. There is a new agreement from the health centre to provide a GP visit as a weekly routine.

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	31/01/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	29/02/2024

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.	Not Compliant	Orange	29/02/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/01/2024
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	29/02/2024
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	29/02/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/01/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/02/2024
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Not Compliant	Orange	29/02/2024