Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Gladys Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	21 January 2022
Centre ID:	OSV-0000686
Fieldwork ID:	MON-0035723

About the designated centre

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

St. Glady's Nursing Home is located in a suburb of Dublin and close to local shops, bus routes and social amenities such as parks. It is a period building which as been developed to each side of the original building. It is registered to provide care for up to 51 residents. There are 21 single rooms, and 15 sharing rooms. Some of the bedrooms are en-suite and there are accessible bathrooms and toilets throughout the centre.The centre provides care of the elderly, but can also support residents under retirement age. The service is provided to residents with low, medium, high and maximum dependency. They focus on meeting residents needs in relation to care of the elderly, Alzheimer's, dementia or psychiatric needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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
Friday 21 January 2022	08:20hrs to 17:30hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, residents were content with the care and services that they received within St. Gladys Nursing Home. The inspector observed a pleasant and comfortable environment for residents to enjoy. Residents spoken with told the inspector that staff were lovely and that they were treated very well in the designated centre.

This was an unannounced inspection and prior to entering the centre, the inspector underwent a series of infection, prevention and control measures which included the wearing of a face mask, a temperature check, hand hygiene and a signing in process.

The building comprised of two storeys with five separate wings referred to as Mount Argus, Kimmage Lower, Kimmage Upper, Harolds Cross Lower and Harolds Cross Upper. Access to each floor was by stairs or lift. The ground floor comprised two main seating rooms and a dining room. The laundry and staff changing facilities were located within cabins external to the building. Resident bedrooms were set out across both floors. Residents were accommodated within single and twin bedrooms, with shared bathroom or en-suite facilities. The inspector observed that residents had personalised their bedrooms with items such as furniture, photographs and ornaments. The general feedback from residents spoken with was that they were content with their bedrooms and the opportunities to personalise their space, with one resident reporting their bedroom was "the best room in the house". The inspector observed that the personal floor space within the multi-occupancy rooms was limited which will be further discussed within this report.

At the time of inspection, the designated centre had an outbreak of COVID-19, thus the designated centre had cohorted residents into two areas for COVID-19 confirmed and suspected. The inspector was informed that all residents were either confirmed or suspected of having COVID-19 on the day of the inspection. Three wings had cohorted areas for confirmed residents and two wings were for suspected residents. In addition, there was a number of staff confirmed and suspected of having COVID-19. As a result, visiting was restricted within the centre except on compassionate grounds.

The inspector found that the premises and environment was warm and comfortable. Residents were seen to spend time in communal areas and some residents chose to spend the majority of their day in their bedrooms. There was access to garden areas for residents use. One of the communal day rooms and dining room had been redecorated to a high standard. However, the inspector observed that some areas were unclean and wear and tear on paintwork was visible. In addition, inappropriate storage was observed throughout the inspection.

Menus were displayed within the dining room and demonstrated the choices available for that day.Two residents told the inspector that they were happy with the

food provided.

The inspector observed that staff knew the residents well and were familiar with their needs and preferences. Two residents told the inspector that staff were very good to them. One resident said that "staff look after you brilliantly", another resident said that they had no complaints. Regular resident surveys were seen to take place and a family survey was completed in October 2021. Feedback seen from residents and families was positive with 100% of respondents saying they felt welcomed and encouraged to visit the designated centre.

The inspector observed that a number of activities took place within the COVID-19 suspected areas during the inspection and residents could choose if they wanted to participate. The inspector was informed that activities were also provided within the COVID-19 confirmed areas. For residents who chose to spend more time in their bedrooms, one to one activities were provided to them.

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

Residents received good care and support from a dedicated provider group and staff team. Overall, the environment was welcoming and residents were seen to engage with staff well. However, this inspection identified gaps in management systems and further action was required for the effective oversight of the premises and infection control measures throughout the outbreak.

Willoway Nursing Home Limited is the registered provider for St. Gladys Nursing Home. The management team was established and consisted of the Chief Executive Officer, the Chief Operating Officer and the person in charge. The designated centre is part of a provider group with seven nursing homes in total. As a result, other management supports from the provider group such as Human Resources and Finance were available to managers.

The person in charge was supported in their role by a clinical nurse manager. Other staff resources included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance and catering staff. During the inspection, the inspector found that there was sufficient staffing levels in place. The inspector was told staffing levels were maintained throughout the outbreak with staff from the centre taking on additional shifts and as a result they did not rely on agency staff. The inspector found that action was required to ensure the rostering of cleaning hours was sufficient, which will be further discussed under Regulation 27: Infection Control.

At the time of the COVID-19 outbreak, the Chief Inspector had received regular

updates, including the person in charge being in receipt of advice and support from the local public health team. The provider had a contingency plan for COVID-19 and there was regular outbreak control meetings taking place.

There were arrangements in place for staff to access mandatory training for fire safety, manual handling and safeguarding. Staff were also supported to attend COVID-19 and infection control training. The staff training matrix indicated that most staff were up to date with their mandatory training, with a scheduled date due to take place for fire safety training to up-skill staff on the new evacuation equipment planned in the weeks following the inspection. In addition, staff were facilitated to attend additional toolbox training talks on areas such as falls prevention, dementia and nutrition, wound management and restrictive practices.

A review of management meeting minutes outlined that the management team met regularly to discuss key performance indicators and topics relevant to service delivery. These topics included resident well being, admissions and occupancy, staffing, communication, infection control, incidents and complaints. In addition, there were specialised meetings seen to take place in relation to areas such as the outbreak, activities, housekeeping and recruitment.

The inspector found that there was a good level of auditing occurring, however further action was required to ensure that the auditing templates were capturing relevant data with action plans developed to ensure service improvements. For example, while regular audits were occurring on PPE usage throughout the outbreak, the inspector found gaps in staff PPE usage on the day of the inspection. In addition a review was required to ensure that staff members completing audits had sufficient training. For example, an environmental audit in January 2022 found there was a lack of storage space for the storage of clean and sterile equipment. While there were actions developed to manage the poor storage, these actions were not seen to be in place on the day of the inspection. In addition, inappropriate storage had also been a finding at the previous inspection in October 2020 and while the provider had taken some action to increase storage space and moved the staff changing facilities to a cabin in the garden, it remained a finding on the day of the inspection with numerous items of resident equipment stored in corridors and shared bathrooms.

While management systems were in place, these systems required review to ensure there was adequate oversight and monitoring for all areas of care. For example, the inspector found gaps in oversight of all infection control measures during the outbreak. While there was a 'preparing the isolation area' document which guided staff on stock of personal protective equipment (PPE) supplies, this was not seen to be actioned. The inspector observed FFP2 masks were not readily available throughout the building and stock within isolation areas was empty for gloves and visors on two occasions. In addition, the recommended PPE for all staff of the isolation area to wear a FFP2 mask, visor and an apron was not seen to be adhered to on the morning of the inspection. This will be further discussed under Regulation 27: Infection Control.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill-mix of staff was appropriate with regard to the assessed needs of the 44 residents' in the centre. There were two or more qualified nursing staff scheduled on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, which included fire safety, safeguarding of vulnerable adults, manual handling and infection control.

Judgment: Compliant

Regulation 23: Governance and management

There were gaps seen in some management systems. Issues had been identified by the registered provider, however robust action plans were not in place to address these areas for improvement. For example:

- There were no clinical hand-wash sinks in resident areas, the inspector was told the sinks in the residents' rooms and shared bathrooms were dual purpose, used by residents and staff. This issue was raised in an infection control audit in March 2021 but no action plan was devised to rectify the situation.
- Limited storage and wear and tear to areas such as flooring impacted on the premises and infection control within the designated centre. These findings were repeatedly found in environmental audits dated in January 2022, November 2021 and June 2021. However, there was no action plan with a time frame and person assigned devised to respond to these required improvements.

The oversight of staff PPE use, monitoring records and cleaning schedules throughout the outbreak required action.

Judgment: Substantially compliant

Quality and safety

The provider was delivering good quality clinical care and support to residents. Residents had good access to healthcare and there was evidence they were consulted within the organisation of the designated centre through resident meetings and regular surveys. The inspector found that action was required within resident care planning documentation, premises, infection control measures and fire precautions within the designated centre.

The inspector reviewed a number of residents' records including assessments and care plans. Pre-assessments were in place before a person was a resident in the centre, to ensure that the centre was a suitable place for the resident to live. Assessments were completed which included identifying each residents' risk for mobility, falls, skin integrity and malnutrition. Assessments were used to develop relevant care plans and these were seen to be in place within the regulatory required time frame of within 48 hours of admission. Care plans were also seen to be person centred and reviewed at least four monthly. However, the inspector found gaps within the updating of care plans to ensure they were relevant to the residents assessed needs at the time of inspection. This will be further discussed under Regulation 5: Individual Assessment and Care Plan.

Residents had good access to medical, health and social care professionals. The inspector was informed that the general practitioner (GP) attended the designated centre every two weeks with residents reviewed every three months including a medication review. There was good access and referrals seen to specialist health professionals within residents' records such as palliative care from a local hospice and access to a dietitian, physiotherapy, speech and language therapy, and occupational therapy. Residents also had access to local community services such as opticians, dentistry and chiropody.

There was evidence of residents' rights being respected throughout the day of inspection. Staff were observed to engage with residents in a supportive manner within communal areas. There was signage displayed in the centre for independent advocacy services. There was evidence of resident consultation via resident surveys with three seen to take place in 2021. In addition, there was resident meeting forums and opportunities to discuss menu planning. Minutes from these meetings and surveys showed that residents expressed a high level of satisfaction with the service and care. Minutes also showed that residents were kept informed relating to topics such as activity provisions, COVID-19, visiting arrangements, and infection control.

The provider employed two staff members for activity provisions within the centre. The centre was staffed within two areas on the day of the inspection and there was one activity coordinator available with a healthcare assistant designated to assist with activities within the other area. Residents were seen to partake in a game of bingo and art during the inspection. The inspector observed that staff were attentive to residents needs and spent time with them on a one-to-one basis. Residents were

regularly consulted with during committee meetings including seeking feedback in advance of menu changes within the designated centre. Improvements were seen to take place following residents' feedback relating to laundry arrangements. The inspector was told that residents were unhappy with items of clothing going missing and the provider purchased a label maker to respond to this dissatisfaction. The inspector reviewed a sample of clothing within the laundry and saw that items were labelled. The inspector was told this has ensured that items of clothing are being returned to residents.While the inspector found clothes were returned to residents, action was required to ensure residents of multi-occupancy rooms were able to retain control over their belongings and clothes. In a sample of rooms viewed, wardrobes were located outside residents' floor space which meant personal belongings were not accessible in private. This is further discussed under Regulation 12: Personal Possessions.

The inspector was told visiting was restricted on the day of the inspection due to COVID-19 status within the designated centre, which was on the advice of public health professionals. Residents told the inspector that they had good access to their visitors before the outbreak.

The inspector was not assured that the observed design and layout of some of the multi-occupancy bedroom within the designated centre met the criteria of Regulation 17: Premises. The inspector requested that the registered provider review these arrangements for all multi-occupancy rooms within the centre, and take action to come in to compliance.

There were some good examples of infection control processes within the centre, the inspector observed a COVID-19 confirmed area had been set up to allow for the cohorting of residents where COVID-19 was detected. In addition, there was regular auditing occurring on areas such as hand hygiene and monitoring staff donning and doffing of PPE. Risk assessments were completed on staff returning to work following COVID-19 infection. Residents were monitored at a minimum of three times a day for signs and symptoms of infection. However, further oversight of the infection control measures within the designated centre was required. Although the registered provider had rostered increased cleaning hours, gaps were seen in cleaning records during the morning time and areas such as shared bathrooms were seen to be dirty. At 4pm no cleaning staff were on duty, and the floor in the confirmed COVID-19 area at this time was unclean. A review of the storage and segregation practices was required to minimise the risk of cross contamination. In addition, there were inconsistencies in the use of PPE by staff during the inspection.

There were regular fire drills seen to take place and a high level of staff had up to date fire training with an additional date booked for February 2022. The external emergency fire exit had been installed. The registered provider had made arrangements for a comprehensive fire risk assessment to be completed in July 2021 within the centre. There was an action plan developed from this which included risk ratings, the person responsible and a time frame to complete the action. While there was evidence that this action plan was in progress, some areas with a high risk rating requiring completion within a week time frame remained incomplete on the day of the inspection. This will be further discussed under Regulation 28: Fire

Precautions.

Regulation 17: Premises

Action was required to ensure the registered provider was compliant with Regulation 17. A sample of multi-occupancy bedrooms were viewed by the inspector and found that they did not comply with the requirements of 7.4m2 of floor space for each resident of that bedroom, which area shall include the space occupied by a bed, a chair and personal storage space. For example:

- The inspector observed that for two individual bed spaces they measured between 4.11m2 and 5.3m2.
- The limited floor space seen for four residents within three twin bedrooms did not allow them to access their wardrobe or chair which were outside this space.
- For two residents, there were no chairs available within the room and the inspector was told this was due to the limited size within the room.

Action was required by the registered provider to improve the premises to promote a safe and comfortable living environment for all residents. For example:

- Paintwork was cracked on walls, door frames and skirting boards throughout the centre. In addition, a shower tray in a shared bathroom required maintenance as this flooring was seen to be uneven.
- There was inappropriate storage seen throughout the inspection. There were 20 boxes of PPE on the floor in one communal area, supplements were stored in an unlocked wardrobe in a communal area, wheelchairs and hoists were stored in corridors and shared bathrooms, which created a risk for infection control and a trip hazard. Incontinence wear was stored out of packets which also created a risk of cross contamination.

Judgment: Not compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection.The totality of the findings listed below have informed a judgement of non-compliance with the requirements of Regulation 27. For example:

- Gaps were seen in cleaning schedules in some areas and these areas were seen to be dirty. For example, one shared bathroom had items of rubbish on the ground and had not been signed off as cleaned the day prior to the inspection. Another shared bathroom had a staff visor, a used wipe and a

residents' personal prescribed cream. This room did not have any signed cleaning for four days prior to the inspection. In addition, the rostering of cleaning staff required review. While additional cleaning hours were in place, there was no cleaning staff available after 4pm when increased cleaning processes were required.

- There was insufficient PPE available and PPE was used inappropriately. This posed a risk of onward transmission to residents. For example:
  - The inspector observed a staff member allocated to the confirmed COVID-19 area wearing a cloth mask. In addition, staff members within this area were not seen to wear all PPE outlined in the outbreak plan including a FFP2 mask, visor and an apron.
  - The PPE available throughout the building for staff use were not adequately stocked throughout the inspection. For example, FFP2 masks were not routinely available while surgical masks were. In addition, within the red zone, the stock had not been replenished for FFP2 masks, visors and aprons.
- There were gaps seen in monitoring logs to identify signs and symptoms of COVID-19 for five to ten staff members each day over a period of five days prior to the inspection.
- Inappropriate storage was seen throughout the centre which created a risk for cross contamination. For example, resident equipment such as wheelchairs were seen stored in shared bathrooms and clean open packets of incontinence wear was stored in a shared room for cleaning and carer supplies.
- There was no HBN compliant clinical hand wash sinks and as a result the inspector was told staff were using resident shared bathrooms to wash their hands. The inspector was told that used wash-water was emptied down residents sinks and basins were rinsed in the residents' sinks within bedrooms or shared bathrooms which posed a risk of cross contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

Further action was required in the management of fire safety within the centre:

- While there was evidence that resident personal emergency evacuation plans (PEEP) were updated on the day of the inspection, the inspector reviewed one PEEP in the COVID-19 confirmed area and found that this had not been updated to reflect the occupancy of the room following resident cohorting arrangements. This introduced the risk that in the event of a fire, PEEPs in bedrooms did not accurately detail how to safely evacuate the current residents. The provider confirmed this would be actioned immediately.
- There was inappropriate storage of oxygen cylinders seen, the storage unit was wooden and was open with oxygen cylinders not secured inside. In addition, loose drums of cleaning solutions used for the laundry were located

beside this storage unit. This oxygen storage unit also a finding within the fire risk assessment in July 2021 and required action within a week due to the rating of high risk. The inspector was informed that maintenance were due to source new equipment for this storage and a date for action was recorded for the week following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were person centred, and reviewed within regulatory time frames, however, the inspector found that there were gaps in the formal reviews of care plans. Action was required to ensure that when care plans were formally revised, that all relevant information was recorded within care plans to guide staff on residents care. For example:

- COVID-19 care plans were set up for residents with confirmed COVID-19, however, these care plans lacked sufficient detail and did not include the date the resident was due out of isolation.
- The visiting care plan for one resident had not been updated to reflect current visiting arrangements within the centre.
- Care plans for two residents had not been updated to sufficiently record the recommendations following review from the tissue viability nurse and psychiatry of older age.
- A resident's care plan did not provide sufficient detail to guide staff on the resident's supervision requirements and created a risk for staff who did not know the resident as it did not provide sufficient detail.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with regular oversight by a general practitioner. Referrals were made with timely access seen to specialist health and social care professionals as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with a variety of recreational opportunities including opportunities to partake in group activities and one-to-ones. The inspector reviewed a sample of resident surveys and meeting minutes where residents were seen to be actively encouraged to provide feedback on the designated centre. Residents were seen to have access to TVs and radios in their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

As a result of the layout of the multi-occupancy twin rooms, residents were unable to maintain control over their belongings. Wardrobes were seen located outside residents floor space and as a result residents had to exit this private space to gain access to their clothing and belongings.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for St. Gladys Nursing Home OSV-0000686

Inspection ID: MON-0035723

Date of inspection: 21/01/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Review of the requirement of handwashing sinks within the home will be completed in line with regulation requirements. • Additional storage solutions to be implemented.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Notwithstanding that we believe the centre is in compliance with SI293, a review of double rooms will take place to improve the layout of personal space of residents. • An ongoing project of refurbishment is in place for the centre. • Additional Storage Solutions to be implemented.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

• A full review will be completed on all cleaning schedules within the home by April 30th 2022. Ongoing environmental and hygiene audits will continue as scheduled. • Allocation of hygiene staff resources will be monitored and reviewed and appropriately addressed. • Ongoing education of all staff in relation to IPC measures such as PPE use and monitoring of signs and symptoms will continue within the home, with ongoing review of staff adherence with same to be completed by the management team • The senior management team will ensure that there is clearly allocated responsibility to ensure the checking of stock provision and replacement within the home. • A review of handwash facilities within the home has been completed and risk assessments completed on same.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • All resident PEEPs were reviewed and updated in light of cohorting arrangements in place for the duration of the outbreak. They have also been reviewed in light of subsequent changes to these arrangements once the outbreak was over. • Storage of oxygen cylinders was addressed on the day.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • A formal schedule of review for care plans will be implemented within the home as part of the home's Quality Management Plan, which will structure and formalise the revision of all assessments and care plans completed by the management team. This plan will be reviewed and implemented by March 31st 2022. • Care plan training will be delivered to all nursing staff within the home by June 15th 2022. • Regulation training encompassing regulatory requirements of assessment and care	

planning has been delivered to the senior management team in March and April 2022.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• A review of all double rooms to ensure there is sufficient storage solutions in each residents personal space will be completed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2022
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.	Not Compliant	Orange	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/12/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	31/12/2022
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	29/04/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/05/2022
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	31/05/2022

	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.			