



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

Issued by the Chief Inspector

Name of designated centre:	Mount Cara Nursing Home
Name of provider:	Shannore Management Ltd
Address of centre:	Redemption Road, Blackpool, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0039691

About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoined day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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
Tuesday 25 April 2023	09:00hrs to 17:00hrs	Breeda Desmond	Lead
Tuesday 25 April 2023	09:00hrs to 17:00hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

Overall, inspectors found that the person in charge and staff were working to improve the quality of life of residents in the centre. Inspectors met with many residents during the inspection and spoke with one visitor. Inspectors spoke with six residents in more detail to gain insights into their experience of living there. Residents gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre.

On arrival for this unannounced inspection, inspectors saw there were facilities relating to infection control procedures including a signing in process and hand hygiene. Hand sanitising gel and disposable face masks were available at reception.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. There were 26 residents residing in Mount Cara Nursing Home at the time of inspection.

This was a single-storey building. The main entrance was wheelchair accessible and led to a small porch; the reception office and the parlour were located beyond the porch. The parlour was a smaller sitting room used by residents to meet with their visitors if they preferred a quiet room and privacy. Registration certification and complaints procedure were displayed within the lobby. Below the complaints procedure, there was a secure box to facilitate residents and visitors to leave their feedback. The main fire alarm system was in the reception area and secondary fire panels were located on corridors off the foyer. Leading from the reception was the large foyer which had a high glass dome making the space bright and airy. Residents were seen here throughout the day meeting up with their friends and chatting. Offices of the nursing staff and the clinical room were here. Communal rooms were within easy access of the main foyer and included the dining room, lounge day rooms, oratory and toilet facilities. Residents' bedroom accommodation was along two adjoining corridors to the right of the foyer area. There were two bathrooms available to resident with specialist baths facilitating residents to enjoy Jacuzzi-type baths.

The main day room was a large bright room which led into another large room via an archway; both rooms had a large flat screen TV. There was ample space and comfortable seating for residents; pressure-relieving cushions were seen on several chairs in day rooms and the foyer for residents' comfort. There were large tables for group art and craft activities and smaller tables alongside residents for their individual use. Off these day rooms there was a smaller conservatory with seating, and access to the garden. The smokers' room was located beyond the small conservatory with outdoor exit access to the enclosed garden. This room had a wall mounted electric cigarette lighter and negated the requirement for matches or lighters. The domestic pedal-operated waste bin was removed from here during the inspection as it was highlighted that residents were putting their cigarette butts into this bin. The cigarette butt container outside had not been emptied in some time as

it was full of cigarette butts and two cigarette boxes; this was also used by staff.

Other communal space available to residents included the sun room which was located along the left corridor off the foyer. This was a lovely bright room with comfortable seating and small resting tables for residents to place their beverage, book or newspaper. There was a patio door exit to the outdoor patio area which led to the garden and walkways around the building. The courtyard in the centre of the building was visible from one corridor, and was seen to be used by staff for drying laundry; this space was de-cluttered since the last inspection.

The hairdressers room was along the back corridor and the hairdresser visited the centre on a fortnightly basis. This room was redecorated since the last inspection and had lots of photographs of Hollywood superstars of the 50s and 60s such as Marilyn Monroe, Audrey Hepburn and Gregory Peck, and looked really well. Orientation signage was displayed around the building to allay confusion and disorientation. There were lots of photographs displayed of residents enjoying parties, having ice cream in the sunshine and activities.

The oratory was a lovely peaceful room located off the main foyer. One of the residents loved taking care of the flowers and plants here and kept the room clean and tidy. She explained that it was part of her wellbeing programme of maintaining positive wellness.

All bedrooms were single occupancy and were of adequate size and layout and could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe space for storage and hanging their clothes. All bedrooms had handwash sinks as part of their vanity unit; many of the vanity units were seen to be chipped exposing wood underneath. Bedroom doors had residents' names displayed. Also on bedroom doors was signage with reminders to staff to knock before entering bedrooms. Staff were seen to knock before entering residents' bedrooms and announce themselves to residents in a friendly manner. Call bells were fitted in bedrooms, bathrooms and communal rooms. Communal shower, toilet and bath facilities were located within easy access of communal areas and bedrooms. The toilet opposite the sun room which was leaking on the last inspection, was repaired and refurbished, so residents had access to two toilets near this communal area. Assistive equipment such as pressure relieving mattresses were in place for the comfort of residents. A new standing hoist was procured since the last inspection to facilitate the safe transfer of residents.

Visitors were seen walking around the centre with their relatives in the sunshine, and then sit for a while and chat. Staff actively engaged with them, chatted and were seen to welcome them to the centre. Recent easing of restrictions had taken place and mask wearing was no longer mandatory for visitors and staff, this appeared to improve interaction with staff, visitors and residents. Some visitors chose to wear masks in line with their personal choice. A visitor spoken with told the inspector that the centre was "very welcoming" and they "would stay there themselves".

Residents spoken with said that they had breakfast in their bedrooms. The dining room had tea, coffee and toast making facilities which enabled residents to make their own if they chose. A few residents came to the dining room and made their own tea and toast. There were two toasters, one for gluten free bread and the other for standard bread. Menu choice was displayed by the dining room entrance and this showed an array of choice for residents. The inspector spoke with residents while waiting to be served their main meal. Resident reported that the quality of food was 'very impressive'. Normal socialisation was observed between residents, and residents and staff. In general, residents were served together at tables in line with normal dining and there was minimal waiting time for residents to be served. While residents gave positive feedback about the food served and the choice at mealtimes, medications were administered during residents' dinner time meal. One resident had finished his meal and was leaving the dining room, and was asked to stay at his table as he had not received his medication.

An activity coordinator was in place for an afternoon session of activities where residents were seen to enjoy chair aerobics followed by bowling. Music was streamed for residents as background to the activities sessions and residents hummed and sang along to the music. There were no activities scheduled for the morning, and residents were seen to sit around with little engagement during the morning time.

Cleaning trolleys had lockable storage to ensure cleaning solutions could be appropriately secured. There was ample space to facilitate storage of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms. A new handwash sink was installed in the household room and sluice room since the last inspection. Paper towel dispensers and hand wash soap were wall-mounted beside these sinks. The hand sanitiser and hand-wash advisory signage were displayed over the sluice sink. The advisory signage was relocated over the hand wash sink during the inspection. Redundant liquid detergent dispensers remained wall-mounted in household and sluice rooms. There were two rows of sizeable hooks over the hand wash sink, where large buffer dusters were hanging.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was serviced and emergency evacuation plans were displayed with primary evacuation routes detailed. Fire smoke detectors were located in rooms such as bedrooms, storage rooms, laundry and communal rooms.

The laundry was secure to prevent unauthorised access. There was a separate hand-wash sink for staff; the hand sanitiser dispenser was located over the laundry sink which may cause confusion. The clean and dirty side of the laundry was clear to assist staff in adhering to best practice regarding movement between the sides.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to staff complement, oversight of rooms with restricted access, availability of the dining room for breakfast, and aspects of infection control. Further attention was necessary regarding regulations relating to the statement of purpose regarding deputising arrangements for periods when the person in charge was absent from the centre, records maintained relating to staff files, Schedule 5 policies and procedures, features of care documentation, and aspects of infection control.

Mount Cara was a residential care setting operated by Shannore Management Limited. It was registered to accommodate 26 residents. The governance structure comprised the nominated person representing the registered provider, and the person in charge who reported to the nominated person. The person in charge was supported on site by nursing, care staff, catering and household staff.

Quality and safety of care and quality of life was monitored through audits and maintaining weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, antibiotic usage were examples of the range of KPIs monitored. These along with the results of monthly audits informed the monthly quality management meetings. There was a set agenda for the quality meetings with clinical, HR, external reports, health and safety items; quality of life items included complaints, feedback from residents meetings, accidents and incidents for example. In addition to these meetings, the person in charge liaised most days with the provider nominee to provide updates on the operational management of the centre.

There were adequate staff to the size and layout of the centre, and the current dependency levels of residents in the centre. The person in charge assured that there was ongoing monitoring and oversight of the staff complement with ongoing recruitment to ensure the duty roster was maintained for eventualities such as holiday and sick leave. The training matrix was examined and showed that some mandatory training was outstanding for some staff. The person in charge assured inspectors that this training was scheduled in the weeks following the inspection. A sample of staff files were reviewed and these required further attention to ensure a more robust recruitment process, as further discussed under Regulation 21, Records.

A current insurance certificate was displayed in the centre. The directory of residents was updated on inspection to ensure it had the requirements as specified in Schedule 3 of the regulations. The residents' guide was available to residents and displayed at reception for ease of perusal. While the statement of purpose was updated on inspection to include the information specified in Schedule 1 of the regulations, deputising arrangement for periods when the person in charge was

absent from the centre, remained outstanding.

Regulation 14: Persons in charge

The person in charge was a registered nurse, working full-time in post and had the necessary experience and qualifications as required in the regulations. She actively engaged in the governance and operational management of the service and positively engaged with the regulator.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of residents. There was on-going recruitment to ensure the duty roster was maintained. Since the last inspection, an additional household staff was employed to ensure cleaning was facilitated over seven days a week.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was examined and outstanding mandatory training comprised:

- fire training for three new staff
- safeguarding for eight staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The hard copy of the directory of residents was updated on inspection to include information relating to the temporary transfer of residents to other care settings. While this information was included in the electronic care planning documentation, the software did not enable the information to be linked to the directory.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and action was required to provide robust assurances regarding staff employed to care for vulnerable people as:

- one file did not have a comprehensive employment history
- due diligence was not completed routinely regarding references as some references were seen to be statements of employment with no other detail confirming verification of employment; others did not have the reporting status of the person giving the reference so it could not be determined if the reference was from their line management
- certificates of qualifications obtained were not available in one staff file.

Judgment: Substantially compliant

Regulation 22: Insurance

In compliance with regulatory requirements, the registered provider had a current contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Action was required regarding some of the governance and management systems in the centre to ensure the service was safe as:

- the staff recruitment process did not ensure a robust system to safeguard residents
- oversight of some fire safety precautions were not adequate, and
- there were no formal deputising arrangements for occasions when the person in charge was absent from the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

While the statement of purpose had most of the requirements as specified in Schedule 1, formal deputising arrangements for periods when the person in charge was absent from the centre, were not detailed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications submitted to the Chief Inspector of Social Services correlated with the incident and accident log examined. They were timely submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

A number of Schedule 5 policies were not available on inspection and included:

- Managing behaviour that is challenging
- Use of restraint
- Residents' property, personal finances and possessions
- Communication
- Temporary absence and discharge
- Ordering and receipt of medicines to residents, and handling and disposal of unused or out-of-date medicines.

The policy relating to provision of information to residents did not detail the residents' guide as specified in the regulations.

Many of the policies did not reference up-to-date legislation, so it could not be assured that staff had access to current material to inform a high standard of evidence-based care.

Judgment: Substantially compliant

Quality and safety

The inspectors observed that, in general, care and support given to residents was respectful; staff were familiar with residents preferences and choices and facilitated

these in a friendly manner.

Overall, residents' healthcare needs were met to a good standard. There were effective systems in place for the review of healthcare needs of residents. Residents reported they had regular access to their general practitioner (GP). The service operated an electronic medical management system and GPs had their own log-in access. Residents' medications were reviewed as part of consultation with their GP; records showed there was ongoing monitoring of and responses to medication to ensure best outcomes for residents. Residents had access to specialist services such as psychiatry and community psychiatry, palliative care, tissue viability, speech and language, geriatrician, dietitian and optician. Good clinical oversight was demonstrated regarding restrictive practices. A chemical restraint register was also maintained and this information fed into their clinical governance meetings.

When residents were temporarily absent in another healthcare setting, the person in charge ensured that comprehensive information was submitted to the receiving centre. Pre-admission assessments were undertaken by the person in charge to ensure that the service could provide appropriate care to the person being admitted. Care plan documentation reviewed showed mixed findings. Some assessments and care plans were person-centred with resident-specific information to guide and inform individualised care, however, some did not provide resident-specific information.

The nurse spoken with described best practice regarding medication management. Associated administration charts seen were comprehensively maintained. Medication requiring controlled management were securely maintained in line with professional guidelines.

In relation to fire precautions, appropriate certification was in place for emergency lighting and fire fighting equipment such as fire extinguishers. Details of daily fire checks and fire drills were available to the inspector. Emergency floor plans displayed throughout the centre with clear evacuation routes displayed. Personal emergency evacuation plans were in place for all residents. However, new staff spoken with were unsure of the necessary fire safety precautions.

Some issues were identified regarding infection control, and these were further discussed under Regulation 28, Infection control.

Regulation 11: Visits

Visiting was in line with current HPSC guidance of April 2023 and visitors were seen throughout the day in various locations such as the day room, sun room and residents' bedrooms. Appropriate IPC precautions were adhered with coming and going from the centre. Some visitors chose to wear protective face masks. The person in charge liaised with residents and their families regarding changing HPSC guidance and the removal of the requirement to wear face masks. Residents reported that they were delighted to see faces again and how much easier it was to

chat and communicate with staff.
Judgment: Compliant
Regulation 12: Personal possessions
Storage for personal possessions included a double wardrobe and bedside locker for each resident; some residents had two double wardrobes. A lockable unit formed part of the storage available to residents. Residents' clothes were laundered on site and no issues were raised by residents about their laundry.
Judgment: Compliant
Regulation 18: Food and nutrition
While residents gave positive feedback about the meals and quality of food served, it was noted that medications were administered during dinner time, which was not in keeping with normal serving to facilitate a positive dining experience.
Judgment: Substantially compliant
Regulation 20: Information for residents
The information guide was updated on inspection to reflect the current complaints procedure and information regarding advocacy services in line with current legislation. The residents' guide was displayed at reception to enable easy access to this reference material, along with inspection reports.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
Transfer letters accompanied residents upon transfer to another service and copies of these letters were maintained on site and demonstrated that comprehensive information was provided to the receiving centre to enable care to be provided in line with the current assessed needs, wishes and preferences of the resident. Where relevant, the infectious history and multi-drug resistant organism (MDRO) history was included in the transfer information. The person in charge ensured that

comprehensive information was received upon residents transfer back in to the centre to ensure the resident could be cared for in accordance with their changed needs and medical management.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was available to staff and detailed the specified risks as required in the regulations.

Judgment: Compliant

Regulation 27: Infection control

The following issues relating to infection control were identified as requiring action:

- the base of one shower screen was visibly unclean
- the shower mat in one shower was in a poor state and needed to be discarded
- there was no formal regime regarding flushing of infrequently used taps and showers to mitigate the risk of legionella
- unused chemical dispenser remained wall-mounted in household and sluice rooms and could potentially be a cross infection risk
- cleaning records were not comprehensive as they did not detail rooms such as bedrooms or bathrooms cleaned
- hand-wash soap and paper towels remained near the sluicing sinks rather than alongside hand wash sinks
- some furniture such as vanity units in residents' bedrooms were worn and chipped so effective cleaning could not be assured
- the display of some hand hygiene signage and hand wash sink information required review to mitigate confusion regarding the appropriate sink to use in rooms such as the laundry and sluice room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following concerns were identified relating to fire safety and required action:

- while fire safety comprised part of the induction for new staff, three staff had not received fire safety training since they commenced employment
- as ash trays were not routinely emptied, the amount of cigarette butts and cigarette boxes in the trays presented a fire risk should a resident not quench their cigarette before discarding it
- residents had no access to a call bell in smoking areas if assistance was required in an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The nurse spoken with regarding medicines described best practice. Medication administration charts were comprehensively maintained and medications requiring controlled management were securely maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan documentation reviewed showed mixed findings. Some assessments were comprehensive to inform care planning however, others had limited information, or the information in the assessment did not correlate with the care plan or the resident's stated wishes and preferences. For example, one resident spoken with had specific spirituality interests, wishes and daily and weekly routines, however, none of this was detailed in either the assessment or care plan to inform individualised care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and specialist services such as psychiatry and palliative care along with community services. The GP was on site on the day of inspection and the nursing staff reported that they had good contact with them.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Good oversight of restrictive practices was demonstrated. A restrictive practice record was maintained which included a separate record of chemical restraint prescribed and used. The person in charge liaised with residents' GP on a regular basis to ensure best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

The service was not a pension agent for any resident. The centre was responsible for petty cash for three residents. These finances were securely retained and records showed they were maintained in line with robust mechanisms with dual signatures of debit and credit transactions. Periodic audits were completed as part of their quality system.

Judgment: Compliant

Regulation 9: Residents' rights

The activities timetable was varied and residents spoke of the variety of activities. The activities person interacted well with the residents. However, on the day of inspection there were no staff assigned to provide morning activities for residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mount Cara Nursing Home OSV-0000747

Inspection ID: MON-0039691

Date of inspection: 25/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff whoever due for Safeguarding vulnerable adults completed their training and certificate in file.</p> <p>Fire training is Booked with our fire consultant and will be completed by 30/06/23</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Now onwards we will ensure employment history & references from their line management in place before starting employment. Outstanding ones are now clarified and available in staff files.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A robust system is now in place to safe guard residents during the recruitment process. Adequate Fire Safety Precautions are now in place.</p>	

Senior nurse on duty will act as the DPIC in the absence of PIC	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: SOP is updated with deputizing arrangements.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All schedule 5 policies are made available in the centre and a review is in progress to update in line with current legislation	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Nurses are advised regarding the matter & medications are no longer administered at mealtimes to facilitate a positive dining experience	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Shower screen is cleaned regularly as per cleaning schedule Shower mat discarded & new in place	

Formal regime has started for flushing of infrequently used taps and showers
 Unused chemical dispenser is removed and disposed
 Cleaning records updated with room numbers and bathroom locations
 Hand wash soap and paper towel dispensers are reinstalled close to the hand wash sinks
 Hand hygiene signage and hand wash sink information are reviewed and replaced
 Damaged Furniture has been repaired and same included in the maintenance schedule

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Fire training for new staff will now be completed going forward during the Induction

Sand buckets, regular emptying of ash trays & call bell in smoking room are now in place.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Care plans and assessments are updated to reflect resident's stated wishes and preferences. Regular audits will be in place to ensure same.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Our Activities Roster is now amended to include Morning activities.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/05/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/05/2023
Regulation 23(b)	The registered provider shall ensure that there	Substantially Compliant	Yellow	30/05/2023

	is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	30/05/2023
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	30/05/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/05/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the	Substantially Compliant	Yellow	30/05/2023

	designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/05/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any	Substantially Compliant	Yellow	30/05/2023

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/05/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/05/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/05/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to	Substantially Compliant	Yellow	30/05/2023

	participate in activities in accordance with their interests and capacities.			
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