



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Nursing Home
Name of provider:	Missionary Sisters of St Columban (Ireland) CLG
Address of centre:	Magheramore, Wicklow
Type of inspection:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0000760
Fieldwork ID:	MON-0035420

About the designated centre

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

The centre is a purpose built single-storey building that accommodates up to 24 residents. It is located adjacent to the main convent building. There were 24 single bedrooms and all had full en-suite facilities. The bedrooms were spacious in size with nice views of the gardens or surrounding landscapes. The bedrooms were tastefully decorated with plenty of storage for personal possessions and clothes. A call-bell was provided at each bed. A large secure landscaped garden was directly accessible from the centre including the day room and a number of residents' bedrooms. It was well maintained with walkways, paved areas and seating. Adequate parking was available at the front of the building. While meals are prepared in the adjoining convent kitchen, the centre had a servery and dining area. In addition, there was a day room, a sun-room, an oratory, a treatment room, an activities room and other spacious communal areas. There was a visitors' room at the back of the centre for residents. A small coffee dock was also provided. St Columban's nursing home can accommodate both male and female residents with general and palliative care needs. According to their statement of purpose, St Columban's Nursing Home is committed to providing first class standards of care in a warm and homely environment, while respecting the dignity and unique worth of each resident and fostering a holistic approach in all aspects of care. They state they are committed to promoting the independence of residents, personally, medically, psychologically, socially and spiritually. They advocate for enhancing the quality of residents' lives to the fullest extent possible. Their objective is to work as a team to enable residents to achieve their optimum physical wellbeing while respecting their dignity and privacy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Thursday 29 September 2022	08:45hrs to 18:35hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted with the majority of residents in the centre to elicit their experiences of living in St Columban's nursing home. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff, the food and premises. Residents reported feeling safe in the centre and expressed satisfaction at how the centre was run. Overall there was a sense of well-being in this homely centre.

The inspector arrived in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The person in charge was off duty on the morning of the inspection and the inspector was greeted at the entrance by the assistant director of nursing. Following a brief introductory meeting the inspector was guided on a tour of the premises. While on the walk around it was evident that many of the residents were up and about, had finished their breakfast and were going to the church for their morning prayers.

The Missionary Sisters of St Columban is the registered provider of St Columban's nursing home. The inspector was informed that the order was 98 years old on the day of inspection with a special celebratory mass and lunch to celebrate. The centre is registered for 24 residents and can accommodate both male and female residents. There were no vacancies on the day of inspection. The premises was a single storey purpose built centre, built approximately eight years ago to modern specifications. All rooms were spacious, single, en-suite rooms. Some of the rooms had a door opening out onto a walkway in the garden. A number of residents had a view of the sea from their room. Residents had personalised their rooms with photographs and personal belongings from the countries where they had worked in the missions. In addition to the bedrooms the centre had a day room, dining room, oratory, sun room with a coffee dock, visitors room, activities room and a visitor bedroom. The designated centre also contained a church which was located in the convent but was attached to the centre and easily accessible. The centre was surrounded by large well maintained grounds and residents could sit outside on the patio which contained table and chairs, located outside the dining room if they so wished. A pathway surrounded the perimeter of the building where residents could enjoy the outdoors.

The centre had no staff member dedicated to activities. The inspector was informed that arts and crafts was available until recently provided by a community sister and the inspector was informed that it would be recommencing soon. In addition, music was provided on Friday afternoons, and another community sister did exercises with residents via an exercise tape. Notwithstanding this residents were not observed to be sitting for long periods unoccupied. Prayers were said in the morning time followed by mass and then lunch. After lunch some residents went to their rooms for a rest, others went for a walk or to the oratory. Prayers were said again in the evening followed by tea. Residents who could not attend the church were able to view the prayers and mass from the day room or their bedrooms. All residents had

access to WIFI and the majority of residents had laptops. Residents enjoyed doing crosswords and a number of residents were observed to be doing them during the day. A community sister from the convent was an advocate for the residents if required.

The lunchtime experience was observed by the inspector. The majority of residents attended the dining room with those who did not attend it was by their choosing. This choice was accommodated and respected by staff. Lunch was observed to be a social occasion. As it was a celebratory lunch residents were observed to be enjoying a glass of wine and there was a jovial atmosphere in the dining room. Residents were offered a choice of meals and dessert was provided. Modified diets were provided to residents who required them and the inspector was informed that some residents requested a modified diet. Staff were available to assist residents if required and lunch was served to residents in a restaurant style manner.

Residents were very complimentary about the staff and it was evident during the walkaround the residents knew the assistant director of nursing well and were full of praise for her and all staff. Residents privacy was respected and the inspector observed a number of occasions where staff knocked on residents' doors and requesting permission before entering.

The next two sections of the report present the findings of this inspection in relation to 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

This unannounced inspection was carried out following an application by the registered provider to renew the registration of the centre. Overall, effective governance and management systems were evident in the centre, ensuring good quality person centred care was delivered to residents. In addition, actions outlined in the previous compliance plan from the inspection in June 2021 had been implemented and sustained. However, this inspection identified improvements that were required in Regulations 16: Training and staff development, 21: Records, 23: Governance and management, 3: Statement of purpose and 4: Written policies and procedures.

The registered provider of the centre was the Missionary Sisters of St Columban (Ireland) company limited by guarantee. The company had six directors one of whom was the registered provider representative. The centre had recently engaged with Cowper Care Centre DAC to manage the centre on a day to day basis. The person in charge was supported in the role by an assistant director of nursing, a newly appointed clinical nurse manager, staff nurses, health care assistants, catering, household and laundry staff. The person in charge reported to the registered provider representative. The centre was appropriately resourced. The inspectors reviewed a sample of rosters and there were sufficient staff on duty.

However, management stated that they found it a challenge recruiting staff due to the rural location of the centre. The person in charge worked Monday to Friday with an assistant director of nursing or senior staff nurse managing the centre at weekends.

The centre had a training matrix in place. Staff had access to mandatory training and the centre had engaged with an outside provider to provide face to face training in infection control and safeguarding. In addition, the centre had included medical gas training as part of their mandatory training. Train the trainers were available onsite for manual handling and cardio pulmonary resuscitation. However, gaps in training were identified which will be discussed under Regulation 16: Training and staff development.

A number of audits had recently been completed including an infection control and medication audit. Audits were identifying issues and contained action plans. The centre was in the process of introducing new audit tools using tools from Cowper Care Centre DAC. This was an evolving process at the time of inspection. The inspector was informed that audits planned for October included an audit of falls. The centre had a small number of incidents reported. Incidents included falls and skin tears, however, tracking and trending of incidents was not occurring. Notwithstanding this all incidents were reported to the Chief Inspector as required. The registered provider had completed an annual review for 2021 which was completed using the HIQA template and aligned to the national standards. The review included actions and timescale for implementation of the actions. The registered provider's oversight of risk requires strengthening and is discussed under Regulation 23: Governance and management.

Systems of communication were in place. Fortnightly management meetings were held which were attended by the registered provider representative, a representative from Cowper Care DAC, person in charge, the housekeeping manager, maintenance and administration. In addition, staff meetings were held in May and June and agenda items included environmental cleaning, training and performance reviews.

A number of policies and procedures required under Schedule 5 of the regulations were not available for review on the day of inspection. A sample of records were reviewed. Staff records reviewed included up to date garda (police) vetting for staff and where evidence of a professional registration was required, this was in place. Staff appraisals reviewed had recently been completed. However, gaps were identified which will be discussed under Regulation 21: Records.

Registration Regulation 4: Application for registration or renewal of registration

A completed application had been submitted within the required time frame for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been the person in charge of the centre since 2005, is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. The person in charge was actively engaged in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staffing taking into account the assessed needs of the residents and the size and layout of the designated centre. The centre generally had a person in charge and one staff nurse on duty in the morning time and one staff nurse from 2pm to 8pm. In addition, four healthcare assistants worked from 8am to 2pm reducing to 3 healthcare assistants until 8pm. One staff nurse and two healthcare assistants covered the night shift. The centre had two housekeeping staff from 8am to 3pm, seven days a week. This had been increased following the inspection in 2021.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in the training of staff were identified including:

- No staff had received training in how to respond to and manage behaviours that challenge.
- Only a small number of staff had completed infection prevention and control training. The inspector was informed that there was a plan to do face to face training with staff in November.
- Gaps in fire training will be discussed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents following the registration of the centre. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff records. While the majority of information required under schedule 2 of the regulations was there, gaps were identified including:

- Two records contained only one reference.
- Two records reviewed contained gaps in the employment history of staff.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

Actions were required to ensure the centre' had full oversight of risk:

- The centres' risk management policy identified that they must maintain a risk register. However, this was not in place. Risk assessments had been completed on COVID-19 and safeguarding risks, however, the COVID-19 risk assessments needed review in line with changes around current guidance.
- Clinical risks had not been risk assessed such as the lack of access to a speech and language therapist. However, this had been identified by management as a concern.
- There was no evidence that tracking and trending of incidents was taking place and learning shared with staff.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed. Contracts contained the requirements under the regulation. The contract outlined the services provided to the resident, the fees payable and the services available if required.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) and function did not contain all the requirements under schedule 1 of the regulations. For example;

- A room identified as an visitors room in the SOP and floor plans was being used as an office on the day of inspection.
- The SOP did not detail the arrangements in place when the person in charge was absent.

The statement of purpose was under review at the time of inspection in order to meet the regulatory requirements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the Office of the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display at the entrance to the centre which identified the person in charge as the nominated person to investigate complaints. The procedure also identified the appeals process and the person responsible for investigating the appeal. There was a small number of open complaints on the day

of inspection. A review of the complaints log showed that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all policies required by schedule 5 were available for review on the day of inspection in line with regulatory requirements. For example of the 20 policies required under schedule 5, six were available and one of these was out of date. This meant that schedule 5 policies were not available to staff if required. The inspector was informed that the policies were in the process of being updated.

Judgment: Not compliant

Quality and safety

The inspector found that residents' had a good quality of life in St Columban's nursing home. Residents were observed to be living their lives in an unrestricted manner, according to their own capabilities. Staff were committed to promoting an approach to care and service delivery that understood and respected the residents' rights, including the right to dignity, privacy and choice.

Residents' had good access to a general practitioner and a physiotherapist was onsite one day per week. However, the centre had difficulty accessing HSE health and social care providers. A speech and language therapist had not been onsite since 2020.

The internal and external premises was maintained to a high standard. The centre was in the process of getting the corridors repainted. The colours chosen aligned to the fire compartments for the centre which would aide staff to identify the compartments during a fire. The centre was clean on the day of inspection and housekeeping staff spoken to were able to describe the cleaning processes in the centre in detail. Actions required following the last inspection were implemented including increase in the housekeeping hours to cover seven days a week and new environmental cleaning schedules were implemented. No resident had acquired COVID-19 since the onset of the pandemic. Notwithstanding the good practices, improvements were identified which will be discussed under Regulation 27: Infection control.

Visiting was observed to be taking place. Residents' had a dedicated visitors room where they could meet their visitors. Visitors were required to book prior to visiting the centre. The inspector was informed this was at the residents' request as they

like to have tea or food prepared prior to the visitor arriving. Residents' had control of their personal possessions and their clothing was laundered onsite.

Residents were provided with nutritious meals and were observed to be enjoying the food at lunchtime. The inspector observed the dining room being prepared for the evening meal. Tables were laid out with a selection of fresh fruit for residents. Fresh water and snacks were provided in between meals and residents had access to a coffee dock off the sunroom where they could make their own tea/coffee if they so wished.

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Each resident had a completed emergency evacuation plan in place to guide staff. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Signage was in place and compartments were colour coded. Notwithstanding the good practices, improvements were required which are detailed under the regulation.

The centre was a pension agent for all residents. Safe guarding training was available for staff and staff were able to describe the steps they would take should they have a safeguarding concern about a resident.

The inspector observed a sample of care plans and validated assessment tools. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. Care plans and validated assessment tools were updated at four monthly intervals. End of life care plans viewed were person centred and it was clear to the inspector viewing them what residents wishes were at time of death.

The centre had no staff member dedicated to provide residents' activities. However, community sisters from the convent assisted with residents' activities including arts and crafts and hand massage. These had not been available on the weeks prior to inspection but the inspector was informed that they were due to recommence. Residents' days were busy with prayer times and mass. The inspector was informed that on occasion residents were accompanied by community sisters from the convent to the local town for coffee or to go clothes shopping. If residents wanted to visit friends or family and stay overnight this was facilitated.

Regulation 11: Visits

While the inspector was informed that there was open visiting, visitors were required to make a booking. The inspector was informed that the residents preferred to know if a visitor is coming as they liked to meet them in the visitors room. Assurances were provided by management that if a visitor showed up unannounced that they would not be refused entry.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal possessions. Residents had adequate storage space in their bedrooms including lockable storage for their valuables.

Residents' laundry was laundered onsite. The inspector was informed that a small number of residents' preferred to hand wash some items of their clothing. While this practice promoted residents' independence and embraced residents' rights it should be underpinned by a risk assessment.

Judgment: Compliant

Regulation 17: Premises

St Columban's nursing home was well maintained with painting of the centre ongoing at the time of inspection. The centre conformed to the matters set out in schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious food and drinks, which were freshly prepared, cooked and served in the centre. A choice was provided at all mealtimes. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. Modified diets were prepared onsite with a small number of residents requiring them in the centre. There were adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a residents' guide available for residents. The guide contained all the requirements set out in the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date risk management policy in place. The policy identified the measures and actions for the five specified risks outlined in the regulations. In addition, the policy outlined the risk management process. The policy identified that the centre must maintain a risk register which was not in place. This is further discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Infection control

While inspectors observed that the centre was generally clean a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- The infection prevention and control policy was out of date since December 2020.
- A utility room used to launder staff uniforms was accessed through the sluice room which could lead to cross contamination onto staff uniforms.
- Cleaning trolleys and supplies were stored beside the dryer in the laundry room. This posed a risk of cross contamination both to residents' clothes and to the cleaning equipment as this area was also used by residents to hand wash their clothes.
- Cleaning staff had not undertaken training in the principles and practices of cleaning. This had been identified by management and they were in the process of sourcing training.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified with fire safety that required action:

- 20 staff had not completed fire training. The inspector was informed that this was planned for November.
- Daily and weekly checks of for example the means of escape and fire evacuation aids had not been consistently done since 21 September.
- A simulated fire evacuation had not taken place since March and this was with the fire consultant. Scenarios of potential fire evacuations had been discussed and documented but had not been practiced with staff. A night time simulated fire evacuation of the largest compartment with both residents and staff took place on the day following inspection. The simulation identified observations such as there was no ski pad in the zone where the simulated evacuation was taking place, however, no timebound action plan accompanied the observations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and assessments tools. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. These were updated four monthly in line with the requirements under the regulations.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition.

Residents' weight and observations were done monthly on the weekend prior to the visit from the general practitioner. These were completed and more frequently if required.

Judgment: Compliant

Regulation 6: Health care

An inspector was informed that the centre was unable to access speech and language therapy through the HSE. Furthermore, no speech and language therapist had been onsite since 2020. A small number of residents were identified as requiring modified diets by nursing staff but had not been reviewed by a speech and language therapist.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had assurances in place to safeguard residents and protect them from abuse.

- Staff had access to safeguarding training with ten staff outstanding on the day of inspection. The centre had engaged with an onsite trainer who provided face to face training.
- Staff spoken with were knowledgeable of what constitutes abuse, the different types of abuse and how to report any allegation of abuse.
- Records reviewed had the required Garda (police) vetting disclosures in place for staff prior to commencing employment in the centre.
- The registered provider was a pension agent for all residents. Systems were in place for the management of residents' finances through the centres' payroll department. Residents' personal finances were accessed via the residents' advocate.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured residents were consulted about and participated in the organisation of the centre:

- The inspector was informed that a residents' meeting had taken place the week of inspection and prior to that on July 28th for residents that were self administering medications. No other minutes were available for 2022 so it is unclear if the residents had been consulted about the running of the centre this year and issues identified at the meeting had been actioned.
- No resident satisfaction survey had been completed in the centre in 2021.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
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 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Columban's Nursing Home OSV-0000760

Inspection ID: MON-0035420

Date of inspection: 29/09/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ol style="list-style-type: none"> 1. Infection Prevention and Control – completed by 30/11/2022 2. Dementia Education (how to Respond to and manage Behaviours that Challenge) completed by 30/11/2022 3. Fire Training – commenced 02/11/2022 and will be completed by 30/01/2023 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff Records have been reviewed and now contain all required information under Regulation 21, Schedule 2 completed 05/11/2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ol style="list-style-type: none"> 1. Risk Register has been updated and now includes changes around current guidelines regarding Covid-19. 2. Clinical Risk section in Risk Register has been updated. 	

<p>Area identified 'access to SALT' has been rectified. We now have access to SALT – referrals have been sent and Reviews for Residents will be completed by 09/12/2022</p> <p>3. Audits on incidents have commenced to ensure Tracking and Trending occurs. Learning from these audits will be shared with staff.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose has been reviewed and now reflects the changes required for Schedule 1, Regulation 3 completed 08/11/2022</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policies and Procedures in Schedule 5 of Regulation 4 have been updated and available for staff. Schedule 5 of Regulation 4 is now complaint - completed 14/10/2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Infection Prevention Control Policy has been updated and completed 28/10/2022 2. Staff Uniforms – at present to ensure no cross contamination laundered uniforms are transported to staff changing room in a sealed container, completed 04/10/2022. Engineer has reviewed access to utility rooms. Action Plan initiated to address separate access to utilities in 2023. 3. Main Laundry – is now specific for Laundry only. Cleaning materials are now stored away from Laundry completed 07/10/2022 4. Training sourced for Housekeeping/Cleaning staff and will be completed by 30/11/2022 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Fire Training commencing 02/11/2022 and will be completed by 30/01/2023 2. Daily/weekly are now be consistently done and commenced 30/09/2022 3. Simulated Fire Evacuation took place 30/09/2022 and issues identified were actioned immediately and Albac Mats in place and completed 03/10/2022 4. Scenarios of potential Fire Evacuations are now planned 6 monthly with staff. Records of these will be kept which will identify issues and the time bound actions to be taken. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: We are now in compliance with Regulation 6, as follows;</p> <ol style="list-style-type: none"> 1. Speech and Language Therapy has been accessed for Residents in need of review. Referrals have been sent and review appointments organized and will be completed by 09/12/2022 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Residents Meetings including Advocates presence will be held on a 3 monthly basis. First Meeting scheduled for 30/01/2023. Agenda for meeting will be sourced from both Residents and Management. Any issues arising will be documented and actioned. 2. Residents/Advocate Satisfaction Survey in place and completed 05/11/2022 	

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	30/01/2023
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	05/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/12/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the 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.	Substantially Compliant	Yellow	30/01/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	03/10/2022

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of 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	08/11/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	14/10/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Not Compliant	Orange	14/10/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care	Substantially Compliant	Yellow	09/12/2022

	service requires additional professional expertise, access to such treatment.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/01/2023