



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

## Issued by the Chief Inspector

Name of designated centre:	Talbot Lodge Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	17 Kinsealy Lane, Malahide, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0000182
Fieldwork ID:	MON-0033918

## About the designated centre

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

The designated centre is registered to provide 24- hour nursing care to up to 112 residents of all dependency levels, male and female who require long-term and short-term care that includes transitional, convalescence and respite care. The centre is a modern single story building divided into three areas: Castle, Estuary and Seabury. Accommodation is provided in 72 single and 20 twin bedrooms, some of which have en-suite facilities. The nursing home is currently being refurbished and a number of these twin bedrooms are being reduced to single occupancy, once this work is completed the centre will have a reduced bed occupancy of 103 beds. There are a number of communal facilities available for the residents including six sitting rooms, three dining rooms, one activity room, a large Café, an oratory and a hairdresser facility. The nursing home is situated in a tranquil setting located near the town of Malahide and set in spacious grounds and landscaped gardens. The stated philosophy of care is to provide a person-centred approach, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives.

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

Number of residents on the date of inspection:	68
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## 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
Wednesday 26 January 2022	09:00hrs to 17:30hrs	Sheila McKeivitt	Lead
Wednesday 26 January 2022	09:00hrs to 17:30hrs	Arlene Ryan	Support

## What residents told us and what inspectors observed

On the day of inspection the inspectors were met by the reception staff and person in charge. The monitoring of temperatures and signs and symptoms of COVID-19 was completed at the reception desk for all visitors to the centre. Throughout the day, inspectors observed that staff working in the clinical area were wearing appropriate masks in line with the current public health guidelines as issued by Health Protection Surveillance Centre (HPSC).

An outbreak of COVID-19 had just been declared in the centre at the time of the inspection and the management team were present and actively managing the situation. Most of the residents were in their bedrooms, while awaiting their COVID-19 test results. An isolation zone had been identified and established within the centre with dedicated staff allocated. Residents were aware of the outbreak in the home and told inspectors that they were confident they could see their families when and if they wanted to. They said that when visiting was restricted in the past as a result of COVID-19, their families were facilitated with window visits and even room visits on compassionate grounds when a resident was unwell. Up until the previous day they had been having visitors as usual but now were restricted again as a number of positive cases had been identified. The residents told inspectors that this was disappointing, however they realised that this was for their own safety. Nevertheless, they said they were looking forward to getting back to normal.

Inspectors did a walk around the nursing home starting with the newly refurbished Estuary B unit, and then on to Estuary C and Seabury unit. The Castle unit had been declared an isolation zone during the outbreak therefore inspectors did not enter this unit. There was access to the central garden through multiple doors allowing easy access for residents if they chose to go out to the garden. In general inspectors observed that corridors were clutter free and fire exits were free from any obstructions.

The residents informed inspectors about the daily activities and how much they enjoyed them, in particular the live music. Some attended all of activities and others attended the ones they wanted to. They talked about the coffee shop area near the reception where they could go either on their own or with visitors and they felt that this was a nice area to be able to bring people. There was always tea and coffee available in this area. In the afternoon the activities coordinator was observed engaging with residents and painting their nails. The residents appeared happy with this and said that they loved having their nails done.

Residents talked about the impact of COVID-19 over the past couple of years and said that they looking forward to being able to go out on day trips again as they really enjoyed them in the past. They were aware of the ever changing situation and knew that the pandemic had caused the outings to stop. However, they explained how the trips out gave them something to look forward to as they were good fun. Other residents talked about trips home to their families and how these were

facilitated by the staff.

Residents were complementary of the staff and informed inspectors that they were 'marvellous'. Residents felt involved in the centre and could attend the resident's bi-monthly meeting if they choose to do so. Two of the residents said that they went to all of the meetings. They could bring up any topic for discussion at this meeting and the staff would try to address them all.

Residents told inspectors that their rooms were cleaned every day and sometimes twice. Their bathrooms were also cleaned daily and their laundry was washed every couple of days and brought to their rooms.

When asked about complaints, residents commented that they 'never had to complain' about anything and were happy in the nursing home. The residents felt confident that if something was wrong they would know who to complain to and felt sure that it would be resolved. One resident informed inspectors that it was a 'good place to look after you'.

Residents told inspectors that they liked the food and said there was a good variety available to them. One resident said that if they didn't like something they would request something else and this was always facilitated. Inspectors observed staff offering drinks to the residents and that a good choice was available to them. Some preferred tea and coffee and others soft drinks. Their individual preference was facilitated.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

The Chief Inspector had been informed that the centre had a COVID-19 outbreak on the 25 January 2022. This was an unannounced risk inspection. The purpose of the inspection was to review the newly refurbished unit and inform the renewal of the registration of the centre as well as to assess the provider's capability to maintain a safe service during an outbreak of COVID-19

The provider informed inspectors of the staged refurbishment plan for the centre. The refurbishment of Estuary B unit was completed resulting in a reduction in bed numbers from 112 to 103. The unit was bright and clean and well laid out. Many of the furnishings such as bedside lockers and window dressings were not yet in place. The person in charge (PIC) explained that there had been some delays in the delivery of furniture and assured inspectors that issues identified were being addressed.

Estuary C and Seabury units were inspected, they were both scheduled for

refurbishment. The management team informed inspectors that many of the issues identified during the inspection were included in the next phases of the refurbishment plan. The Castle Unit had just been designated as a red Isolation zone for the isolation of residents during the outbreak, inspectors did not inspect this unit.

The governance and management of the centre was reflective of the statement of purpose. Knegare Nursing Home Holdings Ltd is the provider, they are owned by Brookhaven Healthcare. The person in charge was supported by the provider representative and the quality, risk and compliance manager. All were present in the centre for this inspection. The systems in place provided inspectors with assurances that the quality of care and the quality of life delivered to residents was constantly monitored. The system included an audit schedule for 2022 and the completed audits reviewed had led to an improvement in practices. However, greater oversight of the maintenance of records, the storage of medications, infection control practices was required. There was evidence of governance meetings being held on a regular basis with the senior management team within Talbot Lodge Nursing Home and with other Nursing Home Managers within Brookhaven Healthcare.

Staffing levels had improved since the last inspection and the reduction in bed numbers had brought the required staffing whole time equivalent down. All staff vacancies had been filled with just a few staff awaiting their start date pending Garda vetting. From a review of records and the evidence available on the day the inspectors were assured that there were enough staff to meet the needs of the residents

Staff informed inspectors that they did have access to training and that they had completed training. However, a review of existing training records did not provide inspectors with assurances that all staff had their training up to date. A comprehensive training plan for 2022 was available for review and dates had been scheduled for all mandatory and other relevant courses required to assist them in the care delivery.

Inspectors found that there were adequate resources allocated to the delivery of service in terms of equipment, facilities and services.

In addition to staff meetings, the provider had utilised technologies to communicate with staff to ensure any changes to policies, procedures and guidelines were communicated and training was completed. Staff got notified through an app on their phone or through the messaging system where they could acknowledge the receipt of this information. Similar technology was used to alert staff of any staff shortages allowing them to cover vacant shifts if available.

Inspectors saw evidence of the complaints log for 2021. All complaints made had been investigated by the nominated person as per the complaints policy. The records reviewed contained details of the investigation, outcome and details of contacting the complainant with feedback prior to closing the complaint.

## Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre had been received and all the required paperwork were submitted in a completed and timely manner.

Judgment: Compliant

## Regulation 15: Staffing

The staffing numbers and skill mix were good. They enabled staff to meet the assessed needs of the 68 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was a minimum of two qualified nursing staff on at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

Records available did not assure inspectors that each member of staff had access to the required mandatory training. While a planned training schedule was in place, the inspectors found a number of gaps in staff training records, specifically in respect of refresher training in manual handling, fire training and safeguarding adults at risk.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The computer based directory of residents included most of the required information outlined in part 3 of Schedule 3. The following pieces of information were not included:

- the address and telephone number for some residents general practitioner.
- the address and telephone number for some residents next-of-kin.

Judgment: Substantially compliant



## Regulation 22: Insurance

The centre had a current certificate of insurance, which provided cover against injury to residents, staff and public.

Judgment: Compliant

## Regulation 23: Governance and management

Some of the management systems in place to oversee the effective running of the service required to be strengthened; this included the audit of medication management, premises and infection control facilities to ensure they were effective at identifying areas for improvement.

Judgment: Substantially compliant

## Regulation 30: Volunteers

There was a volunteers policy in place. There were currently no volunteers working in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

Some quarterly reports for quarter one and two of 2021 had not been completed and submitted as required. Nil returns had not been completed where some quarterly reports were not required.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the reception area. The policy was up to date and identified the designated person to deal with complaints. It also

outlined the complaints process. There were no open complaints on file.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All schedule five policies were available for review. They were detailed enough to inform and guide staff practice when supporting residents and to ensure the safe operation of the service. Some were centre-specific and others referred to Brookhaven Healthcare, the need to be centre specific was discussed with the provider representative. All had been reviewed in the past three years.

Judgment: Compliant

#### Quality and safety

Overall inspectors were assured that residents were receiving a good standard of care and service. Residents informed inspectors that they were happy living in the centre and felt safe. Some improvements were required in relation to premises, infection prevention and control practices, protection and medications management.

As the centre was undergoing a COVID-19 outbreak at the time of the inspection open visiting was temporarily stopped in line with the Health Protection Surveillance Centres guidance. However arrangements were in place to facilitate window visits and compassionate visits until such time that normal visiting could resume. Inspectors saw evidence of good communication with nominated family members to keep them updated on visiting arrangements.

The laundry services were outsourced with collections of residents personal clothing every 2-3 days. The residents were satisfied with this arrangement. The residents' personal property was indexed on admission to the centre and maintained. A local policy in respect of the management of residents' personal property was available and was fully implemented in the centre. One resident showed the inspector their wardrobe and showed that the existing rooms had adequate storage however the refurbished unit did not have all furniture in place at the time of inspection. Each resident had a lockable drawer or a box safe in their bedroom for the secure storage of their belongings. However lockable units were not available for inspection in the refurbished unit Estuary B.

An environmental improvement plan commenced in 2020 and it was included in the annual review report, indicating a phased upgrade to all units in the nursing home. This included bedroom furnishings, flooring, painting, decorating, soft furnishings and refurbishment of dining rooms and communal areas. The newly refurbished unit

required some minor works prior to opening. These issues are addressed under regulation 17.

The housekeeping staff were knowledgeable and explained their process for cleaning in the home. They had daily checklists for regular cleaning, deep cleaning and areas requiring additional cleaning such as handrails and toilets. Any outstanding jobs were identified on their checklist and handed over to the evening housekeeping staff. They were working methodically through their assigned areas and their cleaning trolley was clean and organised.

There was a system in place for identifying equipment that had been cleaned, however this was not fully implemented throughout the centre. Some pieces of equipment were identified as being clean while others were not. The availability of clinical hand-washing sinks was not optimal and some did not meet the required standard, especially in the medication rooms and cleaners room. Wear and tear to surfaces and paint work did not allow for optimal cleaning. These issues are addressed under regulation 27.

### Regulation 11: Visits

Visiting was temporarily restricted at the time of the inspection due to an outbreak. There was space for residents to meet their visitors in areas other than their bedrooms if they wished to do so once the restrictions were lifted.

Judgment: Compliant

### Regulation 12: Personal possessions

The wardrobe in the newly refurbished bedrooms contained only one shelf. This was not an adequate amount of storage area for a residents clothing. There was no storage in the en-suites for personal items.

Judgment: Substantially compliant

### Regulation 13: End of life

There was an end of life policy which had been updated in the last three years. Residents end of life wishes were recorded in their assessments and those approaching the end of their life had a care plan in place. There was evidence that decisions made were discussed with the resident and where they did not have

capacity their next of kin.

Judgment: Compliant

### Regulation 17: Premises

The following issues required review:

- The newly refurbished unit was not fully ready for occupancy.
- All the required furniture and soft furnishings were not available in some newly refurbished bedrooms; this included for example bedside tables or bedside lockers/ lockable cabinets and window dressings.
- The over bed lights were positioned too low and the light switch was not accessible to residents.
- The ventilation in some bathrooms was not in working order.
- Call bells were not accessible in some showers.
- Electrical boxes were located in some of the store rooms making unsafe for the storage of some items..
- Residents in Estuary C did not have access to a sufficient amount of communal space. A large amount of communal space shared with Estuary B was inaccessible to residents due to the refurbishment of Estuary B.
- The stainless steel sink and hopper in one sluice room was partially rusty, and a rack was missing from from one sink.
- One bedroom in Seabury Unit had no shower in the en-suite. The communal bathroom was not easily accessible to the resident residing in this bedroom.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a residents guide available to residents. It included a summary of the services and facilities, the terms and conditions of their admission, procedure in respective of making a complaint and the arrangements for receiving visitors.

Judgment: Compliant

### Regulation 27: Infection control

While good practices were observed, action was required in the the following areas:

- There was no clinical wash hand basins available to staff in the medication rooms and in one house keeping room.
- Some wall-mounted alcohol gel dispenser trays were unclean.
- The floors in the locked medication room and pharmacy store room were unclean.
- Storage practices were not consistent; for example in Seabury unit the equipment was inappropriately stored on the floor of the new store room.
- There was a system in place to identify clean equipment, however the process was not consistently implemented. Equipment seen in the store room had no tags in place.
- The paintwork on some skirting boards and door frames was chipped preventing effective cleaning in the Estuary C unit.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the designated centre. The external fire exit doors were clearly sign posted. Exits were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly basis and had one full service completed annually by an external company.

Staff who spoke with the inspectors confirmed they received mandatory fire training on an annual basis and training records reviewed confirmed this. Four staff were over due their refresher annual training however inspectors were informed that they were booked into upcoming training. A clear and detail record of each fire drill practiced with staff were available for review.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The medications room was not optimal for the following reasons:

- There was no worktop space available for nurses to prepare medications safely.
- Storage of medications required full review; temperature of the pharmacy store room read 25.1 C degrees which was above the recommended temperature for the storage of some medications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Records showed that a comprehensive nursing assessment was completed within 48 hours of the resident's admission and a range of validated assessment tools were used to inform the care plans developed. Care plans were well maintained and were subject to four monthly reviews or sooner if changes had occurred. The contents of these care plans was up to date and reflected the person-centred care being delivered for residents on the day of the inspection.

Residents, and where appropriate, their relatives or friends, were involved in the care planning and supported decisions made.

Judgment: Compliant

### Regulation 6: Health care

Residents had a medical review completed within a four month time period. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a number were involved in caring for the residents.

Judgment: Compliant

### Regulation 8: Protection

There was a policy in place to manage pensions on behalf of residents. The centre was a pension agent for a small number of residents. However, the policy and practice reviewed did not assure inspectors that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant





# Compliance Plan for Talbot Lodge Nursing Home OSV-0000182

Inspection ID: MON-0033918

Date of inspection: 26/01/2022

## 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 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>A comprehensive review of the training matrix was undertaken post inspection. As stated in the report a training schedule is in place and those staff requiring refresher training will be captured in these trainings.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A comprehensive audit of the information contained in the Residents Directory was undertaken and all gaps identified were attended too.</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>The centre has reviewed practices relating to oversight and management. As advised on the day of inspection the centre has a dedicated CNM/Nurse responsible for various</p>	

aspects of care and care provision under the regulations. These positions have been reviewed and the reporting structures and escalation pathways revised to ensure that all opportunities for learning and improving of services and service delivery are identified and acted upon.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The outstanding NF40s were submitted post inspection and the Registered Provider has committed to ensuring that all NF39s are returned even when a quarterly report is not required for that period. All management in the centre is fully aware of this process and its requirements moving forward.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The storage in the newly refurbished rooms has been addressed with all new residents having a choice of additional shelving space in a dresser if needed. As advised on the day of inspection storage in the form of shelving had been sourced for the ensuites but had not arrived on time. It is now in situ in each of the bathrooms in this area.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
During the inspection the Inspectors were advised that a schedule of works was in place to ensure any/all works required to update and repair parts of the centre was in place and had been since January 2020. Covid-19 had hindered these works commencing over the previous 24 months despite several attempts to commence them. Refurbishments had taken place in 24 rooms and several elements of the works had been completed prior to this inspection.

Furnitures and soft furnishing were delivered to the new refurbished area on 27.01.2022.

This included bedside tables, bedside lockers. Beds, curtains and wardrobes were already in situ. Voiles were fitted on all windows in this area on 21.02.2022.

Post inspection additional call bells were placed in ensuites to ensure a call bell was accessible from both the toilet and the shower area.

Ventilation was reviewed and all extractor fans were in working order on 27.01.2022.

Storage rooms have been reviewed post inspection and all electrical boxes have been covered appropriately to ensure they are safe.

The rack has been replaced in the sluice and the sluice sink and hopper has been reviewed by the manufacturer and appropriately treated to remove rust.

Bedroom 1 in Seabury was always scheduled to have a shower fitted. These works are due to commence in March 2022 as per the schedule of work supplied to inspectors on the day of Inspection.

Estuary C is also included in the schedule of works and plans are in place to increase the communal space available to residents in this area.

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

All alcohol gel dispensers have been cleaned thoroughly and all residue removed. A cleaning regime is in place to ensure these items are maintained appropriately.

The following items noted during inspection had already been identified by the Management Team as requiring attention and are included in the schedule of works for completion:

- Painting of skirting boards and door frames
- Replacement flooring for medication and pharmacy storerooms
- Clinical wash hand basins for all staff throughout the Nursing Home, in medication rooms and in household store/cleaning rooms.

The Director of Nursing has reviewed all storage areas and audited all cleaning schedules to ensure full compliance and consistent practices across the Nursing Home. Staff have been debriefed and appropriately trained on the management of the cleaning schedules for all equipment.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  A full review of the medication storage areas will be undertaken to ensure that all staff working in the area have adequate space to safely prepare medications.</p> <p>A full review of the storage of medications will be undertaken in liaison with our pharmacy supplier to ensure medications are appropriately and correctly stored and that the temperature of the medication storage areas conform with the regulations.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Post inspection these details were supplied to the inspectors. The pension money managed for and on behalf of three residents is currently the only monies being lodged to a specific account. This account is separate to all other business accounts and is only used for residents' monies.</p> <p>The centre is liaising with the bank to transfer this account to a client account.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	11/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/03/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	09/05/2022

	which conform to the matters set out in Schedule 6.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	21/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/03/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief	Substantially Compliant	Yellow	27/01/2022

	Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	14/03/2022