



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

Issued by the Chief Inspector

Name of designated centre:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 May 2023
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0039991

About the designated centre

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

Dargle Valley Nursing home is a single storey facility situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray, Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents and bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are four assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

29

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 10 May 2023	08:50hrs to 18:30hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

Overall, on the day of inspection, the inspector observed staff being kind, caring and attentive to residents' needs. Residents reported to the inspector that they felt safe in the centre and were highly complimentary about the staff and the food. One resident informed the inspector that "it is not home but it is as close as you will get".

The inspector arrived in the morning to carry out an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was greeted by the person in charge and following an introductory meeting was guided on a tour of the premises.

Dargle Valley nursing home was a homely centre. There was a friendly atmosphere in the centre and it was evident that staff were aware of residents' needs and preferences. The centre is registered to accommodate 30 residents with one vacancy on the day of inspection. The centre is all on the ground level with 26 single rooms and two twin rooms. 25 of the rooms contained en-suites with a wash-hand basin and toilet, two rooms contained a wash hand basin, toilet and shower and one room had no en-suite. Shared showering and bath facilities were available for residents. Residents had personalised their rooms with pictures and photographs. Communal space in the centre included a dining room, sitting room, sun lounge and a visitor's room in a log cabin on the grounds of the centre. The centre had an enclosed garden. Improvements had been made to this outdoor space since the last inspection. New paving had been placed on the ground and an outdoor seating area was added covered by a wooden gazebo. The registered provider was in the process of repairing and painting the external wall in this garden. Residents had access to a second garden at the entrance to the centre. Seating was available for residents here. The inspector was informed that on the previous day residents were in the garden painting stones and the inspector observed the artwork at the entrance to the centre.

The registered provider had employed three activities co-ordinators to cover activities seven days a week with one day when there were two activities co-ordinators working. Activities staffing numbers were in excess of what was outlined in the statement of purpose. Activities were observed taking place throughout the day of inspection. In the morning residents were playing a game with a ball and later on residents were playing bingo. An exercise class was provided in the afternoon by an external provider. Approximately 17 of the 30 residents were observed to be taking part in activities. Residents were surveyed on the activities they would like and the registered provider was tailoring activities to residents choices. In addition, residents were surveyed about the music they liked and a compilation of this music was collated and was playing in the sitting room on the day of inspection. The inspector could hear residents singing along to the music during the day. Residents had access to WIFI and televisions in their rooms.

Residents were consulted about the centre through resident meetings. These had re-commenced following the inspection in August 2022. The majority of residents attended the meetings. An independent advocate was in attendance. A satisfaction survey was completed in 2022. However, the provider was unable to locate the results for review by the inspector. Notwithstanding this the annual review of the quality and safety of care contained an action plan.

The dining experience was observed by the inspector. The majority of residents attended the dining room. This was observed to be a social occasion. Some residents chose to remain in their room and this choice was respected. The menu was on display at the entrance to the dining room. Residents were provided with a choice at mealtimes. Modified diets were provided to residents that required them and they were provided with the same choice. Staff were assisting those residents that required it in an unhurried and discreet manner. Outside of mealtimes residents were provided with drinks and snacks.

Visiting had resumed at the centre and visitors were not required to make a booking and visitors confirmed this. The entrance to the premises was a hive of activity. A small number of residents were going out with relatives for the day or to the hairdresser. Since the change in the national guidelines staff were no longer wearing masks. It was evident that the normal practices had resumed in the nursing home since the COVID-19 pandemic.

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 was an unannounced risk based inspection to assess the overall governance of Dargle Valley Nursing Home and to identify if actions outlined in the compliance plan from the inspections in August 2022 and January 2023 had been completed and actions sustained. Overall the inspector identified that a number of actions had been implemented and sustained. For example; resident activities had improved and additional housekeeping staff had been employed. Areas that still required action included for example; a review of the location of the sluice room.

The registered provider is Bluebell Care Limited and the registered provider is not involved in the running of any other designated centres. The registered provider representative was not onsite on the day of inspection. The person in charge reported to the registered provider representative, has overall responsibility for clinical care and some administrative aspects of the centre and was supported in the role by a clinical nurse manager who worked 0.23 hours in a supernumerary capacity, staff nurses, healthcare assistants, activities co-ordinators, catering, housekeeping, laundry and maintenance staff. A home manager who was also a person participating in management worked alongside the person in charge and was

responsible for the administrative aspects of the running of the designated centre. The centre was challenged with recruiting staff and a number of gaps existed outlined under staffing. Gaps were also identified in the inspection in August 2022. These ongoing gaps in staffing were not sustainable and posed a potential risk to residents in the event of an unexpected absence.

The registered provider had a training matrix in place. Staff had access to mandatory training including fire safety, safeguarding and manual handling. A small number of staff had attended end of life training. The fire trainer attended onsite yearly and any new staff commencing employment in the intervening period would not receive training until the annual training occurred. The inspector was informed that staff were familiarised with for example; fire exits and compartments by the person in charge at induction. The majority of staff training was up to date, however, new staff who had commenced in the last two months had received minimal training. The inspector was provided with an explanation for this gap, however, this is not in line with the regulations.

A sample of staff records were reviewed. All records contained Garda (police) vetting which was in place prior to commencing employment. However, a number of gaps in staff files existed and are discussed under regulation 21: Records.

The registered provider had completed the annual review for 2022. The annual review outlined HIQA findings from the inspection in August 2022 and results of a falls audit for 2022 with an associated action plan. However, the annual review did not indicate how the care delivered was in accordance with the national standards in line with the regulation. Improvements were identified in the systems of communication in the centre. Monthly quality improvement meetings were in place with the home manager, person in charge and the clinical nurse manager. The registered provider representative had not attended a meeting since January 2023. Staff meetings had commenced and meetings minutes were available for October 2022 and March 2023. Agenda items included staff training, recruitment, serious incidents and the wedging of fire doors. At the start of the meeting outcomes from the previous meeting were discussed. The registered provider had a system of audits in place aligned to the national standards. Audits identified few issues. The maintenance audit did not identify issues identified on inspection such as a hole in the ceiling of a resident's room. Audit results were discussed at the quality improvement meeting. The registered provider had a risk register in place. This was reviewed since the last inspection and risks identified were centre specific. For example; the registered provider had identified the lack of compliant hand hygiene sinks as a risk.

The majority of incidents reported were falls related. These were discussed monthly. An audit was completed of the number of falls per month, per resident and the timing of the fall but no action plan accompanied the audit. The inspector was informed that additional checks with residents was implemented in the morning time when more falls occurred. The majority of incidents were notified to the office of the chief inspector in line with the regulation with one exception.

A sample of contracts of care were reviewed. The registered provider had reviewed

all contracts since the inspection in August 2022 and all the requirements including the additional fees payable were now included in the contracts.

Regulation 15: Staffing

Gaps in staffing remained and were not in line with the statement of purpose. For example:

- The centre should have 6.77 staff nurses, however, two vacancies existed. The inspector was informed that these two vacancies had been filled. One staff nurse had a start date for the end of May. Management stated that there was no date for the commencement of the second staff nurse.
- Two healthcare assistant vacancies existed both of whom were at the garda vetting stage and there was no date for commencement in post.
- The rostered hours of the person in charge did not reflect the full-time hours worked.
- The registered provider had 0.6 WTE vacancy for an administrator. The inspector was informed that this was vacant for some time. This resulted in the person in charge or nursing staff taking on tasks such as answering the door bell and taking phone queries, taking away from residents' care time or managerial oversight.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had a training matrix in place, however, not all staff were on the training matrix. Gaps were identified in the training of four new staff members who were not included in the matrix. For example;

- None of the four staff had completed safeguarding training, infection prevention and control training or training in managing behaviours that challenge.
- Three of the staff had not completed manual handling training.
- None of the four staff had completed fire training. The inspector was informed that they were shown basics of fire evacuation, however, there was no evidence in staff files reviewed that this took place.
- A review of the staff files of these four employees showed that there was no documented procedure for the induction and supervision of the staff. In the absence of a structured induction process, robust supervision cannot be assured.

Judgment: Not compliant

Regulation 21: Records

The inspector reviewed five staff files. Three of the five files reviewed were of staff who had commenced in the centre within the last two months. Gaps were identified which included:

- Four of the files had gaps in their employment history.
- One staff file had no references in place.
- Two files had one reference in place.
- Contracts for new staff members were not signed.

Judgment: Substantially compliant

Regulation 23: Governance and management

While improvements were identified in the assurance systems in place these required further strengthening in order to be assured of the quality and safety of care. For example;

- Audits were not sufficiently comprehensive enough to identify the issues identified on inspection.
- The annual review did not indicate how the care was delivered in line with the national standards.
- Oversight of staff training and induction required strengthening so all staff working in the centre had completed mandatory training and induction.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed. These included the services to be provided, details of any fee's payable by the residents, any additional fees and the terms in which the resident shall reside in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents and accidents occurring in the centre. One incident that met the criteria for notification to the office of the chief inspector was not notified within the required timeline.

Judgment: Substantially compliant

Quality and safety

Overall, residents had a good quality of life in Dargle Valley nursing home and were encouraged to live their lives to their own capabilities. Residents were supported to access appropriate health care services in line with their assessed needs and preferences. General Practitioners (GP) attended the centre weekly, residents had regular medical reviews and were referred for appropriate expert reviews by health and social care professionals when required. Improvements were required in Regulations 17: Premises, 27: Infection control and 28: Fire Precautions.

The centre had unrestricted visiting and visitors were observed in the centre throughout the day of inspection in a high but safe number. Visitors were complimentary about the nursing home and about the care their relative/friend received.

Dargle Valley nursing home was over 40 years old and ongoing maintenance of the building was required for example; flooring in resident bedrooms and carpets. Since the last inspection the registered provider had employed two maintenance staff equating to one wholtime equivalent. As mentioned earlier in the report improvements were made to the enclosed garden and these were continuing at the time of inspection. The assisted bathroom had been decluttered of wheelchairs and hairdressing equipment. The visitor's room in the log cabin was decluttered and a call bell was installed in the cabin. This room is fitted with a smoke detector but it is not linked to the alarm panel. In addition, the visitor's room is only accessible to residents who are mobile as there are three steps at the entrance to the cabin and no handrail was in place to support the resident when climbing the steps. The centre was generally clean on the day of inspection with few exceptions. The registered provider had increased the number of housekeeping staff with one staff member on duty each day covering seven days a week. A new housekeeping trolley was purchased since the inspection in January 2023. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. The centre had identified an infection control link practitioner however, the inspector was informed that no training was available for this role and no dedicated hours were allocated. It was not clear on inspection what role the infection control link practitioner had in the centre. The inspector was informed that staff had undertaken online training in

Carbapenemase-Producing Enterobacterales (CPE) (a multi-drug resistant organism). A small number of staff spoken to were knowledgeable about the management of CPE in the nursing home. The location and type of hand hygiene sinks remained unchanged, however, hand gel dispensers were located at several accessible points throughout the centre. Notwithstanding the improvements identified outstanding actions remained from the inspections in August 2022 and January 2023. However, the registered provider had commenced a review of the sluicing facilities. This, along with other findings are discussed under regulations 17 and 27.

Fire safety management records were reviewed by the inspector. Appropriate certification was evidenced for servicing and maintenance. Records confirmed that there were daily checks of, for example; means of escape. The inspector was informed that an upgrade to the emergency lighting system was ongoing at the time of inspection and would be completed within two weeks. Furthermore, the inspector was informed that a number of fire doors were replaced. A check of all compartment fire doors was completed by the inspector and with the exception of one door all doors were fully engaging. Improvements were identified in fire drills. Four fire drills were completed to date in 2023. The largest compartment with night time staffing was simulated and actions included, for example; a personal emergency evacuation plan required review. Notwithstanding the good practices further improvements were required to ensure compliance with Regulation 28: Fire precautions.

The registered provider was a pension agent for a small number of residents. Systems were in place for the management of resident's finances. The majority of staff had completed safeguarding training and were knowledgeable of what constitutes abuse. Additional good practices identified are discussed under Regulation 8: Protection.

Residents gave positive feedback regarding life and care in the centre. The inspector identified that staff were knowledgeable about residents' likes and interests. Residents were free to exercise their choice such as when to get up and when to go to bed and it was evident that residents freely moved around the centre and into the enclosed garden for walks throughout the day of inspection. An advocacy service attended the centre one month ago to talk to residents. The noticeboard displayed the weekly timetable for activities, however, the inspector was informed that this could change on a daily basis if residents' preferences changed on a particular day. The hairdresser attended the centre on request but generally once a week. Roman Catholic mass and a Church of Ireland service were celebrated onsite once monthly.

Regulation 11: Visits

No visiting restrictions were in place in the centre and visitors confirmed this to inspectors. A number of visitors were observed in the centre on the day of inspection.

Judgment: Compliant

Regulation 17: Premises

Ongoing improvements were required in order to ensure compliance with schedule 6 of the regulations. For example;

- General wear and tear was noted throughout the centre. For example; the door frame to an assisted bathroom was damaged which did not aid effective cleaning. Furthermore, a hole in a ceiling and multiple holes in the wall in a resident's room were identified. These were brought to the attention of the person in charge. In addition, a toilet bowl in a resident's en-suite was chipped and damaged.
- The flooring in a resident's bedroom and the carpet leading up to the staff changing area were worn, torn and damaged and required review.
- The grounds of the centre contained old equipment that was awaiting disposal.
- No handrail was in place outside the visitors' room in the log cabin to support the resident when mobilising up the steps.
- Shelving in the treatment room was in a state of disrepair.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector observed that the centre was generally clean on the day of inspection, however, improvements were required in order to ensure procedures are consistent with the national standards for infection prevention control in community services. For example;

- As identified on the inspections in August 2022 and January 2023, the sluice room was not self-contained and was a thoroughfare to the staff room and a store room. The registered provider had engaged with an architect and had received two proposals. The registered provider had not decided at the time of inspection how they were going to proceed. No date for a refurbishment of the sluice room had been identified.
- The housekeeping room did not contain a janitorial sink. Housekeeping staff filled and disposed of the water in the sluice room. This posed a risk of cross contamination.
- Housekeeping staff had not received training in the principles and practices of cleaning.
- The temporary closure mechanism on two sharps boxes were not engaged.
- The specifications and locations of hand hygiene sinks remained unchanged since previous inspections. The registered provider had placed this risk on the

risk register however, there were no plans at the time of inspection to increase the number of hand hygiene sinks and review the current hand hygiene sinks.

- Extensive cobwebs were observed on the skylight in sun lounge.

Judgment: Not compliant

Regulation 28: Fire precautions

Actions were required in fire precautions so that the registered provider is assured that residents could be safely evacuated in a timely manner. For example;

- Documentation reviewed of the emergency lighting from 2022 and 2023 indicated that the emergency lighting required an urgent upgrade. This was ongoing since 2020. This upgrade had commenced at the time of inspection and the inspector was informed that it would be completed in two weeks.
- A fire door in the sitting room was not fully engaging when the fire doors closed. Deficits to fire doors mean that fire doors are not capable of restricting the spread of fire and smoke in the event of a fire.
- The doors to resident rooms did not have a hold open device. As a result the inspector was informed and documentation confirmed that four of the doors were wedged open to facilitate residents' easy access to their rooms. The registered provider had identified this as a risk in the event of a fire however, this practice is not in line with recommended practice and requires review.
- The visitor's room in the log cabin was not linked to the alarm panel. In the event of a fire the nursing home would not be alerted that residents and visitors may require assistance. However, the registered provider had installed a call bell since the last inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had a contract with a local GP practice who attended onsite once weekly. The GP's were available for advice over the phone and would attend onsite again if a resident was unwell. Outside of these hours an out of hours service was used. A physiotherapist attended onsite once weekly for three hours and did group exercises with residents and reviewed residents following a fall. Residents had access to a speech and language therapist through a local acute hospital. Occupational therapy, dietitian and tissue viability advice was provided through a private company. Additionally, the "emergency department in the home" service attended from a local acute hospital on request. The centre had access to a mobile xray unit if required.

Management had good oversight of residents who required routine screening with the national screening service where applicable. In addition, management ensured that the physiotherapist provided regular reviews to all residents.

Judgment: 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. The majority of staff had up-to-date training with a few new staff members outstanding. This was discussed under Regulation 16: Training and staff development.
- Staff spoken with were knowledgeable about 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 a small number of residents. Systems were in place for the management of residents' finances through a separate client account.
- The registered provider had petty cash belonging to four residents. Three of these were checked and were found to be correct.

Judgment: Compliant

Regulation 9: Residents' rights

Significant improvements were identified in residents' rights since the inspection in August 2022. Activities were available to residents seven days a week. Resident meetings were taking place three monthly. A satisfaction survey was completed and the action plan was contained in the annual review of quality and safety of care. Residents had access to WIFI and the code was on display in the centre. In addition, newspapers were delivered daily.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0039991

Date of inspection: 10/05/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The centre currently has 5 full time nurses and 1 part time nurse. We have one more contracted nurse who is waiting for their visa. This will bring us to 6.77 staff nurses.</p> <p>On the day of inspection we were waiting for garda vetting for HCA x 2. One commenced employment at the beginning of June and the other did not take up the position. We currently are waiting for a new HCAs garda vetting. We expect this position to be filled by mid July</p> <p>The rostered hours' of the person in charge now reflects full time hours.</p> <p>We continue to advertise for a part time administrator</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Some of our new staff have English as their second language. We have assisted them in understanding trainings. We are fortunate that our home manager speaks five languages. Safeguarding training and infection prevention and control are completed through HSEland. Managing behaviours that challenge is booked for 4th July 2023</p> <p>Manual handling training is booked for 13th July 2023.</p> <p>Staff files show that basic training of fire evacuation took place.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The four staff files have now all the documentation required in Schedule 2. Contracts for new staff members have now been signed.</p> <p>All files will be audited and any findings will be corrected by 31st July 2023</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: We will ensure the quality and safety of care delivered to our residents is monitored on an ongoing basis with regular quality meetings to drive improvement.</p> <p>We are working on a new schedule of new audits which will be more comprehensive they will have learning outcomes and timeframes on them, these will be ready at the end of July 2023.</p> <p>The annual review has now been updated in line with the national standards and going forward we will use our new format.</p> <p>We have now introduced a new induction and supervision process.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We will ensure all incidents that meet the criteria for notification to the office of the chief inspector are notified within the required timeline.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The issues mentioned regarding general wear and tear have been addressed.</p> <p>All corridors, dining room and sitting rooms and flooring mentioned in the residents bedroom have been professionally cleaned, polished and sealed by a professional cleaning company. The carpet leading up to the staff changing area has been removed and the stairs have been varnished.</p> <p>The old equipment in the grounds has been removed.</p> <p>A handrail has been installed outside the visitors' room in the log cabin to support the residents when mobilising up the steps.</p> <p>Shelving in the treatment room has been replaced</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Refurbishment of the sluice room will take place by 31/12/2023</p> <p>We will change the sink in the housekeeping room to a janitorial sink by 31st August 2023</p> <p>Housekeeping staff again received training in the principles and practices of cleaning by person who has completed an recognised training course.</p> <p>Staff reminded to ensure the temporary closure mechanism on sharps boxes are engaged</p> <p>Three HBN00-10HTM64 hand hygiene sinks will be installed by the 31st of December 2023</p> <p>All cobwebs on the skylight have been removed and cleaned.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency lighting has been upgraded and completed</p> <p>All fire doors have been checked and are fully engaging.</p> <p>Our long term plan is to have a hold open device on the door in all residents rooms by 31 December 2024 we are currently seeking quotes. And this will be completed in a phased stage. All our residents are risk assessed with regards to ability of opening their bedroom doors and those that are independent and mobile and to enable them to keep this level of independence have been given call pendulums which they use to call for assistance when they need help with the opening of their bedroom door, currently we have 3 residents in this situation.</p> <p>The visitors' room in the log cabin is not linked to the alarm panel. We have risk assessed this issue and have sought advice from Fire company. They have advised that this is not necessary and we are waiting for a letter to confirm same. In order to reduce the risk, any visitors wishing to use this room are reminded to use the call bell if any issues or emergencies arise.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/09/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 21(1)	The registered	Substantially	Yellow	01/09/2023

	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.	Compliant		
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	01/09/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	01/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Not Compliant	Orange	31/12/2023

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	10/05/2023