



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

Issued by the Chief Inspector

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	29 November 2022
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0036461

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 accommodate up to 58 residents, male and female, over 18 years of age who require respite, convalescence, short and long-term care. The centre provides care for needs ranging from low to maximum dependency levels, including general care of the older person, care of the persons with physical disability, intellectual disability, acquired brain injury, palliative and dementia care. Accommodation consists of 52 single and three twin bedrooms, each with its own en-suite facility. There are a variety of communal facilities available including three large day room areas, two dining rooms an oratory and an activity room. In addition there are three internal courtyards that are easily accessible from various points in the building. The stated aim of the centre is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

57

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 November 2022	09:35hrs to 17:10hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live in and that staff were kind and considerate. The inspector found that a person-centred approach was central to the philosophy of care for residents in this centre. Staff were observed to be kind and responsive to residents' needs. Interactions between staff and residents were meaningful and unhurried.

On arrival to the designated centre, the inspector was met by staff who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature and symptom checking, were completed prior to the inspector accessing the centre. This procedure was also implemented for all visitors to the centre.

Following an introductory meeting with the management team, the inspector spent time walking through the centre, which also gave them opportunity to meet with residents and staff as they prepared for the day. The inspector observed that many residents were relaxing in the largest communal sitting room, known as 'the Green room.' Some residents were enjoying a mid morning cup of tea or soup, chatting and watching television. Other residents were participating in group activities and the inspector observed that staff mingled among the residents, offering support and encouragement.

The inspector observed residents moving around the centre throughout the day, either independently or with assistance from staff. All residents seen were smartly dressed and were wearing appropriate footwear.

The atmosphere in the centre was relaxed and cheerful. Conversations with residents throughout the day confirmed that they were happy with the medical and social care support provided by the centre. and one resident told the inspectors, 'everyone is so good here.' The inspector heard other positive comments such as 'you get all the services here' and 'there's always a party.' It was evident from interactions that staff knew the residents' backgrounds and needs very well. The inspector spent periods of time in the communal areas, talking with residents and observing the positive and therapeutic interactions between the staff and the residents they were caring for.

Cuan Chaitriona nursing home is a single-storey building with bedroom accommodation comprising of 52 single and three twin bedrooms, each with its own en-suite facility. There are a variety of spacious communal facilities available including; three large day room areas, two dining rooms, an oratory, a snoezelen and a visitors tea room.

Although not in use on the day of inspection, residents had unrestricted access to a number of enclosed courtyards. These outside spaces contained artificial grass, flowers and decorative features. They appeared to be well maintained and there

was sufficient seating for resident comfort.

On the day of the inspection, the centre was generally clean and bright , however the inspector found that some improvements were needed to ensure all bedroom accommodation and utility rooms were cleaned daily.

The centre was homely and well furnished throughout. Items of traditional memorabilia that were familiar to residents were displayed throughout the centre, for example the 'Harbour Cottage' room was decorated with memorabilia and furnishings which replicated a traditional Irish cottage. Residents who were engaging in activities told the inspector how much they liked this room.

The inspector observed that residents' bedrooms were bright and personalised with items of personal significance such as photographs and ornaments. Residents described that they were happy with their bedrooms. Some residents complimented the views of the enclosed courtyard from their bedroom windows. There was access to television and call bells in all bedrooms

There were three sitting rooms and a number of other seating areas to ensure residents had sufficient comfortable communal spaces in which to congregate and meet with each other and with their visitors. A spacious oratory was available for resident use.

There were two large dining rooms in the centre. Meal times were well organised to ensure sufficient staff were available to support residents in both dining rooms. The inspector observed that a choice of meals were offered as well as a variety of drinks. Residents commented positively about the quality and variety of food provided in the centre and confirmed that they could get an alternative dish to those on offer if they wished. Meals appeared nutritious and appetising. The inspector observed that residents were offered snacks and fluids regularly throughout the day.

The corridors were wide and walls were decorated with photographs of previous social events in the centre. A recent art workshop that occurred over a six week period had recently come to an end and residents' paintings had been framed and displayed in the reception area of the centre. There were sufficient handrails in place along all the corridors to support residents with their safe mobility.

The inspectors observed that residents' call bells were answered promptly by staff. Inspectors also observed that the communal rooms were supervised at all times.

There were three activities coordinators employed by the centre and a varied activity programme was facilitated daily in each of the communal sitting rooms. The activities on offer were displayed in prominent locations throughout the centre. The inspector observed a quiz taking place in the green room in the afternoon, there was large turnout to this activity and from the interactions observed it was evident that the residents were really engaged and enjoying each others company. A number of other residents' were also participating in a new sensory game in another communal room called 'The Tovertafel Table', and they expressed that they really enjoyed participating in this activity. The inspector spoke to some residents who chose to spend time in their rooms watching television and they expressed that this

was their preference. The inspector observed staff calling to residents in their bedrooms regularly throughout the day.

The inspector observed that staff wore face masks as recommended during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This inspection was a one day unannounced risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the inspectors found that Cuan Chaitriona nursing home was a well-governed service which ensured that residents received high quality, safe care in line with their needs and choices.

The provider and person in charge demonstrated responsiveness to the last inspection's findings and were keen to meet regulatory compliance, however some improvements were required in relation to infection prevention and control, staff training, training and development and the notification of incidents. These are discussed under the relevant regulations.

The registered provider for Cuan Chaitriona Nursing Home is Newbrook Nursing Home Unlimited Company. The person representing the registered provider entity is Chief Executive Officer of the company. There was a clearly defined management structure in place that identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The person in charge was supported in their role by a clinical nursing manager (CNM) and a team of nurses, healthcare assistants, activity, administration, maintenance, domestic and catering staff.

There were management systems in place to oversee the service and the quality of care, including audits and key performance indicators. Inspectors viewed a schedule of clinical and environmental audits. Audits had been completed in a number of key areas including; infection prevention and control, restrictive practices and falls management. The aim of each audit was clearly set out and each audit had an action plan which detailed the improvements to be carried out. Clinical key performance indicators were completed and showed trends which demonstrated improvements in areas such as falls and antimicrobial use. While the majority of audits that had been completed were of good quality and had an accompanying

action plan this was not consistent.

There were regular management meetings, as well as monthly meetings with all staff groups. The management team regularly collated information on key areas of care for monitoring purposes.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed for 2022. An improvement plan was documented at the end of each area reviewed.

On the day of the inspection, 57 residents were accommodated in the centre. With the exception of house-keeping staff, the inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the needs of residents, in line with their assessed needs and dependencies. A training plan was in place for 2022 and staff who spoke with the inspector stated that they had access to training that supported them in carrying out their role. However, a review of training records showed that some staff were not up to date update in training for moving and handling practices, fire safety and safeguarding. This is discussed further under Regulation 16: Training and staff development and Regulation 28 ; Fire Safety.

Residents views on the quality of the service provided was accessed through resident meetings. Agenda items included visiting arrangements, activities, food and nutrition.

There were systems in place to safe-guard the residents from abuse. Resident's told the inspector that they felt safe in the centre and that they could talk to any staff member if they were worried about anything.

The complaints policy and procedure was made available to residents should they wish to register a complaint. The inspector reviewed a record of complaints received by the service. Procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre. However, not all incidents were notified to the Chief Inspector as required by the regulations. This is discussed further under regulation 31, Notification of incidents.

A sample of staff files were reviewed and found to contain all the information required under Schedule 2 of the regulations including a Garda Siochana (police) vetting certificate for each staff member.

Regulation 15: Staffing

There were insufficient house-keeping staff resources to maintain the cleanliness of

the centre given the size and layout of the centre. This was evidenced by:

- The allocation of cleaning tasks to care assistants.
- Insufficient resources to maintain a deep cleaning programme for all rooms in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While the majority of staff had received up-to-date training in areas required by the regulations a small number of staff had not completed up to date training in patient moving and handling and safe-guarding the elderly. The inspector acknowledges that this training had been arranged to take place in the coming weeks.

While arrangements were in place to ensure all staff were supervised on an appropriate basis according to their roles, supervision of cleaning staff and care staff required improvement to ensure cleaning trolleys and house-keeping rooms were cleaned daily, and household chemicals were stored securely when not in use.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall the programme of auditing was of a good quality, however this a small number of these required review to ensure that they were sufficiently detailed and focused to guide staff in assessing compliance, for example the infection prevention and control audits completed had not identified a number of the findings from this inspection.

Processes to ensure all risks/hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example;

- Although lockable storage was available, cleaning chemicals were not stored securely in the sluice and house-keeping room, and this posed a risk of injury to residents.
- Oxygen cylinders were not stored securely and this posed a risk in the event of a fire safety emergency.

Increased oversight of staffing resources was required to ensure that the premises was adequately cleaned on a daily basis.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Whilst the majority of notifications were submitted within the specified time-frames, the Chief Inspector was not notified of two resident injuries which required medical treatment, and a safe-guarding incident as required by the regulations. This notification was submitted to the the inspector following the inspection.

Additionally, while the provider was working towards a restraint free environment , the inspector found that not all restrictive practices were being reported on a quarterly basis to the Office of the Chief Inspector, as required by Regulation 31.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. The complaints procedure was displayed throughout the centre. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and detailed the resolution and whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre with arrangements in place to ensure each resident's health and social wellbeing was maintained by a high standard of nursing care and through a range of social care supports. The registered provider maintained good levels of regulatory compliance since the previous inspection. However, some improvements were required to ensure that the quality and safety of care being delivered to residents was consistently managed to ensure the best possible outcome for residents. In particular, actions were needed to bring fire precautions, premises and infection prevention and control into full compliance.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit

and warm and residents described the centre to be comfortable. Resident's accommodation was individually personalised, however some bedrooms required reconfiguration, to enable residents to have a comfortable chair within their bed space. A small number of wall surfaces were chipped and damaged, this is discussed further under regulation 17: Premises.

An electronic nursing documentation system was in place. Each resident had a comprehensive nursing assessment and care plan in place. Residents support needs were assessed through validated assessment tools that informed the development of care plans. Care plans reflected residents individual preferences. There was evidence of consultation with residents when developing and reviewing care plans.

Residents had access to their general practitioner and were supported in the centre by appropriate referral to health and social care professionals such as a physiotherapy, tissue viability nurse, dietetics and speech and language therapy.

A restraint-free environment was promoted and residents living in the designated centre said they felt safe and secure. Visiting was in line with public health guidance and visitors were seen attending the designated centre throughout the day.

The inspector observed that staff promoted each resident's rights and that their privacy and dignity was respected. The inspectors found that residents were free to exercise choice about how to spend their day. Residents were assisted to get up in the morning at a time of their choosing and staff supported residents to maintain their individual style and appearance. Some residents were observed in the communal day rooms, sitting in the reception area, while others spent time alone in their bedroom. All residents spoken with were complimentary of the staff and the care they provided.

Residents had access to an independent advocacy service, information about this service was displayed in the reception area of the centre. The inspector found that residents were encouraged to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. Feedback was sought in multiple areas and residents were kept informed about staffing, visiting and food and activities. Residents had access to television, radios, newspapers, telephone and Wifi. Residents also had access to religious services within the centre and wider community. Catholic mass was held weekly in the centre. Three members of staff were assigned to provide a varied activities programme daily and the inspector observed activities taking place throughout the day .

The provider was a pension agent for a number of residents. These payments were managed in line guidelines set out by the Department of Social Protection. There were sufficient measures in place to also manage smaller amounts of money or valuables held on behalf of residents.

Infection prevention and control measures were in place and monitored by the management team. There was evidence of some good practices in relation to infection control such as a programme of antimicrobial stewardship. The inspector viewed records of surveillance of antibiotic use, infections and colonisation and found evidence of a successful programme to reduce the unnecessary use of

antimicrobials in the centre. However, the inspector found that further action was required to bring the centre into compliance with Regulation 27: Infection control. For example; in order to supplement house-keeping staffing resources, some bedroom cleaning tasks were allocated to care assistants, however there were no records to evidence completion of cleaning tasks by care assistants. Additionally, while communal rooms were cleaned daily, no deep clean of these rooms was undertaken.

While staff spoken with were knowledgeable regarding the fire precautions in place to protect residents in the event of a fire emergency, a number of staff required updated training in fire safety. Oxygen storage also required review to ensure that it was maintained securely. This is discussed further under Regulation 28: Fire safety.

Regulation 11: Visits

Visiting arrangements were flexible, with many visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in communal areas.

Judgment: Compliant

Regulation 17: Premises

The following findings were not in line with Schedule 6 of the regulations;

- Although resident bedrooms appeared very spacious, the layout of some bedrooms required a review to ensure that residents had sufficient space around their bed to have a comfortable chair in which they could sit out.
- Paint was damaged/missing on a small number of wall and door surfaces. This meant that these surfaces could not be effectively cleaned.
- Some resident equipment such as a crash mattress was ripped and its porous foam surface was exposed, this did not enable effective cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet and residents confirmed that they could have alternatives to the menu offered if they wished. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with residents' assessed needs and the recommendations of the

dietician and speech and language therapists. Fresh drinking water, flavoured drinks, snacks and other refreshments were available throughout the day. Mealtimes were facilitated in two dining rooms and there was sufficient staff available at mealtimes to assist residents as needed.

Judgment: Compliant

Regulation 27: Infection control

Further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018) as follows,

- The storage of buckets and basins on the floor of the sluice and house-keeping room did not facilitate effective floor cleaning.
- An equipment drying rack was positioned over a clinical waste bin and this posed a risk of cross contamination from residual liquid dripping over the bin.
- The house-keeping trolleys were visibly unclean and this posed a risk of cross contamination as these trolleys were being moved around the centre.
- Floor and sink surfaces in the the house-keeping room were not clean and there the were no records to indicate that the room was cleaned daily.
- Communal rooms and utility rooms were not included in a deep cleaning schedule.
- There were no records to evidence of completion of daily cleaning tasks by care assistants.
- Not all clinical hand washing sinks were compliant with Health Building Note 00-10: Part C standards.
- Waste management processes required review , the inspector found an external clinical waste bin had overflowed and a number of hazardous waste bags were seen stored on the ground in the waste compound area. The inspector acknowledges that was actioned promptly by the person in charge on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A number of aspects of fire safety required improvement:

- Not all staff had received up-to-date training in fire prevention and emergency procedures.
- A number of oxygen cylinders were stored against the wall next of external

laundry building and these were not protected by a fire proof enclosure.

This regulation was not inspected in its entirety.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident records and found that a pre-assessment of their needs had been carried out prior to the resident being admitted to the designated centre. There was evidence of comprehensive assessments using validated screening tools, and these were reviewed every four months. Care plans were person centred and developed in a timely manner. There was evidence that care plans were created and in reviewed in consultation with the residents and their families.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs) and residents are supported to retain the GP they attended before admission to the centre. An on-call medical service was accessible to residents out-of-hours if needed. Links with the community palliative care team were established and their expertise was being sought for care of residents receiving end-of-life care, as appropriate. Recommendations made by allied health professionals were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments as scheduled.

Allied health professionals including dietician, speech and language therapy services, psychiatry of older age and tissue viability specialist were accessible to residents as needed. A physiotherapist attended the centre one day each week, as did a music therapist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to by staff in a dignified and person-centred way. Inspectors were told that a number residents in the centre expressed intermittent responsive behaviours. Behaviour support care plans were in place for residents to inform most effective de-escalation techniques and ways to effectively respond to the behaviours.

There was a very low level of restrictive full-length bed rail use in the centre and practices in place reflected the National Restraint Policy guidelines. Records showed that where bed rails were used, an assessment was completed which included a multidisciplinary approach. Alternatives to bed rails were trialled and there was evidence of good use of alternatives such as grab rails and low profile beds. Procedures were in place to ensure residents safety when this restrictive equipment was in use and to ensure that use was not prolonged.

Judgment: Compliant

Regulation 8: Protection

There were systems in places to safeguard residents from harm.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to numerous opportunities to pursue their interests on their own or in organised group activities. Staff were available to assist residents who required additional support to participate in activities.

Residents' rights were found to be upheld by staff and their privacy and dignity was maintained at all times.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cuan Chaitriona Nursing Home OSV-0000334

Inspection ID: MON-0036461

Date of inspection: 30/11/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • An immediate increase of two hours per day (5 days per week) has been put in place to the Housekeeping Department. • Audits have been further developed to assess the deep cleaning schedules and ensure that all areas of the center are reached in a timely fashion. 	
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> <ul style="list-style-type: none"> • All outstanding mandatory trainings have been scheduled for staff to attend. • All new staff are provided time and the facility to attend the HSE Land courses during their induction period. • A second in house Manual Handling Trainer has been assigned to assist with training. • Staff meetings and in house education is continuing around all aspects of IPC. A Head Housekeeper has been appointed and she will undergo the Cleanpass training course. • Audits carried out by DON, CNM and IPC link staff to assess IPC compliance. This will further inform the training needs of Housekeeping staff. • Hygiene trolleys have been added to the Green Tag "I'm clean" system. This will aid the supervision of Housekeepers. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Further education has been provided to staff regarding the importance of appropriate chemical storage. Weekly audits are being carried out to assess compliance with this. • Lockable storage in the hygiene room will be refitted to ensure that all chemicals are stored appropriately. • Caging has been ordered to facilitate secure storage of oxygen cylinders outside. • A Risk Register is maintained for the Centre. All risks are regularly reviewed based upon their risk rating. Controls are then put in place to mitigate those risks. Incidents are recorded and reviewed. A schedule of audits has been developed for 2023. Action plans are then developed based upon assessed risks, any incidents and the audit findings. In the case of non-compliances, these will be re-audited to assess the ongoing compliance levels. A review of risks, incidents and audit findings is a standing item on the agenda at Management meetings which the CEO attends, Care Team meetings and MDT meetings. 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • All incidents have been reviewed and notified to the Chief Inspector as required. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Areas requiring redecoration have been identified and a schedule of maintenance prepared. • The layout of all the residents' bedrooms have been reviewed to ensure adequate space for a chair is available. • All crash mats have been audited and any with defects have been removed immediately and disposed of. New replacements have been provided. 	

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

- Staffing levels in the hygiene department have been increased immediately to reflect ten further hours per week.
- Buckets and basins are no longer stored on the floor of the sluice room and the housekeeping room.
- Clinical waste bins in sluice room have been relocated away from the drip tray.
- On completion of hygiene shift all trolleys are cleaned and decontaminated in preparation for the next shift.
- A cleaning schedule has been prepared for housekeeping staff to follow. This is being completed on a daily basis.
- Clinical sinks have been ordered and they will be installed in due course.
- Staff meetings and in house education is continued around all aspects of IPC.
- Audits carried out by DON, CNM and IPC link staff to assess IPC compliance.
- Hygiene trolleys have been added to the Green Tag "I'm clean" system.
- A second clinical waste bin has been ordered to facilitate excess clinical waste if and when required.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All outstanding mandatory training has been scheduled for staff to attend.
- A cage has been ordered to facilitate secure storage of oxygen cylinders outside.



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	10/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	11/01/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/01/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Substantially Compliant	Yellow	31/01/2023

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/01/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/01/2023
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	10/01/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	31/03/2023

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	11/01/2023
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	11/01/2023

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	10/01/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief 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.	Substantially Compliant	Yellow	10/01/2023