Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beechwood House Nursing Home
Name of provider:	Beechwood House Nursing Home Limited
Address of centre:	Rathnaneane, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0036945

About the designated centre

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

Beechwood House Nursing home is a two storey premises situated in the town of Newcastle West close to all local amenities. The premises has been substantially renovated and largely extended since it was first built and now provides accommodation for up to 67 residents in a mixture of single and twin en-suite bedrooms. Communal accommodation consists of numerous spacious lounges, two dining rooms and a conservatory area. There are two enclosed garden areas for residents use which can be easily accessed from the centre. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs a full time physiotherapist, two activity co-ordinators and occupational therapy services one day per month. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

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 22 June 2022	09:00hrs to 18:25hrs	Oliver O'Halloran	Lead
Wednesday 22 June 2022	09:00hrs to 18:25hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Overall, the feedback from residents was that Beechwood House Nursing Home was a pleasant place to live and residents felt well cared for by a team of supportive staff. Residents spoke positively about the staff who cared for them daily, the quality of the food and their ability to exercise choice in many aspects of their daily lives. Inspectors spoke with visitors who spoke positively about how the person in charge and registered provider responded to residents needs.

On arrival at the centre, inspectors were met by the person in charge. Following an introductory meeting, inspectors walked through the centre with a clinical nurse manager. The clinical nurse manager was well known to the residents and informed residents of the inspectors presence in the centre. Inspectors met with a number of residents in the communal areas and in their bedrooms.

Inspectors observed residents enjoying a relaxed and calm atmosphere in a variety of settings such as communal areas, and in their own private accommodation. Staff were observed serving breakfast to residents in the day rooms and their bedrooms. Staff were observed assisting residents with their breakfast and attending to any requests that residents had.

Residents complimented the kind and caring manner of the staff and told inspectors that staff 'could not do enough for you'. Some residents told inspectors that 'staff were very busy' but would always make time to 'stop and chat about anything that would be bothering you'. In the main, residents were satisfied with the length of time it took for staff to answer their call bells, with some residents reporting longer than expected wait times on occasional afternoons.

Inspectors acknowledged that residents and staff living and working in the centre had been through a difficult and challenging time during an outbreak of COVID-19 which had affected a number of residents and staff. Residents discussed the challenges they faced when restrictions were in place and visits from family and friends had been suspended. Residents complimented the staff and management for supporting them to maintain contact with their family and friends through telephone and social media.

Residents complimented the design, layout and 'character' of the premises. The centre is laid out over three floors that are accessible to residents via a passenger lift. Bedroom accommodation is comprised of both single and predominantly twin bedroom accommodation, all of which have full en-suite facilities. The centre was bright, colourful spacious and laid out to meet the needs of the residents. There was ample outdoor garden space for the residents to enjoy and many residents were observed sitting outside enjoying the weather. Staff were observed spending quality time with residents in the garden. Inspectors observed some areas of the centre where walls had chipped paint. Some floors were in needs of repair. Some cloth

furniture in day rooms were observed to be visibly stained.

Residents were encouraged to personalise their bedrooms with items of significance. Mementos such as photographs, ornaments and books were displayed. There was adequate storage in many bedrooms for residents' personal clothing. However, inspectors observed that there was poor observation of appropriate storage in a number of bedrooms, as evidenced by items such as luggage cases and hoist slings stored on the top of wardrobes, which resulted in these areas not been able to be effectively cleaned, the storage of hoist slings on top of the wardrobe impacted on residents' privacy and dignity. Inspectors observed footwear stored on the floor in en-suites, this was a tripping hazard and in addition the floor could not be effectively cleaned. Residents expressed satisfaction with their bedroom accommodation, views from their bedroom window and all bedrooms had access to call bells.

Since the previous inspection, the provider had arranged for resident's personal clothing to be laundered off-site by an external service provider. Systems were in place to ensure residents clothing was clearly identified to minimise the risk of clothes being lost or misplaced. Residents reported their satisfaction with the service provided.

The lunchtime experience was observed by inspectors to be pleasant and social. Some residents had their meals in the dining room, while others were supported by staff in the dayroom or in their bedroom. Staff confirmed to the inspector that residents could choose where to have their meals on a daily basis. Residents complimented the quantity and quality of the meals they received. Residents told the inspectors that they were provided with snacks and refreshments throughout the day.

A variety of activities were taking place throughout the day and staff made efforts to ensure all residents were engaged socially. Residents could choose the activities they would like to participate in and some residents told inspectors that they looked forward to attending a novena in the local church in the days following the inspection. Residents were kept informed about changes in the service through scheduled resident forum meetings. Residents also had the opportunity to provide feedback through surveys. Inspectors found that concerns raised in surveys were appropriately responded to and actioned by the management team.

The following section of this report detail the findings with regard to the capacity and management and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). Inspectors

reviewed the actions taken by the provider to address substantial non- compliance issues found on the inspection in January 2021. Inspectors also reviewed solicited and unsolicited information received by the office of the Chief Inspector.

The findings of this inspection were that the registered provider had an established governance and management structure with effective leadership and clear lines of accountability and authority. However, action was required to ensure risk management systems were robust to protect residents from risks such as falls. The oversight of residents assessments and care plans did not ensure that nursing documentation was in compliance with the regulations. Unsolicited information pertaining to individual assessment and care plans and risk management was found to be partially substantiated. Further action was also required to ensure full compliance with;

- Regulation 23: Governance and Management
- Regulation 27: Infection control
- Regulation 16: Training and staff development
- Regulation 34: Complaints
- Regulation 21: Records

Beechwood House Nursing Home Limited was the registered provider of the centre. A representative of the company directors worked on site in the centre. The person in charge worked full- time, in a supervisory capacity, and was supported by the clinical nurse manager who worked full time, 60% in a supervisory capacity and 40% providing direct resident care.

There were systems in place to monitor the quality and safety of the service. There was an audit schedule in place that monitored clinical and environmental aspects of the service. For example, completed audits included medication management, call bell response times, wound care, residents at risk of malnutrition, falls incidents and clinical care records, such as care plans. Where there were areas for improvement identified, quality improvement plans were developed and communicated to staff in the relevant department of the designated centre. There was evidence that the person in charge reviewed the status of actions frequently to ensure actions were completed.

The risk management systems were underpinned by the risk management policy in the centre. There were systems in place for the identification, recording, investigation and learning from serious incidents. However, inspectors found that these systems were not consistently implemented which impacted on the centre's ability to respond to changing resident risk in a timely manner. For example, there were a number of falls incidents dating back to March 2022, recorded on the on-line risk management system, that had yet to be reviewed and managed.

A record of incidents was maintained in the centre and on review inspectors found that the Chief Inspector had been informed of notifiable incidents, in line with regulatory requirements.

A sample of staff files were reviewed by inspectors. This review confirmed that each personnel file contained all the necessary information required by Schedule 2 of the

regulations.

There was sufficient nursing and health care staff available on the day of inspection to meet the assessed needs of the current residents. The service was also supported by housekeeping, activities, administrative, catering and maintenance staff. However, inspectors found that the staffing levels present on the day of inspection were not reflective of the staffing levels in the roster or aligned with the staffing levels described to inspectors on arrival to the centre. A review of staffing rosters evidenced that there was a variation in provision of health care assistant staffing hours in the evening time in the centre.

The centre had a training programme in place to ensure that all grades of staff had the opportunity to participate in training, appropriate to their role. A small number of staff nurses had not received up-to-date training in cardio-pulmonary resuscitation, which posed a risk to residents in the event of a resident requiring advanced life support in the event of a sudden deterioration in health.

There was a complaints procedure clearly displayed in the centre. Residents spoken with were knowledgeable about how they would go about making a complaint. On review of the centre's complaints management system, inspectors found that the outcome of a complaint and the complainant's satisfaction were not consistently documented, in line with regulatory requirements.

Regulation 15: Staffing

While there was adequate staff available to meet the needs of the residents on the day of the inspection, staffing levels did not reflect the staff roster. This resource issue is addressed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff did not have up-to-date training, appropriate to their role.

- Not all staff nurses had received up-to-date cardio-pulmonary resuscitation training. This posed a risk to residents who were assessed as requiring advance life support interventions as part of their care plan.

Judgment: Substantially compliant

Regulation 23: Governance and management

A review of the staffing resources available in the centre found that that the service did not have adequate numbers of nursing and health care staff available to maintain adequate staffing levels, specifically in the evening time, as described in the centre's statement of purpose.

In addition, governance and management systems were not effectively monitored. This was evidenced by;

- While audit of assessment and care planning was undertaken, the audit findings had not identified significant gaps in the assessment and care planning process as described under regulation 5: Individual assessment and care plan.
- Risk management systems were not effectively monitored. For example; there were 20 falls incidents open on the electronic risk management system that had yet to be reviewed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the centre's complaints management system found that it was not in line with regulatory requirements. For example:

- The outcome of the complaint and whether or not the complainant was satisfied was not consistently recorded.
- A record of all complaints and the action taken by the registered provider in respect of any such complaints was not consistently maintained. For example, expressions of dissatisfaction at residents meetings were not managed in line with the centre's own complaints policy.

Judgment: Substantially compliant

Quality and safety

Residents living in Beechwood House Nursing Home were satisfied with the support they received to enjoy a satisfactory quality of life. Inspectors found that that the direct provision of care was of a satisfactory standard and residents were engaged socially in meaningful activities. Nonetheless, this inspection found that action was required in relation to residents' individual assessment and care plans, health care, infection prevention and control, and premises.

The premises were visibly clean. There were some items of furniture and equipment that were in a poor state of repair. There were some items inappropriately stored, which impacted on resident's privacy and dignity and on the risk of cross contamination.

Residents' assessments and care plans were maintained on an electronic documentation system and a schedule of assessments were in place to support the identification of residents at risks of impaired skin integrity, falls and malnutrition. While it was evident that the needs of the residents were well known to the staff, gaps in the assessment process impacted on the development of person-centred care plans and this presented a risk in the regard to ensuring residents care needs were met. This is discussed further under Regulation 5: Individual assessment and care plans.

A review of residents' records found that there were arrangements in place for residents to access the services of allied health and social care professionals. Reviews were carried out by physiotherapy, occupational therapy, speech and language and dietetics. There was regular communication with residents' general practitioners (GP) regarding resident's health care needs. There were systems in place to monitor residents nutritionally at risk, however those systems were not consistently implemented. Inspectors were assured that residents received appropriate and evidenced-based wound care, supported by access to tissue viability expertise.

Mealtimes were observed to be a pleasant and social experience for residents in the centre. Residents had a choice of where they would like to have their meals. Residents were provided with a choice for their meals and residents complimented the quality of the food. Staff were observed providing discreet assistance and support to residents during mealtimes in both the dining room and in residents private accommodation. Systems were in place to monitor residents weights and dietetic services were available monthly in the centre.

The risk management policy met the requirements of Regulation 26, Risk management and contained associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. The policy detailed the arrangements in place for the identification, recording and monitoring of risks that may impact on the safety and welfare of residents in the centre. Inspectors found that systems to

manage risk did not ensure that falls incidents involving residents were reviewed in a timely manner to prevent recurrence. This is detailed under Regulation 23, Governance and management.

A documented COVID-19 preparedness plan was in place and links were established with the public health team. The management team had completed an outbreak review that analysed the management of the outbreak and identified learning and improvement actions to prevent or prepare for any future outbreaks in the centre. This included allocating staff to specific areas in the centre to minimise staff cross over. Staff were observed appropriately using personal protective equipment and signage was strategically placed throughout the centre to prompt hand hygiene. There were wall mounted hand sanitisers located throughout the centre. Staff provided a demonstration of the cleaning procedure and the single use, colour coded, mop and cloth system in place to reduce the risk of cross infection. Nonetheless, inspectors observed that some fabric furnishings in day rooms were visibly stained, the storage of boxes directly on the floor in certain areas of the centre impacted on these areas being effectively cleaned. These are discussed further under Regulation 27, Infection control.

Measures were in place to ensure residents were protected from the risk of abuse. Residents stated that they felt safe living in the centre and that staff treated them with dignity and respect. Staff demonstrated appropriate knowledge with regard to identifying and responding to allegations of abuse. There was an up-to-date safeguarding policy in place. Systems were in place to safeguard residents' money.

Inspectors found the residents were free to exercise choice in how to spend their day. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme. Residents had opportunities to meet with the management team to discuss the quality and safety of the service and there was evidence that their feedback was used to inform quality improvements in the centre.

Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or a visitor area, if they wished.

Regulation 11: Visits

The registered provider had ensured that arrangements were in place for residents to receive visitors in the centre. Visiting was observed not to be restricted.

Judgment: Compliant

Regulation 17: Premises

Action was required to comply with the requirements of Schedule 6 of the regulations. For example;

- Some equipment such as tables, shower chairs and grab rails in toilets were in a poor state of repair as they were observed to be rusted and the paint work was damaged. This resulted in these surfaces not being amenable to effective cleaning.
- There was inappropriate storage of equipment and supplies in the centre. For example, personal protective equipment, laundry transport trolleys, beds and mattress' were inappropriately stored in escape stairwells. This posed a risk in the event of the stairwells being used for evacuation in an emergency, as they would be a trip hazard.
- The layout of privacy screens in some shared bedrooms did not ensure residents had adequate privacy. This resulted in residents being unable to carry out activities in private.
- Some residents accommodation did not have suitable storage facilities. For example, there were multiple pairs of shoes stored in a residents en-suite and there were numerous items stored on the top of wardrobes such as hoist slings and luggage cases.This impacted on residents privacy and dignity and impacted on these surfaces being amenable to effective cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a choice of food at mealtimes and had had access to fresh drinking water at all times. There was an adequate number of staff to support residents at meals and when other refreshments were being served. Nutritional assessments were undertaken, and prescribed dietary plans were being adhered to.

Judgment: Compliant

Regulation 26: Risk management

The risk management met the requirements of the regulation and had last been reviewed in 2020. The risk management policy detailed the systems in place to identify and monitor potential risks to the safety and welfare of residents through a risk register.

The policy set out the procedure for the identification, recording, investigation and learning from serious incidents. However, inspectors found that the oversight of incidents involving residents was not robust and this is discussed further under

Regulation 23, Governance and management.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by the Authority. This was evidenced by;

- The inappropriate storage of equipment in the dirty utility. For example, mobility aids and cleaning equipment were observed to be stored in the dirty utility. This presented a risk of cross contamination and impeded access to hand hygiene facilities.
- The system in place to ensure equipment used to support continence was clean and ready to use was not effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that they were not compliant with the regulatory requirements. For example;

- Not all residents had comprehensive assessments completed to underpin the development of person-centred care plans. Therefore, there was a risk that some care needs would not be appropriately managed.
- A resident, identified as at risk of malnutrition, did not have a care plan commenced to guide the care interventions in place necessary to manage the identified risk.
- A resident with a history of falls did not have a mobility assessment completed.
- Some care plans were not reviewed within the time-frame specified in the regulations or following a change in the residents assessed needs. Therefore, these care plans did not provide accurate information to guide appropriate and safe care of the residents.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with timely access to their general practitioner (GP) and to health and social care professionals. A review of resident's records evidenced that recommendations made were implemented and had a positive impact on resident outcomes.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from the risk of abuse.

Safe recruitment practices were guided by a policy and staff were appropriately trained in recognising and responding to allegations of abuse.

The provider was a pension agent for a small number of residents. Records were maintained in respect of residents finances and invoices for care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were found to be upheld in the centre. Inspectors observed that resident's privacy and dignity was respected.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechwood House Nursing Home OSV-0000409

Inspection ID: MON-0036945

Date of inspection: 22/06/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We will ensure all mandatory training is up to date and a plan is in place for future training. All staff nurses have now received up-to-date cardio-pulmonary resuscitation training. Regular auditing of staff training takes place within the home and the staff training matrix has been updated to reflect staff attendance.	
Regulation 23: Governance and management	Substantially Compliant
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 residents is monitored on an ongoing basis, regular quality meetings, raising cars to drive improvement and consultation with residents. All residents have a care plan, based on an on-going comprehensive assessment of their needs which is implemented, evaluated and reviewed, it reflects their changing needs and outlines the support required to maximise their quality of life in accordance with their wishes. The risk register has been updated to accurately represent the level of risk specific to the home.	

Staffing levels have been maintained to date with assistance of agency staff, of whom we have the same agency staff supporting as required.
Two staff nurses and additional day and evening shift healthcare staff have been recruited, ensuring at all times our Home has adequate safe staffing levels.
Healthcare staff commenced July 2022.
Staff Nurses commenced September 2022

All resident's individual assessments and care plans have been reviewed and updated reflecting appropriate person centered care and will be on a four monthly basis or sooner as may be required in liaison with the resident or their nominated representative.

Auditing of all care plans takes place monthly and are discussed at the monthly staff nurse meetings.
Short stay residents receive and are included in a respite/short stay care plan which has been developed on our electronic risk management system which was created in June 2022.

All residents at risk of falls have had their individual risk assessment and care plans, and resident dependency levels reviewed and updated.

Monthly auditing of incidents are completed by the management and incidents are closed as appropriate, post review and audited monthly or as promptly as is appropriate.
Closure of open incidents were addressed and actioned and closed by June 30th.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
We will ensure complaints are logged in the complaints management system and ensure the outcome of the complaint is recorded, if complaints are made through the residents meeting we will ensure these are addressed at the Quality Meeting.

Our complaint management system was reviewed at our governance meeting post inspection in June.
Residents receive monthly feedback surveys where they have an opportunity to raise, (verbally or in writing), any concerns or complaints they may have.

Resident meetings are held bi monthly where residents are given the forum to, again raise any concerns or complaints they may wish to.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We will ensure all areas in the Home meet the privacy, dignity and wellbeing of each resident

Discussions were held at the governance meeting, post inspection, with the management team, to provide premises which conform to matters set out in schedule 6.

An environmental audit of the areas and equipment identified on inspection are being addressed and undertaken by the management and maintenance.

Any equipment that cannot be effectively cleaned will be fully repaired or replaced.

All equipment is now stored correctly.
Management have communicated to staff the importance of appropriate storage of equipment within the home, to ensure safety and also prevention of cross contamination.

We have identified one twin room which required an additional privacy screen.
This has been replaced with a permanent privacy screen, to replace a portable one.

Individual residents are facilitated with a minimum of one wardrobe, bedside locker and two chest of drawers.

All residents accommodation now have suitable storage facilities.

Staff meetings have been held over the past two months, and an additional initiative introduced where care staff have been assigned resident rooms where they are responsible and accountable for the safe, appropriate and clean storage of resident's belongings, and mobility aids.

The management team will monitor the completion of action plans from the audits which will be discussed at the weekly governance and management meetings.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by all staff.

Infection Control Auditing takes place monthly and will be discussed and actioned at and post staff head of department monthly meetings going forward.

All equipment is now stored appropiately .
Our Cleaning systems have now been reviewed to ensure they are effective.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
We will ensure each resident has a care plan, based on an on-going comprehensive assessment
of their needs which is implemented, evaluated and reviewed, it reflects their changing needs
and outlines the support required to maximise their quality of life in accordance with their
wishes.
All resident's individual assessments and care plans have been reviewed and updated reflecting appropriate person centered care and will be on a four monthly basis or sooner as may be required in liaison with the resident or their nominated representative.

Short stay residents receive and are included in a respite/short stay care plan which has been developed on our electronic risk management system.

The PIC will ensure that preparation of a care plan, based on assessment for a new resident will be created no later than 48 hours following their admission to the home.

Auditing of all care plans takes place monthly and are discussed at the monthly staff nurse meetings.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/08/2022
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	30/09/2022
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	30/09/2022
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/08/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/06/2022
Regulation 34(2)	The registered provider shall ensure that all	Substantially Compliant	Yellow	30/08/2022

	complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/09/2022
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	30/09/2022

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			