



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

Issued by the Chief Inspector

Name of designated centre:	Caherass Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Caherass, Croom, Limerick
Type of inspection:	Unannounced
Date of inspection:	26 May 2021
Centre ID:	OSV-0000411
Fieldwork ID:	MON-0033110

About the designated centre

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

Caherass Nursing Home is a purpose-built facility situated on a landscaped two-acre site in a rural setting, just outside the villages of Croom and Adare, 15 minutes from Limerick City. It is registered to accommodate a maximum of 50 residents. It is a two storey building and the bedroom accommodation comprises 48 single rooms all with en suite facilities of toilet and hand basin, and 1 twin room with shared en suite facilities. Additional bath and toilet facilities are available throughout the centre. Communal spaces comprise dining areas, day room/lounge, quiet room, balcony, smoking room and hairdressers. Caherass Nursing Home provides 24 hour nursing care for male and female dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care whose dependency range from low to maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 May 2021	10:00hrs to 18:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 45 residents living in Caherass Nursing Home on the day of inspection. The overall feedback from residents was that staff were good fun, kind and helpful. The centre was bright and homely with comfortable communal spaces for residents to enjoy.

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing-in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

This was a two storey facility with resident accommodation on both floors, with lift and stairs access to the first floor. The main entrance was wheelchair accessible. There was COVID-19 advisory signage, hand sanitiser, temperature check and sign-in sheets by reception. Entrance to the centre was locked to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff.

Residents were observed relaxing in the comfortable seating area by main reception throughout the day. Three residents spoken with said it was a lovely resting place and sun trap, and they could see the 'comings and goings' into the car park and main entrance.

The lounge day room was bright and roomy and had patio access to the outdoor secure garden which was wheelchair accessible. The day lounge was set out to facilitate social distancing while at the same time enabling residents to sit and relax and meet up with their friends to chat. Window sills were deep and covered with long cushions and residents were seen to enjoy sitting here chatting with their friends. The large flat screen TV was accessible for all residents in the day room; throughout the day age-appropriate music and programmes were played on the TV. The inspector spoke with residents in the day lounge and they appreciated the live-streaming of mass daily on the TV. There was a relaxed atmosphere here and residents moved around to chat with their friends, others enjoyed reading the news paper.

Mealtimes were observed and residents were served and assisted in a relaxed and social manner with positive interaction noted. Soup, tea, juice and soft drinks were offered to residents at 11:30am. Tables were pleasantly set for residents with cutlery and paper serviettes prior to residents coming to the dining room for their main meal. Residents were offered choice for their meals and gave positive feedback of the quality of the food served. Meals were well presented including textured meals. Staff asked residents were they would like to dine for their main meal, some chose to remain in the day room while most opted to go into the dining room. Those residents who remained in the day room had tables brought from

various rooms or taken from residents who went to the dining room as there were inadequate tables available in the day room for residents to have their meal from, or rest their glass of water or cup of tea.

The enclosed garden was a lovely open space with furniture, walkways, shrubbery, and raised flower beds. Residents had painted stones and rocks and these formed part of the decorative ambiance. In the afternoon, many residents enjoyed the garden where the activities co-ordinator potted up plants with them, with music playing in the background. Residents were well groomed and when out in the sunshine they wore sun hats and were offered refreshments as it was a really hot afternoon. The inspector spoke with six residents while in the garden and they really enjoyed the outdoors and the activities, however, they did report that some days were long when there were no activities. The morning of the inspection was an example of this as there were no activities scheduled; the activities board downstairs was alongside the day room and had large colourful pictures and writing displaying the activities for the week; two mornings of the week there were no activities scheduled. The activities board upstairs had no information to let residents know what was happening during the day.

The physiotherapist was on site in the morning. She undertook assessments of residents and provided guidance regarding mobility programme and exercises to help residents maintain their degree of independence.

In general, staff positively and actively engaged with residents including residents with complex communication needs, however, there were occasions when staff did not engage with residents and supervised the upstairs day room in a perfunctory manner.

Residents' bedroom accommodation comprised 48 single and one twin occupancy bedrooms, all with en suite toilet and wash-hand basin facilities. There were 22 residents accommodated downstairs and 28 residents upstairs; residents upstairs had access to a day room with a balcony outdoor space and a quiet day room. Both the day room and quiet room were bright rooms with comfortable seating and residents were observed reading newspapers and magazines here. While there was a balcony, it was in poor condition, the floor was uneven and the furniture needed upgrading so that it would be a safe place for residents to enjoy.

Bedrooms were personalised and decorated in accordance with residents' wishes. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers, and some residents had two chest of drawers. Pressure relieving specialist mattresses, low low beds and other supportive equipment was seen in residents' bedrooms. One twin room was single occupancy, and while the second bed was vacant for several months there was a urinal holder still on the side of the bed; there was a surplus mattress left on the vacant bed which was unsightly for the resident occupying the bedroom. Privacy curtains were inaccessible for this resident as they were jammed behind the wardrobe.

In general, there was inadequate storage in the centre, for example, the cleaners' trolley and buffer were inappropriately stored in one sluice room which had limited

space; large rolls of paper were stored on the ground.

Wall-mounted hand sanitisers were available throughout the centre and staff were observed to comply with best practice hand hygiene. Hand-wash hubs were located on corridors both upstairs and downstairs. Separate staff changing rooms were in place and staff had access to a canteen with cooking facilities. Catering staff had separate changing and dining facilities in line with best practice.

While there was an additional shower added to the hairdressers' room, it was inaccessible due to hairdressing equipment; it did not have the necessary protective screen to prevent water going everywhere and looked as if it was not being used.

Appropriate work-flows were described in the laundry. Directional signage on the floor in the laundry provided reminders to staff to ensure adherence to appropriate work-flows in line with infection control guidance.

Residents in the service had not experienced a COVID-19 outbreak; the service had opened up in accordance with current HPSC guidance, and residents and families were happy with the arrangements. Visiting hubs were created in two stairwells with external access. These areas were decorated with textured wall paper and gave a lovely vibe to sit and relax. Chairs and tables were positioned to ensure they did not obstruct the exit, nonetheless, these were removed each evening after the last visit to ensure fire safety.

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

Overall, findings on this inspection were that this was a well run centre where the residents' needs were generally met. Caherass Nursing Home was a residential care setting operated by Mowlam Healthcare Unlimited Company. The organisational structure comprised the Chief Executive Officer (CEO) who was the provider representative, director of care services, healthcare manager, human resources, facilities and finance departments. On site, the person in charge was full time in post and was supported by the clinical nurse manager (CNM).

The inspector reviewed the actions from the previous inspection, and found that most had remedial actions completed in relation to identified fire safety precautions, monitoring of water temperatures, storage of oxygen, and accessibility of the secure outdoor garden. Supervision in the day room was observed to be a concern on the morning of the inspection as there was no one allocated to the day room; this was not an issue in the afternoon as the activities co-ordinator was on duty and maintained good oversight of residents here. Areas identified on this inspection requiring further attention were supervision in the day room, aspects of the

premises, terminal cleaning checks, inadequate resting tables in day rooms for residents comfort, transfer of information when a resident was leaving the centre and fire drills.

Agenda items of the monthly quality and safety management meetings included HIQA requirements, clinical, health and safety, audit and governance oversight, staffing, finances and facilities. A review of risk with the associated action register informed these monthly meetings; risk reduction objectives were set out with responsibilities assigned with a target date for completion and rating of the risk apportioned. Records were quite detailed regarding all of the above and provided excellent oversight of the service.

The annual audit schedule called the 'Mowlam Audit Management System' was displayed on the wall in the office of the person in charge. Audits were completed on a weekly basis and results of these fed into the weekly centre reports submitted to Head Office as well as the monthly management action register. Any non compliance identified had an action plan developed with weekly updates on progress of the specific action. The schedule of audit had audits completed on a two-monthly basis, and on the third month a review of action plans was undertaken and progress and status recorded.

Staff confirmed that they had additional training to support them relating to COVID-19 pandemic such as infection prevention and control, hand hygiene, donning and doffing PPE. Some training was via HSEland and follow-up information sessions to ensure staff knew and understood the course content was done for safeguarding training. Additional refresher clean-pass training was scheduled for household staff as part of staff maintaining their professional competencies.

A sample of staff files were reviewed. These were comprehensive and were in line with the requirements of Schedule 2. Staff appraisals were almost completed for all staff for 2021. Staff rosters were examined and there was adequate staff to the size and lay out of the centre and the current resident numbers. The person in charge informed that staff levels were under constant review regarding resident numbers and dependency levels. There were 36 hrs allocated to activities per week, however, these hours were not always filled as two mornings there were no activities scheduled and this was seen on inspection.

It was evident that an effective complaints procedure was in place as several complaints were recorded with details of the investigation, interactions with the complainant, learning and actions implemented to mitigate recurrence of such an incident.

In general, there was inadequate storage in the centre, for example, the cleaners' trolley and buffer were inappropriately stored in one sluice room which had limited space; large rolls of paper were stored on the ground. The facilities department had undertaken an audit of the premises and facilities, and developed a 'corrective action and preventative action plan' detailing specific areas of non compliance with corrective actions necessary, and these were time-bound. Most actions were due for completion by 31 May 2021. This was discussed with the healthcare manager who

reported that due to the HPSC guidance restrictions, this date was not realistic and the project was being reviewed at the time of inspection and a new completion date was yet to be agreed.

The person in charge was knowledgeable regarding her regulatory obligations to submit notifications and such notifications were timely submitted. The incident and accident log was examined and records showed that correlating notifications were submitted. A current certificate of insurance was evidenced.

In conclusion, in general, staff positively engaged with residents in a kind, gentle and relaxed manner and quality of care was good.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations. She positively engaged with the regulator during the inspection.

Judgment: Compliant

Regulation 15: Staffing

While there were 36 hours allocated to activities each week, these hours were not routinely filled to ensure residents had access to meaningful activation on a daily basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training was up-to-date for mandatory training and training associated with infection prevention and control.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with regulatory requirements.
Judgment: Compliant
Regulation 21: Records
Controlled drugs were maintained in line with professional guidelines. Schedule 2 staff records were comprehensively maintained.
Judgment: Compliant
Regulation 22: Insurance
A current certificate of insurance was available and complied with the requirements of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
There was good oversight of service delivery demonstrated. The audit schedule and reporting mechanism provided assurances that the service was effectively monitored. Staff spoken with demonstrated good insight into the audit process and its value and how it influenced quality improvement.
Judgment: Compliant
Regulation 3: Statement of purpose
Floor plans required updating to reflect the current layout of the premises.
Judgment: Substantially compliant
Regulation 31: Notification of incidents

A record of incidents, accidents, medication errors and near miss episodes were well maintained. Notifications submitted to the Office of the Chief Inspector correlated with incidents; these were timely and appropriately submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 32: Notification of absence

Appropriate notifications were submitted to the Office of the Chief Inspector relating to Regulation 32.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place as several complaints were recorded with details of the investigation, interactions with the complainant, learning and actions implemented to mitigate recurrence of such an incident.

Judgment: Compliant

Quality and safety

Residents feedback about life in the centre was generally good and were happy with the quality of the service. The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. In general, staff positively and actively engaged with residents including residents with complex communication needs.

Visiting had recommenced and visits were scheduled and facilitated in the afternoons over a seven-day period. Staff demonstrated a commitment to facilitating visiting and accommodating visitors time schedules as well.

While there were comfortable communal areas in the centre, maintenance of the premises was an issue as highlighted under capacity and capability section above. By way of example, many surface and furniture were worn, the door lock to one sluice room was broken, the balcony area upstairs required significant attention and

there was inadequate storage throughout the centre for all aspects of storage.

Residents in the centre had remained free of COVID-19, and staff and residents had received their vaccinations. Nonetheless, areas for improvement were noted regarding infection prevention and control. Terminal cleaning checks were not completed following deep cleaning of rooms to be assured that this was completed to a high standard. For example, one twin room was single occupancy, and while the second bed was vacant for several months there was a urinal holder still on the side of the bed; there was a surplus mattress left on the vacant bed which was unsightly for the resident occupying the bedroom. Privacy curtains were inaccessible for this resident as they were jammed behind the wardrobe.

Many surfaces to shelving, doors and furniture were worn so effective cleaning could not be assured. Residents who remained in the day room for their meals had tables brought from various rooms or taken from residents who went to the dining room as there were inadequate tables available in the day room for residents to have their meal from or rest their glass of water or cup of tea alongside them.

Laundry was segregated at source and laundry staff described best practice workflows in the laundry to prevent cross infection in line with the national standards for infection control. The laundry was neat and tidy and clothes were segregated appropriately. Other precautions in place for infected laundry included the use of alginate bags. Dani centres were located around the centre for staff to easily access personal protective equipment (PPE).

Pre-admission assessments were undertaken to ensure that the service could provide appropriate care to the person being admitted. Assessments were undertaken in accordance with the regulations. Care plans documentation was in accordance with activities of daily living providing a holistic picture of the care to be provided to individual residents. Records were maintained on-line, and while care plans were updated in line with regulatory requirements, the date automated to be included in the care plan was the reminder date for review rather than the date the document was edited and updated, which was confusing and misleading when the care documents were being reviewed. Residents notes included transfer information following a resident's transfer back into the centre from another service. However, copies of information provided when a resident was transferred out of the service to another service was not kept in the centre, so it could not be determined whether all relevant information was provided so the resident could be appropriately cared for by the receiving facility.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age services, dietician, tissue viability and palliative care for example. The physiotherapist was on site in the morning of the inspection and was seen to provide assessment and instruction to residents helping them with their mobility and exercise regime to maintain their independence. Wound care documentation was detailed; photographs to monitor wound progression supported wound management and records had pressure relief interventions to help maintain

skin integrity.

Staff spoken with and practice observed showed that staff had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents. Those residents requiring behavioural support plans had them in place and observational charts were initiated when required to help identify possible sources of upset, confusion or anxiety.

Controlled drugs records were maintained in line with professional guidelines. Controlled drugs and medication trolleys were securely maintained. A sample of medication administration records were examined and they were comprehensively maintained and in line with professional guidelines. There was a medication reconciliation chart for each resident's prescription to support staff.

There were colour-coded floor plans displaying fire alarm zones with a point of reference highlighted. Appropriate quarterly and annual fire certification was in place. Daily and weekly fire safety checks were comprehensively maintained. As part of their quality system, a list of residents requiring ski sheet evacuation was displayed in the office of the person in charge for ease of access. Cognisant of dependency levels of residents and review of previous fire drills and evacuations, it was necessary to repeat these sessions mindful of night duty staffing levels to be assured that evacuations would be completed by all staff in a timely and safe manner.

Regulation 11: Visits

Visiting was recommenced in line with current HPSC guidance. The service was committed to ensuring residents and their families remained in contact and staff supported residents by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Storage for personal possessions included a double wardrobe, chest of drawers and bedside locker for each resident.

Best practice work-flows were demonstrated regarding laundry services.

Judgment: Compliant

Regulation 17: Premises

There were inadequate storage facilities in the centre.

Maintenance of the premises was an issue as many surface and furniture were worn, the door lock to one sluice room was broken, the balcony area upstairs required significant attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals and mealtimes were pleasant social occasions and residents were assisted in a kind manner with their meals. Choice was offered for meals, which were pleasantly presented. Dining rooms were nicely prepared and tables set prior to residents coming for their meals. Residents were offered refreshments throughout the day.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Following discharge back to the centre, comprehensive information was available when the resident returned to the centre. However, a copy of transfer letters when a resident was transferred out to another service was not maintained in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk management of the centre demonstrated on inspection. Appropriate risk registers were maintained which were timely assessed and updated.

Judgment: Compliant

Regulation 27: Infection control

Issues relating to infection prevention and control included:

- 1) terminal cleaning checks not completed
- 2) many surfaces to shelving, doors and furniture were worn so effective cleaning could not be assured
- 3) inadequate resting tables available in day rooms for residents.

Judgment: Not compliant

Regulation 28: Fire precautions

Cognisant of dependency levels of residents and review of previous fire drills and evacuations, it was necessary to repeat these sessions mindful of night duty staffing levels to be assured that evacuations would be completed in a timely and safe manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration charts were comprehensively maintained in the sample documentation examined.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment to inform care planning and care plans were maintained in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to on-site GP consultation. Residents medications were

reviewed as part of their consultation with their GP and ongoing monitoring and responses to medication were seen. In the sample of residents' care documentation examined, appropriate records were seen regarding wound care and associated risk assessments supported residents to maintain their skin integrity. The physiotherapist attended the service and supported residents to maintain their level of mobility.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and observations demonstrated that residents were treated with respect and a social model of care was promoted.

Judgment: Compliant

Regulation 9: Residents' rights

While residents had access to a variety of activities, this information was not displayed on the notice board upstairs for residents.

Occasionally, staff did not actively engage with residents in the day room upstairs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Caherass Nursing Home OSV-0000411

Inspection ID: MON-0033110

Date of inspection: 26/05/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: We have increased the number of hours to 36 per week since the time of the inspection. The staff roster has been updated to include rostered activities 7 days a week, ensuring that the activities hours are protected, routinely filled and that residents have access to meaningful activities on a daily basis.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The floor plans have been updated to reflect the premises current layout, and the Statement of Purpose has been also updated with this information.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The storage facilities in the centre have been fully reviewed. Excess PPE has been removed from storerooms and is stored off site, which has freed up more storage space within the home. • 2 areas have been identified which will be converted to Assisted Shower Rooms by 31/12/2021. 	

- We have increased the interim maintenance cover that was put in place to cover the Maintenance Person's leave.
- Surfaces have been treated and the door lock to the sluice room has been replaced.
- The surfacing of the balcony will be replaced by 30/09/2021.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

Copies of transfer letters for all residents who are transferred out to other services from the home are now being saved on the electronic residents' records, along with hard copies transferring with the resident themselves when leaving the nursing home. Training has taken place to remind all staff nurses about how to save and retrieve transfer letters on the electronic record when required, ensuring that historical records are readily available if needed.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Since the inspection, terminal cleaning schedules and records have been reviewed and updated (24/06/21). All housekeeping staff have been advised of this update and will ensure that all records and checks are comprehensively completed when a room becomes vacant. The PIC will review cleaning and monitor records regularly.
2. Shelves with worn surfaces ineffective for cleaning have been replaced (completed 30/06/21). Doors and furniture which required upgrading have been treated to allow for effective cleaning.
3. Resting tables in Day Rooms for residents have been reviewed. Extra tables have been purchased and are in place (01/07/21) and being used by residents.

Regulation 28: Fire precautions	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire safety drills have taken place using simulated night-time staffing levels on 27/05/2021, ensuring that evacuations were completed within a suitable timely and safe manner. Further fire drills have taken place, two with night duty staffing levels and one with day duty staffing levels. Fire drills will take place weekly in the home, and records reflecting the response times will be maintained and monitored by the PIC. Residents have also been advised of the regular fire drills in the nursing home at the Residents' Meeting (25/06/21) and, where appropriate, some residents will be actively participating in these drills.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Weekly schedules for activities have now been fully revised and they are drawn up by the Activities Coordinator every Monday morning. This schedule is then displayed on the Activity Boards on both floors, easily accessible and available for all residents to see the schedule and variety of planned activities for the week ahead (07/06/21).</p> <p>All staff members have been reminded of the importance of engaging with all residents while monitoring the Day Rooms (28/06/21). The PIC now allocates designated staff members to complete regular safety checks for all residents and records these on the daily allocation/duty sheets.</p> <p>The Activities Coordinator will work with Healthcare Assistants who are supervising the sitting rooms to ensure that all residents are included in meaningful activities.</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	12/07/2021
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	31/12/2021
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or	Substantially Compliant	Yellow	29/06/2021

	elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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.	Not Compliant	Orange	01/07/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/07/2021
Regulation 03(1)	The registered provider shall	Substantially Compliant	Yellow	31/05/2021

	prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	28/06/2021
Regulation 9(3)(c)(i)	A registered provider shall, in so far as is reasonably practical, ensure that a resident information about current affairs and local matters.	Substantially Compliant	Yellow	07/06/2021