



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

## Issued by the Chief Inspector

Name of designated centre:	Kilrush District Hospital Limited
Name of provider:	Kilrush District Hospital Company Limited by Guarantee
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000446
Fieldwork ID:	MON-0037219

## About the designated centre

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

Kilrush District Hospital is a nursing home that has been extended and reconfigured over the years. A two-storey purpose built extension was provided and the original buildings have been refurbished in recent years. It can accommodate up to 43 residents, male and female over the age of 18 years. It is located in the West Clare area, in the town of Kilrush. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. The centre does not accommodate persons presenting with extreme challenging behaviours or with tracheotomy tubes. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining and day rooms provided for residents use.

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

Number of residents on the date of inspection:	31
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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 29 June 2022	08:30hrs to 18:00hrs	Claire McGinley	Lead
Wednesday 29 June 2022	08:30hrs to 18:00hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

Inspectors spoke with a number of the residents throughout the day. Overall, feedback was positive, and residents who spoke with inspectors said that they were satisfied with the care they received. Residents who were unable to speak with inspectors were observed to be at ease in the environment. Residents were observed to have had their personal care attended to an acceptable standard. All interactions observed between staff and residents were kind and respectful. On the day of the inspection, inspectors observed a relaxed and calm atmosphere within the centre.

The centre had a number of communal areas available for the residents to use. On the ground floor there was a large sitting room, two dining areas, and on the first floor there was bright, airy sitting room. The inspectors observed that the ground floor sitting room was supervised, and used by residents.

The inspectors observed many parts of the centre were in a poor state of repair. They observed that the flooring in the dining rooms had been replaced, however, gaps were appearing at joints, and the furniture in this area appeared worn. On the ground floor, the nurse's station had been moved temporarily, as fire safety works had commenced, however, this work had not been completed, and the area was being used for storage. Parts of the main kitchen and upstairs kitchenette were in a poor state of repair, and were visibly unclean. Three sluice rooms were observed in the centre, none of which contained a working means of cleaning a bed pan. The inspectors observed drains that did not have covers in resident en-suite bathrooms, and some bedroom furniture was in a poor state of repair. Inappropriate storage of resident equipment, resident clothes, personal protective equipment and incontinence wear was observed. Inspectors found parts of the premises, and some resident equipment were visibly unclean.

On the walk through the centre, the inspectors observed that staff accessed parts of the centre through resident bedrooms, for example, access to a visitors room and a sluice room was through a residents bedroom.

As found on the previous inspection, some doors were not provided with self-closing devices and one bedroom door was observed to be held open. Inspectors observed that residents did not consistently have access to emergency call facilities from each residents bed and in each residents bedroom. This meant that residents were limited in how to call for assistance when in their bedrooms.

The lunch time dining experience was observed by inspectors. Inspectors observed that the choices offered to residents at mealtimes was limited. Staff confirmed that there was a choice of meat, however, all meals were observed to have the same portions of mashed potato and vegetables. Residents' requiring a modified diet were not provided with a choice of menu. Laminated menu cards were observed to be in place, however, the main meal and dessert provided on the day of inspection was

not in line with the menu on display. Inspectors observed that residents did not consistently have access to a drink while in their bedrooms.

There was no activities observed during the day of inspection. The inspectors were informed that activity staff were on duty three days per week, and that the main activities were bingo, nail painting or hand massage. Residents confirmed that they were 'very few activities' and that it was 'mostly exercise and bingo'.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection by inspectors of social services, to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors followed up on the action taken to address the findings of the previous inspection on 25 August 2021, and on notifications received by the Chief Inspector.

Overall, the findings of this inspection were that the residents were content living in the centre. However, action was required in the governance and management, records, infection prevention and control, the premises, food and nutrition, and resident's rights, to ensure regulatory compliance.

The registered provider was Kilrush District Hospital Ltd by guarantee. The centre had a board of directors, and the chairman of the board was the nominated registered provider representative. The centre had a person in charge, who had recently returned from an extended period of leave. The clinical nurse manager (CNM) was identified in the centre's statement of purpose as the person who deputised for the person in charge in their absence. However, at the time of the inspection, the CNM post had been vacant for a number of months, and therefore, the deputising arrangement for when the person in charge was absent were not in place. The findings of this inspection reflect the gap in management systems resulting from this issue.

The service was monitored by a schedule of internal clinical and environmental audits. Inspectors were not assured in relation to the quality of the audit system, as completed audits had not identified areas of significant risk in the centre, such as infection prevention and control audits that did not identify that equipment was not clean or that the bedpan washer was not in use. These findings are detailed under Regulation 23: Governance and management.

A range of governance and management meeting minutes were reviewed. Issues discussed included staffing, recruitment, and annual leave. However, key safety areas, such as, infection prevention and control were not discussed and therefore,

no corrective action was planned or taken.

An annual review of the quality and safety of care delivered was completed for 2021.

The staffing level on the day of inspection was appropriate for the size and layout of the centre and the assessed needs of the residents. However, inspectors were informed that activities staff had been reduced by one full-time staff member since the previous inspection. This was not in line with the staffing identified in the centre's statement of purpose.

An overview of completed staff training was not available. This meant that the management team did not have a system in place to accurately record completed training, or to identify overdue training requirements.

A review of the complaints management systems found that complaints recorded contained details on the nature of the complaint and the investigation carried out, however, the outcome of complaints was not consistently documented. These findings are detailed under Regulation 34: Complaints.

### Regulation 15: Staffing

The staffing level and skill mix on the day of inspection, was appropriate for the size and layout of the centre and the assessed needs of the residents.

Judgment: Compliant

### Regulation 21: Records

Resident records were not securely maintained. For example, resident care records were observed on open shelves in unlocked nurses stations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had reduced the resources available to ensure that all residents had access to appropriate levels of activity.

The provider had failed to ensure that appropriate deputising arrangements were in

place in the absence of the person in charge.

The governance systems in place to provide oversight of the service delivered were not effective. This is evidenced by;

- The provider had failed to address high risk fire safety works, identified in a fire safety risk assessment, completed on the 13 October 2021.
- The systems in place to provide effective communications were inadequate. Governance meeting notes, between the provider and the person in charge, did not evidence discussions on key areas such as, maintenance issues, fire risks or the planned absence of the person in charge.
- The systems for evaluating the quality and safety of the service were not effective.
- The monitoring, oversight, and supervision of key areas such as fire safety, infection prevention and control and the premises were not effective as evidenced by the findings of this inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Complaints procedures were not in line with regulatory requirements. This is evidence by;

- The complaints procedure was not displayed in a prominent position in the centre.
- The outcome of complaints was not consistently documented.

Judgment: Substantially compliant

### Quality and safety

Inspectors found that residents health care needs and access to specialist services was catered for. However, infection prevention and control, premises and fire precautions were found non compliant with regulation. Improvement was required to ensure that resident's rights, individual assessment and care plans, and food and nutrition were compliant with regulation .

Overall, the inspectors found that the provider had not taken the necessary steps to ensure compliance with Regulation 27: Infection control, and the National Standards for infection prevention and control in community services (2018). The centre had access to the Health Service Executive (HSE) specialist team for outbreak support, but did not have access to an infection prevention and control specialist, as



recommended in the National Standards for infection prevention and control in community services (2018) for all other areas of infection prevention and control support. Infection prevention and control governance, oversight and monitoring systems were not effective. Inspectors found some parts of the premises and equipment to be visibly dirty and unclean. Barriers to decontamination and cleaning processes, and effective hand hygiene practice were identified during the course of this inspection. These are repeat findings from a previous inspection. Further findings are discussed under Regulation 27: Infection control.

The inspectors found the premises was in a poor state of repair. The centre had been extended and reconfigured, and a two-storey extension had been completed. However, throughout the centre, inspectors observed inappropriate storage and clutter. The access to some essential services, such as a sluice room, was through a resident's bedroom. In addition, the construction of a new gazebo had impacted on the light in a residents' bedroom. Resident bedroom furniture was in a poor state of repair. Further findings are discussed under Regulation 17: Premises.

Following the last inspection the provider had committed to addressing the non-compliance found in relation to fire precautions. A review of the fire safety risk assessment submitted as part of the compliance plan found that the provider had failed to address the findings of the risk assessment, and there was no clear action plan in place to address the risks. Repeated non-compliance's were found in relation to Regulation 28: Fire precautions. For example, there were no records of a fire drill, simulating evacuation of residents, with night time staffing levels, of the largest compartment within the centre. The previous report also identified that some bedroom doors were not provided with self closing devices and one bedroom door was wedged open. Further findings are discussed under regulation 28: Fire precautions.

Residents were provided with opportunities to consult with management and staff on how the centre was organised. Minutes of recent resident meetings showed that topics such as entertainment and menu choices, were discussed. Residents had access to an independent advocacy service. However, action was required in relation to the opportunities for residents to participate in activities of their choice. These findings are detailed under Regulation 9: Residents' rights.

Inspectors reviewed a sample of residents' care records. Residents had a comprehensive nursing assessment completed on admission and a care plan developed from this assessment. Residents' health care needs were assessed using validated tools. There was recorded evidence of consultation with residents or their representative in relation to care planning. However, some care plans reviewed by inspectors were not updated to reflect resident current needs. For example, a resident's end of life care plan stated that the resident was not for transfer to an acute hospital, however, staff identified that this decision had been changed and that the resident had been transferred to hospital, the care plan was not updated to reflect this change. Further findings are discussed under Regulation 5: Individualised assessment and care plan

Inspectors found that residents had access to a general practitioner of their choice.

Residents were also provided with access to other health care professionals, in line with their assessed need.

Visitors were observed coming to the centre on the day of inspection. Inspectors spoke with a small number of visitors who said they were happy with the care their relative received, and that they were free visit when they wished.

### Regulation 11: Visits

There were arrangements in place for residents to receive visitors in the designated centre.

Judgment: Compliant

### Regulation 17: Premises

The provider had failed to ensure that the care environment was safe and in compliance with Regulation 17. This was evidenced by;

Parts of the premises were found to be in a poor state of repair. For example,

- the floor covering in parts of the premises was not safe. For example, there were holes and cracks on the flooring on the ground floor, and the flooring on the stairs was repaired with adhesive tape
- there was not a sufficient supply of hot water to all resident bedrooms
- parts of the centre was not suitably decorated with paint lifting away from walls leaving exposed plaster.

There was inappropriate storage of equipment and supplies throughout the centre. For example,

- incontinence wear and PPE were stored in an external shed that was damp and not insulated.
- an internal store room was cluttered and contained a mix of resident equipment, resident personal laundry, Christmas decorations and broken equipment
- the nurses station on the ground floor and the computer room on the first floor were being used as storage areas.

The laundry, ironing and sorting room was in a poor state of repair. For example, one washing machine was out of order, the sinks and flooring were in a poor state of repair, and this area was used also used as a storage area.

Resident furniture was in a poor state of repair, for example, the inspectors

observed a number of worn chairs, worn mattresses and bed tables with laminate lifting within the centre.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents food and nutrition needs was not in line with the requirements of Regulation 18 . This is evidenced by;

- Residents did not consistently have access to a drink when in their bedrooms.
- Residents' requiring a modified diet were not offered a choice at mealtimes.
- Residents were offered limited choice at meals times, in addition, they were not facilitated to make choices due to inaccurate information on the daily menu cards.

Judgment: Substantially compliant

### Regulation 27: Infection control

The provider had failed to ensure that there was consistent implementation of procedures for the prevention and control infections within the centre. This is evidenced by;

Parts of the premises were visibly unclean, increasing the risk of transmitting a health care-associated infection. This was evidenced by: unclean floors and surfaces in the wash-up area of the kitchen, kitchenette, the stairs and communal bathrooms.

There were no functioning bedpan washer or macerator in the centre. As a result, staff had to manually clean bedpan and urinals. Inspectors found that this system was not effective as inspectors observed commode basins and urinals that were not appropriately cleaned.

There were no Infection Prevention and Control link nurses on site to support staff training in hand hygiene and IPC practices.

There were poor processes in place to ensure the delivery of safe and effective infection prevention and control. For example,

- inadequate direction to staff in relation to what, when and how to clean. For example, a deep cleaning schedule was not planned, and there was poor knowledge regarding disinfecting processes
- There was no system in place to ensure correct management and disposal of

'Single-use only' items. For example, open wound dressings and catheter bags were observed to be stored and reused.

- There was no system in place to ensure individual resident equipment was not shared. For example, hoist slings and manual handling belts had no individual resident's name, and were available in communal areas. This resulted in an increased risk of cross contamination.
- The process to ensure there was no contamination on refilling of hand gels that were of the 'top up' variety was not in place, and many of the dispenser nozzles were visibly unclean and blocked with debris.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had failed to take adequate precautions against the risk of fire. This is evidenced by;

The provider had completed a fire risk assessment on the 13 October 2021, however not all of the remedial actions identified in the assessment had not been completed, at the time of inspection. For example, high risk rated findings, such as, the door frame between the central stairwell and the kitchen were not replaced, and the partition wall between the adjoining office was not upgraded .

In addition, fire exit routes were not consistently clear from obstruction. For example, a bedside table with a microwave was left at a fire exit, partially blocking the exit route.

Fire doors were being kept open by means other than a hold open device, connected to to the fire alarm system, and therefore could not close in the event of a fire.

Oxygen cylinders were not stored appropriately. For example, oxygen cylinders were stored at nurses station with other flammable materials.

There were no records of a fire drill, simulating evacuation of residents, with night time staffing levels, of the largest compartment within the centre, to ensure the safe evacuation of residents in a timely manner.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents care plan documentation and found that care plans were not consistently updated to reflect residents current needs. For

example, a resident with behaviours that were challenging did not have an appropriate plan in place that identified triggers and deescalating techniques to ensure the residents safety.

Care plans did not consistently guide resident care. For example, a falls management care plan stated that a call bell, a sensor mat and hourly checks were in place, however, these care interventions were not observed to be in place.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were not consistently upheld. This is evidenced by;

- Residents did not have opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kilrush District Hospital Limited OSV-0000446

Inspection ID: MON-0037219

Date of inspection: 30/06/2022

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>-Keypad Lock is now in place on Nurses Station Door to secure Residents Records. Proposed time scale: Completed with immediate effect</li> <li>-There is a plan in place to put press doors over the current shelves that can be locked to make records secure. Proposed time scale: 14/10/2022</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>-Currently we have one of our Health Care Assistants acting as our Activities Co-Ordinator. This Health Care Assistant has agreed to partake in Sensory therapy Training and other Activity Programs as required. Proposed time scale: Completed with immediate effect</li> <li>-We have advertised unsuccessfully on numerous occasions for a Clinical Nurse Manager. Recently we placed an advert in the paper again for the Clinical Nurse Manager. As a result, we interview two candidates, but unfortunately, they were not suitable for the position as they did not have the required management experience. We are also liaising with 3 Recruitment Agencies in different parts of the country to assist us in recruiting a Clinical Nurse Manager. Recruitment processes are still ongoing. Proposed time scale: currently ongoing</li> </ul>	



-A Fire Safety company were due to be completed by 04/11/2021. We had secured a builder/carpenter to carry out these works for which he had delivered some of the materials required, but unfortunately this builder/carpenter did not commence these works due to personal issues at the time. As a result, the Fire Safety works were put on hold until the end of November 2021. This builder/carpenter failed to complete these works. Due to our facility having two additional Covid-19 outbreaks, we had put a stop on any works being carried out, but now we have now secured another builder/carpenter who is willing to start works in 3 weeks' time. This work will be carried out in 2 Stages.  
 Proposed time scale: (Stage 1) 14/11/2022  
 Proposed time scale: (Stage 2) 05/12/2022

-In our monthly management meetings, we are making sure that all issues in relation to Maintenance, Fire Safety, Infection Prevention and Control and Planned absence will be documented.  
 Proposed time scale: Completed with immediate effect

-We have in place a HSE Community IPC. The PIC will contact the community IPC whenever it is required.  
 Proposed time scale: Completed with immediate effect

-We have ensured that the day-to-day audits reflect the findings in each area of the nursing home and are acted upon as necessary.  
 Proposed time scale: Completed with immediate effect

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 -The complaints procedure has been removed from the current area and is on display in the main reception area for all Residents, Staff and Visitors.  
 Proposed time scale: Completed with immediate effect

-We have now ensured that all outcomes are detailed on the complaints' forms.  
 Proposed time scale: Completed with immediate effect

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 -The ground floor area has been included in a three-stage plan to upgrade same. Stage

1 has now been finalized with a new floor and new flooring completed.

Proposed time scale: Completed

Stage 2 – Back Corridor Area is due to be commence shortly. Remedial works will be carried out and new flooring will be installed.

Proposed time scale: 31/10/2022

Stage 3 is due to commence in the next 10 weeks where new fire doors are to be installed and new flooring.

Proposed time scale: 05/12/2022

-In relation to the supply of hot water in the two sinks in question, our local plumber has rectified this issue.

Proposed time scale: Completed with immediate effect

-Our Maintenance Department has completed a painting schedule for the entire building which will be completed in stages. This painting has already commenced and is ongoing.

Proposed time scale: Ongoing

-Incontinence wear and PPE have been moved to another inside storage area. Any damaged incontinence wear and out of date PPE has been discarded.

Proposed time scale: Completed with immediate effect

-The internal storage room has been decluttered with all broken equipment being discarded. Christmas decorations have now been stored in a more appropriate area. The residents' personal laundry which is stored in the linen presses after being washed in the laundry is returned to the residents' room by the evening staff on a daily basis.

Proposed time scale: Completed with immediate effect

-The computer room on the first floor has been decluttered, discarding equipment which is no longer in use.

Proposed time scale: Completed with immediate effect

-The nurses station downstairs has been temporarily relocated while improvement works are carried out in that area.

Proposed time scale: 30/11/2022

-A three-stage plan has been put in place to get the laundry area up to standard. Both washing machines have been recently serviced and are in good working order.

Proposed time scale: Completed with immediate effect

-The ironing and sorting areas have been decluttered and will no longer be used as general storage areas.

Proposed time scale: Completed with immediate effect

-There is a plan in place to repair the damaged flooring area. The sinks which are no longer in use will be disconnected and covered appropriately.

Proposed time scale: 16/12/2022

-Worn chairs and worn mattresses have been discarded and replaced. Quotations have been requested in relation to the purchase of new bed tables from a number of health care supply companies.

Proposed time scale: 31/10/2022

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

-We have now ensured that all residents have access to drinking water in their bedrooms which is replenished regularly throughout the day.

Proposed time scale: Completed with immediate effect

-The residents with the modified meal have now been offered extra choices as discussed with the Kitchen Supervisor/Chef.

Proposed time scale: Completed with immediate effect

-Menus have been reviewed with the dietitian. The Chef is ensuring that the daily food choice is the same as the Menu that is displayed on the tables for the residents in the dining rooms.

Proposed time scale: Completed with immediate effect

Regulation 27: Infection control

Not Compliant

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

-We have just completed a refurbishment of the Washup area to include a newly laid floor/covering and updated storage shelves.

Proposed time scale: Completed with immediate effect

-We are in the process of sourcing a Bedpan washer to ensure the highest standard of cleaning is obtained in relation to urinals and commode basins.

Proposed time scale: 16/12/2022

-The Person in Charge is the site support for IPC practices. IPC community advice is available when it is needed.

Proposed time scale: Completed with immediate effect

-The Hygiene Supervisor has updated her knowledge in relation to disinfecting processes

and has in turn provided direction to all the Hygiene Assistants.

Proposed time scale: Completed with immediate effect

-Used Catheter bags are disposed of every day and replaced with new bags.

Proposed time scale: Completed with immediate effect

-Single use dressings are discarded after use. All out of date dressings from the unused cabinet have been discarded.

Proposed time scale: Completed with immediate effect

-All hoist slings and manual handling belts are now marked clearly with the resident name and stored in the residents' room for their use only.

Proposed time scale: Completed with immediate effect

-All top up hand sanitizers have been replaced with new sealed wall hung hand sanitizers which are cleaned twice weekly to avoid clogged nozzles.

Proposed time scale: Completed with immediate effect

Regulation 28: Fire precautions

Not Compliant

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

-After numerous attempts, we have now secured a Builder/Carpenter to complete works as per the fire risk assessment. These works will be completed in three stages.

Proposed time scale: 05/12/2022

-All fire exit routes are checked on a daily basis ensuring that these areas are devoid from any obstructions. On the day of the inspection, this microwave had been inadvertently left in this area as a result of cleaning taking place in the adjoining family visiting room. This microwave has now been returned to its proper place.

Proposed time scale: Completed with immediate effect

-Two of our residents have requested that their bedroom doors are left slightly ajar when they are in their room. We have explained to the residents that these are fire doors and need to close in the event of a fire. The residents are happy to have the obstacles removed.

Proposed time scale: Completed with immediate effect

-As this is a temporary location for the Nurses Station downstairs, small oxygen tanks were inadvertently left in this area by ambulance staff. We have relocated all oxygen tanks to an outside caged storage area.

Proposed time scale: Completed with immediate effect

-Night time healthcare staff have completed Fire Drill training involving four staff at a time. This is recorded in the Fire drill record folder. All staff are confident that they will

<p>act quickly and safely in the event of a fire evacuation during the night. Proposed time scale: Completed with immediate effect</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: -Care Plans have been updated to reflect residents' changes which will be reviewed every three months. Proposed time scale: Completed with immediate effect</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: -One of our current Health Care Assistants has agreed to take on the role of Activities Co-ordinator. She will be provided with the opportunity to attend activities training programs. She has introduced a variety of activities including music, baking and visits to our glass house. She organized a barbecue for our residents last week where an enjoyable time was had by all. Birthday parties are also organized as per each residents' birthday. Crosswords and painting have also been introduced as activities. Proposed time scale: Completed with immediate effect</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 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.	Not Compliant	Orange	16/12/2022
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Substantially Compliant	Yellow	30/06/2022
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/06/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	14/10/2022
Regulation 23(a)	The registered	Substantially	Yellow	29/08/2022

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Compliant		
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	11/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	05/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the	Not Compliant	Orange	16/12/2022

	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.	Not Compliant	Orange	05/12/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	05/12/2022
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.	Not Compliant	Orange	05/08/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Orange	05/08/2022



	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	30/06/2022
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 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	29/07/2022

	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.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/07/2022