



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

Issued by the Chief Inspector

Name of designated centre:	Athlunkard House Nursing Home
Name of provider:	Athlunkard Nursing Home Ltd
Address of centre:	Athlunkard, Westbury, Clare
Type of inspection:	Unannounced
Date of inspection:	29 September 2021
Centre ID:	OSV-0000729
Fieldwork ID:	MON-0033786

About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	74
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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 September 2021	10:00hrs to 18:00hrs	Mary Costelloe	Lead
Wednesday 29 September 2021	10:00hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

The inspectors met and spoke with several residents during this inspection. The overall feedback from residents was one of satisfaction with the care and service provided. Some residents stated that the staff were very kind and caring, that they were well looked after and they were happy living in the centre.

On arrival, the inspectors observed that the external appearance of the centre was inviting, clean and well maintained.

The inspectors arrived unannounced to the centre and the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspectors carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

This centre had a second outbreak of COVID-19 in January 2021. During the outbreak the authority was notified of 18 residents and 12 staff members who had tested positive for COVID-19. Sadly six residents passed away. The outbreak was declared over on 10 February 2021.

On the morning of inspection, some residents were up and about and relaxing to music in the day rooms, some were reading the daily newspapers, some were still in bed while others were relaxing in their bedrooms. Some residents spoken with told inspectors that they preferred to remain in their bedrooms.

During the morning time a number of residents were spending time with their visitors in the front reception area. Both residents and relatives spoken with were delighted that restrictions on visits had been eased in line with public health guidance. Several visitors were observed coming and going throughout the day. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished but many were happy to receive visits in the designated visiting areas. A staff member was allocated to facilitating visits and to support residents who may require assistance during visits.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was a staff member allocated to the supervision of all three day rooms. Staff were seen to encourage participation and stimulate conversation. There was normally an activities coordinator on duty Monday to Friday and care staff members were allocated to facilitate activities at weekends. The activities schedule was displayed and included a variety of activities including arts and crafts, bingo, Sonas (a therapeutic programme specifically for residents living with dementia), live music twice weekly, tai-chi (gentle physical exercises and stretches) and physiotherapy exercise sessions. During the afternoon residents were observed enjoying a live music session facilitated by an external

musician. Residents were observed singing along, playing a variety of percussion instruments and some dancing with staff to the music. Residents spoken with told the inspectors how they were delighted that musicians and singers were able to visit again and how they looked forward to these live music sessions which normally took place on Wednesdays and Saturdays. Some residents mentioned how the activities coordinator was also a great musician and often played for them.

Residents had access to enclosed garden courtyard areas, the doors to the garden areas were open and they were easily accessible. The garden areas were attractive with landscaped beds, hanging baskets and outdoor furniture provided for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air.

The inspectors observed the lunch time meal experience. The daily menu was displayed offering choice. Residents were served their meals at bed tables in the day rooms on both floors. Nursing staff spoken with advised that this was on the advice of the public health department in line with social distancing guidance. Some residents were served their meals in their bedrooms. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. Some residents commented that they got something different every day. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspectors observed that one resident was inappropriately positioned in a reclining chair, this was brought to the attention of the nurse on duty. The inspectors noted that a variety of snacks, fresh fruit smoothies, drinks and home baked goods were offered between meals times.

The building is two-storey in design. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided which allowed residents easily access both floors. There is a variety of communal day spaces provided including a dining room and day room provided on each floor. In addition, residents had access to a smoking room, sensory room and other recreational spaces. Residents' bedrooms were personalised with items of significance to each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own pictures, framed photographs and ornaments. Residents spoken with stated that they liked their bedrooms and the spacious en suite shower rooms. Grab-rails and handrails were provided to bathrooms and corridors. The communal areas were decorated in a domestic homely style.

Residents and staff spoken with advised that the call bell system had not been in working order for a number of days. Residents had been provided with portable bells which they could ring to alert staff if they needed assistance. Staff were observed to carry out 15 minute checks on those residents who remained in their bedrooms. A service team was on site at the time of inspection trying to resolve the issue.

Residents were seen to be moving about as they chose within the centre. Appropriate directional signage was provided on doors and corridors to assist

residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for. Contrasting colours were provided to toilet seats to help residents with dementia orientate better.

While the inspectors noted that the centre provided a homely environment for residents, some improvements were required in respect of maintenance of the premises which in turn had an impact on infection prevention and control in the centre. This is discussed further under Regulations 17: Premises and 27: Infection control.

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

This inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on issues raised at the last inspection
- following notification to the Chief Inspector of a second outbreak of COVID-19

The issues identified at the last inspection dated 6 July 2020 had been addressed.

The registered provider is Athlunkard Nursing Home Ltd. The company has six directors, one director is the nominated registered provider representative and is actively involved in the operation of this centre, the remaining directors are not involved in the day to day running of the centre. Since the last inspection the roles of the person in charge and that of the registered provider representative had been separated in order to improve and strengthen the governance arrangements in place. A new person in charge had been appointed and the registered provider representative (former person in charge) was involved in the operational management and oversight of the centre.

The new person in charge was appointed to the role in October 2020. She was responsible for the day-to-day operations of the designated centre. The person in charge was supported in her role by the registered provider representative, the clinical nurse manager 2(CNM2), senior nurses, administrator and other staff members including nurses, carers, activities coordinators, housekeeping, catering and maintenance staff. The post of the assistant director of nursing was still vacant. The management team advised inspectors that recruitment for this role was on-

going and that in the interim the role was being carried out by the CNM2 with the support of the registered provider representative. There was an on call out of hours rota in place.

There were 72 residents accommodated in the centre on the day of inspection and there were two residents in hospital. Inspectors were satisfied that there were adequate staff on duty on the day to meet the needs of residents. The provider had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gárdá Síochána vetting disclosures. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files.

The management team were committed to providing ongoing training and development for staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed mandatory training and further training was scheduled. Nursing staff had completed training on medicines management and pronouncement of death. Nurse managers had completed a leadership and management course and other staff had completed supervisory and leadership training. A senior nurse had completed an infection prevention and control post graduate course and another had completed a diploma course in dementia care. While staff were generally observed to implement training in practice, the arrangements in place for the supervision of some aspects of daily care of residents and the cleaning of the premises and some equipment required review. This is discussed further under Regulation 16: Training and staff development.

The management team had systems in place to oversee the quality and safety of care in the centre. While these systems generally worked well, further oversight was required in relation to staff supervision, some aspects of infection prevention and control and maintenance of parts of the premises.

There was an audit schedule in place. Regular audits and analysis were carried out in areas such as infection prevention and control, hand hygiene, medicines management, health and safety, falls, care plans, restrictive practice, wounds, call bells, residents finances and activities for residents. Audits were found to be meaningful and identified areas for improvement. There were weekly meetings with the heads of all departments to discuss and share learning from the audits. The management team met regularly to discuss and review the result of audits, as well as areas such as recruitment, staff training, staff appraisals and fire safety. The management team had completed a COVID-19 outbreak review following the outbreak in January 2021. It outlined how the management team had implemented learning from the previous outbreak in April 2020 particularly in relation to staffing, infection prevention and control, cohorting of residents and had managed to contain the outbreak to one floor in the centre. The annual review on the quality and safety of care in the centre had been completed and strategies for improvement had been identified for 2021.

There was evidence of on-going communication and consultation with residents and

families. There were regular resident meetings, minutes of meetings were recorded.

The inspectors were satisfied that complaints were managed in line with the centre complaints policy.

Regulation 14: Persons in charge

The person in charge was appointed to the post in October 2020.

The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She had the required experience and qualifications for the post.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff on duty on the day to meet the needs of residents. The statement of purpose had been recently updated to reflect the whole time equivalents and numbers of staff. Since the last inspection, a housekeeping supervisor had been employed. There were now four cleaners on duty five days a week and two cleaners on duty at the weekend. A CNM2 and CNM 1 had been appointed. The management team advised that they were still actively trying to recruit an assistant director of nursing and currently in the process of recruiting a physiotherapist.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements in place for the supervision of some aspects of the daily care of residents, cleaning and maintenance of parts of the building and some equipment required review. Specific issues identified on the day of inspection were brought to the attention of staff and the management team. Examples included

- some parts of the building and some equipment used by residents were not visibly clean.
- personal items required for oral hygiene care were stained and visibly dirty.
- a resident was inappropriately positioned in their specialised chair while

- eating their meal.
- hand hygiene needs of a resident were not met.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management arrangements in place required further review to ensure that there were adequate nursing management supports in place to support the person in charge, deputise in the absence of the person in charge and ensure additional clinical oversight, supervision and effective delivery of care. The post of the assistant director of nursing was still vacant.

Further oversight was required in relation to staff supervision, some aspects of infection prevention and control and maintenance of parts of the premises. These are discussed further under Regulation 16: Training and staff development , Regulation 17: Premises and Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in a prominent location in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. However, inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Areas for improvement which were highlighted on the day included cleaning practices for some resident equipment and a review of the overall upkeep and maintenance of the premises.

The inspectors found that staff displayed good knowledge of the national infection prevention and HPSC guidance. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). The management team and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance.

Inspector's reviewed a sample of eight resident's files. Care plans were generally found to be person-centred. Residents care plans were based on an ongoing comprehensive assessment of their needs. This included assessment of dependency needs, falls risk, nutritional risk, social assessment and risk of impaired skin integrity. Inspectors found that residents received a high standard of nursing care and health services to meet their needs. The records evidenced consultations with a variety of community professional services.

Residents had access to their general practitioner (GP) throughout the pandemic through a blend of remote and face to face consultations. Resident's records evidenced that regular physiotherapy visits and reviews were occurring, referral to psychiatry of later life was provided and dietitian services were accessed where there was a concern regarding residents nutritional needs. There was evidence that any changes to a residents treatment plan was updated into the residents care plan. For example; advice received from nurse specialists in tissue viability on wound management had been implemented which had a positive outcome for residents.

Systems were in place to record and oversee a weekly care indicators report. The report contained multiple domains specific to direct care such as residents on antibiotic treatment, any resident with a wound, any resident that had unplanned weight loss and any resident that had a restraint in place.

Systems and documentation in place to oversee the medical resuscitation status of residents had been completed. Staff spoken with were knowledgeable regarding the system. The inspectors noted that the information when cross referenced with medical files was found to be accurate. This information was easily retrievable to ensure best outcomes for residents as per their medical status.

Staff spoken with were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviors. Staff continued to promote a restraint free environment guided by national policy. A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment, consent forms and monitoring of safety completed. There were systems in place for the on-going review and monitoring of restraints in use.

While all residents and the majority of staff had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

On the day of inspection, while there was evidence of good practices in relation to infection control, further oversight was required in relation to cleaning and maintenance of some parts on the premises and some equipment used by residents. This is discussed further under Regulation 28: Infection control.

Examples of good practice included

- there were ample supplies of personal protective equipment (PPE) available
- staff had access to PPE and there was up to date guidance on it's use
- staff had completed training in infection prevention and control and hand hygiene
- infection control champions were appointed to each floor on each shift with specific responsibility for overseeing and reminding staff regarding infection prevention and control procedure
- housekeeping staff had completed QQI Level 3 training on cleaning
- staff were observed to be wearing surgical face masks as per the relevant guidance
- clinical hand wash basins had been provided for staff use
- alcohol gel dispensers were available and observed in use throughout the build
- appropriate signage was in place to prompt staff, visitors and residents to perform frequent hand hygiene
- individual resident slings for manual handling purposes were available so that residents did not need to share equipment
- there were suitable arrangements in place for the segregation and flow of soiled laundry.

Residents' laundry was managed on-site. The laundry facilities were managed appropriately to ensure residents clothing was managed with care and minimised the risk of clothing becoming misplaced.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. The person in charge confirmed that she continued to assess the evacuation needs of residents prior to allocating bedroom accommodation. The person in charge had recently attended HIQA's fire safety handbook training. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. Three staff members had recently completed fire warden training and a fire warden was rostered on each shift. While regular fire drills had been completed simulating both day and night time scenarios some improvements were required to provide assurance that all residents accommodated in compartments could be evacuated safely and in a timely manner. This is discussed further under Regulation 28: Fire

precautions.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Residents were observed to be engaged in activities throughout the day. Residents were familiar with the activity schedule on display and could choose what activity they wanted to attend or could choose to remain in their bedroom and watch T.V or chat with staff. Residents had access to religious services and could access mass daily via video link.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Both residents and relatives spoken with were delighted that restrictions on visits had been eased in line with public health guidance. Several visitors were observed coming and going throughout the day. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished but many were happy to receive visits in the designated visiting areas. A staff member was allocated to facilitating visits and to support residents who may require assistance during visits.

Judgment: Compliant

Regulation 17: Premises

The call bell system throughout the centre was not in working order. On the day of inspection, a service team was in the centre attending to the issue.

While there was an on-going maintenance programme, some parts of the premises were not maintained in a good state of repair, for example,

- Some items of equipment such as grab rails and the frame of shower chairs were rusted and could not be effectively cleaned.
- Paintwork was defective and stained to several walls throughout the building.
- Some raw wooden surfaces were not suitably sealed.
- The surface finishes to some items of furniture were defective.
- The upholstery covering to some equipment used by residents such as specialised chairs was worn and torn.
- The covering to a foot stool used by residents was worn and torn.
- The floor threshold between a residents bedroom and en suite bathroom was defective.
- The call bell socket to a residents bedroom was broken and hanging from the

wall.

Judgment: Substantially compliant

Regulation 27: Infection control

While there was evidence of good practices in relation to infection control, further oversight was required to cleaning of some parts on the premises and to some equipment used by residents.

- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.
- Some equipment including some specialised chairs were not visibly clean
- Some cupboards used to store personal toiletries in en suite bathrooms were not maintained in a clean condition.
- Some residents personal items required for oral hygiene care were stained and visibly dirty.
- Windows in parts of the building were not visibly clean.
- A door leading to external garden area was encrusted with dirt.
- There was a build up of dirt noted to some wall and floor junctions
- The floor areas surrounding some toilets were not visibly clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While regular fire drills had been completed simulating both day and night time scenarios some improvements were required to provide assurance that the maximum number of residents (six) accommodated in compartments could be evacuated safely and in a timely manner. Recent fire drill records reviewed did not provide assurances around the evacuation of six residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The centre had recently upgraded the electronic care planning system in place. Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents.

Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP).

Visiting by health care professionals had resumed at the time of inspection. There was a physiotherapist who visited the centre twice weekly and services such as tissue viability nurse specialists, speech and language therapy and dietetics were also available remotely when required. Inspectors found that advice given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used these were implemented following risk assessments and alternatives were trialed prior to use.

At the time of inspection there was a small number of residents that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans reviewed were person centered and guided care.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed that the privacy and dignity of residents was well respected by staff. All residents had single or twin bedrooms. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

All staff were undergoing training on a human rights based approach in health and social care.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family. There were televisions provided to all residents bedrooms and large smart televisions were provided to the communal areas.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place.

The hairdresser had returned to visiting on a weekly basis and some residents told the inspector how they enjoyed having their hair done.

There were no restrictions on resident's movements within the centre. Residents were observed coming and going from their bedrooms and the communal day areas throughout the day.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed in the centre. An independent volunteer advocate visited the centre and attended the residents committee meetings on a regular basis.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0033786

Date of inspection: 29/09/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Care Delivery Audit has been reviewed and is being implemented by the Healthcare Associates/Senior Carers. The Nurse’ role around the supervision of the care team has been discussed and being implemented. There is appropriate availability of personal toiletry supplies for residents. The Environmental Audit captures the cleanliness of all resident equipment, this audit is completed every two weeks by the House Keeping Supervisor and discussed at weekly department head meetings.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The acting ADON/CNM 2 is provided with full supernumerary hours, Monday to Friday. Continuous engagement with Recruitment Agencies for the position of Assistant Director of Nursing is in place. The Senior Nurses are allocated supernumerary hours to ensure effective clinical oversight, supervision and delivery of care. The Environment Audit has been reviewed and revised to encompass all areas of the home and is carried out every two weeks by the Housekeeping Supervisor. Findings of this audit are discussed at weekly department meetings. An ongoing schedule of refurbishment is in place. Any furnishings and fittings requiring upgrading/replacement are being addressed.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A new call bell panel was installed on the day of inspection. Call bell panels and sockets in the bedroom have been replaced as required.</p> <p>The Environmental Audit will serve to capture any areas of concern that need maintenance and repair, this audit will be completed every two weeks by the Housekeeping Supervisor. The findings of the audit will be discussed at weekly department meetings.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Deep Cleaning and Cleaning schedule of the home has been reviewed, internal windows are included in the schedule. A plan to refurbish/replace defective furnishings/fittings is in place. External window cleaning is contracted as required. The Environment Audit will serve to identify any furniture/furnishings requiring repair or replacement. The findings will be discussed at weekly department head meetings and actioned accordingly.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire drill record forms were reviewed and have been revised to provide assurance around the evacuation of six residents in a compartment.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/10/2021
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	15/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/11/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	15/12/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	24/11/2021