Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Swords
Name of provider:	Carechoice Swords Two Ltd
Address of centre:	Bridge Street, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0007752
Fieldwork ID:	MON-0038113

About the designated centre

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

Carechoice Swords can accommodate up to 158 residents whose care dependency levels range from low to maximum dependency care.The nursing home has a total of 5 floors providing care for different categories of residents, including includes frail elderly care, dementia care, general palliative care as well as convalescent and respite care with varying dependencies. 24 hours nursing care may be provided to both male and female residents, generally aged 18 years and over.

Accommodation is provided in 144 single and seven twin rooms, all with en-suite facilities. Residents have access to outdoor space in the main courtyard and terrace located on the ground floor as well as safe terraces located on the third and fourth floor. There are a number of communal facilities available which include an oratory, visitors' room, dining and lounge areas available on each floor, activities room, and quiet spaces.

The centre's stated aims and objectives are to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their quality of life, health and wellbeing. The designated centre is located in a tranquil urban area within the Swords Village, close to local amenities. Underground car parking is available for visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	104

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
Tuesday 11 October 2022	08:00hrs to 17:30hrs	Jennifer Smyth	Lead
Tuesday 11 October 2022	08:00hrs to 17:30hrs	Niamh Moore	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy with the facilities provided by Carechoice Swords. Residents who spoke with inspectors said that staff were most kind and helpful. There were facilities in place for social, recreational and religious activities.

When inspectors arrived at the centre, they were met by the receptionist who conducted a signing-in process, including hand hygiene, symptom checking and the wearing of a face mask upon entering the designated centre.

Following an introductory meeting, the inspectors did a walk around the nursing home with members of management. The centre is located in Swords, County Dublin. The centre is registered for six storeys with bedrooms set out across the ground, first, second and third floors, which are accessible by stairs and lifts. The centre provides accommodation for 158 residents in 144 single and seven twin bedrooms. The second floor was not in use on the day of the inspection. The ground, first and third floors were seen to have their own sitting, dining and bedroom accommodation, which assisted with a homely atmosphere within the centre. The lower ground and fourth floors did not hold resident accommodation but located services such as the kitchen, laundry and a residents' cafe area.

Inspectors viewed a number of residents' bedrooms and found that they were maintained to a high standard and were of a sufficient size. All residents' had access to en-suite bathrooms. Residents had personalised their spaces with family photographs, flowers, plants and ornaments. Residents spoken with said that they were happy with their bedrooms. Inspectors observed that a number of twin rooms were configured for single use.

The premises was bright and seen to be clean. Inspectors found that communal rooms such as the day, dining, activity and sensory rooms were comfortable and nicely decorated. Activities on offer were displayed throughout the designated centre. Activity rooms displayed art work completed by residents with seasonal Halloween decorations seen on the day of the inspection. Residents were observed to use these spaces throughout the inspection, in small groups, partaking in activities or spending time in one-to-one activities such as reading newspapers. Communal areas were seen to be supervised by staff.

Inspectors observed the lunch time dining experience in three units. An adequate number of staff were available to assist residents during meal-times. Soft background music played which helped to provide a calm and relaxed atmosphere. Assistance provided by staff for residents who required additional support during meals was observed to be kind and respectful. One resident told inspectors that they particularly enjoyed the soup option available. However, inspectors found that the overall satisfaction with the lunch provided was poor with nine residents reporting dissatisfaction regarding their experience and the choice available at

mealtimes. A number of residents said that they found the food "poor" and gave examples of dissatisfaction, describing the meat as "too peppery". A resident said they did not enjoy the dessert available. Inspectors observed that when residents had finished their lunch, a number of returned plates still had a lot of uneaten food on them. Residents expressed that they did not like to see the high wastage at mealtimes and reported nothing is done when plates are returned.

The inspectors spoke directly with individual residents, reviewed feedback from resident meetings and surveys, and also spent time observing staff and resident engagement. The general feedback from residents was that they felt there was a sufficient level of staffing, who treated them with kindness and that they felt safe within the centre. However, the theme of dissatisfaction with the mealtime experience was also recorded within recent residents' meeting minutes. Inspectors were told by members of management that they are responding to feedback relating to menus and that the chef attends the resident committee meetings where feedback relating to food is sought.

During the course of the day, inspectors observed visitors arriving at the designated centre. Inspectors spoke with visitors, who were all complimentary of the service. They felt there was good communication and were kept up to date at all times Inspectors spoke with residents, who all spoke positively about the care they received from staff. They found staff to be "helpful and kind"..

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

While there were established management structures to support staff in this designated centre, inspectors found that some improvements were required in the management systems for the effective oversight of the statement of purpose,clinical audits and complaints management.

Care Choice Swords Two Limited is the registered provider entity for Care Choice Swords. This company is part of the Carechoice nursing home group. The person in charge was supported in their role by two assistant director of nursing and two clinical nurse managers (CNMs). Other staff members included nurses, a physiotherapist, health care assistants, activity coordinators, domestic, catering and maintenance staff.

Inspectors found that there was appropriate staffing to meet the needs of residents living in the designated centre.The centre's staffing rosters for the week of the inspection and the week following the inspection were reviewed, and both day and

night staffing levels were examined. Sufficient staff were on duty to meet the assessed needs of the 104 residents in the centre. Two clinical nurse managers worked supervisory role and provided support to staff Monday to Sunday. The person in charge and two ADON's worked Monday to Friday in a supervisory capacity.

A mandatory training plan was developed for 2022 which included dates for mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. Supplementary training such as in Managing Behaviours that Challenge and infection prevention and control practices were also provided.

There was a written statement of purpose which had been reviewed in July 2022 that was made available to the inspectors for review. However this document required further amendments to ensure it accurately described the service that was provided in the designated centre as per Schedule 1. The designated centre had seven twin bedrooms, five of the rooms in use were reconfigured for single use and were occupied by one resident. This is further discussed in regulation 3 statement of purpose.

Quarterly returns were not submitted to the authority in line with the requirements set out in the regulations. All environmental restraints were not included in the quarterly report to the Chief Inspector, door locks were not included.

A sample of contracts for the provision of services were reviewed which met the requirements of the regulations. This included details of the service provided, fees to be charged for such services and outlined the residents' room number and the occupancy of that room.The registered provider had an insurance policy in place for the designated centre.

An annual review report for 2021 was available to inspectors, and included direct consultation with residents.

The provider had a comprehensive COVID-19 contingency plan in place and provided documents which evidenced simulated actions to prepare for a COVID-19 outbreak.Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead.

While policies and procedures were maintained in the designated centre, inspectors found evidence where the centre's policy on meeting the nutrition and hydration needs of residents' had not been fully implemented and action was required by the registered provider to ensure that this policy was adhered to. This is further discusses under Regulation 4: Written Policies and Procedures.

A copy of the current complaints procedure was displayed in a prominent position within the centre, however the complaints management was not reflective of the procedure. Verbal complaints were not being recorded on the complaint's log.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of the residents, having regard to the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had access to appropriate training and staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The management systems were found to be insufficient to ensure that the service provided was consistent and effectively monitored.

- The registered provider's oversight systems had failed to recognise the requirement to revise the statement of purpose to ensure it was reflective of the current facilities provided in the designated centre. For example five twin rooms that were been used as single rooms had not being updated in the centre's statement of purpose.
- There were gaps in the oversight of the complaints log as it was not completed according to the designated centres policy. For example managers had not recognised the requirement to record all verbal complaints.
- Records of senior management meetings did not identify action plans or responsible persons to address issues. For example poor ventilation in the laundry identified in April 2022, remained outstanding on the day of inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose did not accurately describe the service that was provided

in the designated centre as per Schedule 1 of the Regulations. For example:

- Inspectors reviewed five contracts for the provision of services to residents who occupied twin bedrooms according to the designated centre's statement of purpose. Inspectors found that the contracts for the residents of these rooms outlined that they were for single use which was not in line with the registration of these rooms as twin rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Quarterly notifications submitted did not include all environmental restraints in use within the designated centre. For example, door locks were not included in the written report submitted at the end of each quarter.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

All verbal complaints were not recorded, residents who spoke with inspectors reported that they had voiced complaints in relation to food, no record, investigation or outcomes were available.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Inspectors found that improvements were required to ensure that the nutrition and hydration policy was adhered to. For example, the designated centre's policy stated for residents' at risk of malnutrition they would have weekly weights. Inspectors saw evidence where two residents with a requirement to have weekly weight monitoring was not seen to be in place. For example, the last weight monitoring for one of these residents took place seven weeks prior to the inspection.

Judgment: Substantially compliant

Quality and safety

Residents were receiving care and support that met their needs and residents reported that they felt well cared for in the centre. Residents had good access to health care and activities were provided which were appropriate to their needs. Action was required however to ensure compliance with the Regulations in the following areas; Regulation 17 :Premises, Regulation 18:Food and Nutrition and Regulation 27:Infection Control.

Inspectors reviewed a number of residents' records such as pre-assessments, assessments and care plans. A pre-admission assessment was completed prior to a residents' admission to ensure the designated centre could meet their needs. Appropriate validated risk assessments were used to guide and develop relevant care plans. Care plans were seen to be reviewed regularly and there was evidence that all reviewed were updated in line with regulatory time frames within the previous four months. Inspectors found that care planning records were person-centred and detailed clearly residents' assessed needs and provided guidance to staff on residents' individual preferences for care.

Inspectors were told that a general practitioner (GP) visited the centre at a minimum of two times per week and as required. Access to specialised services such as a geriatrician and palliative care were available through a referral system. Residents had access to on-site services such as physiotherapy and occupational therapy. Residents' records showed that residents also had access to services such as chiropody, dietetics, speech and language therapy and tissue viability nursing. Inspectors were told that residents were facilitated to access the services of the national screening programme as required.

The registered provider was pension agent for a small number of residents and inspectors found that there was appropriate systems in place for the transparent management of resident finances. The registered provider had a safeguarding and elder abuse policy in place. Staff had access to the appropriate training in relation to the detection, prevention of and responses to abuse.

Inspectors found that the centre was homely and provided adequate physical space to meet each resident's assessed needs. Overall, the premises was maintained to a good standard both internally and externally. However, some issues were identified with call-bell provisions and storage which will be further discussed under Regulation 17: Premises.

Residents had access to a safe supply of drinking water. Residents were seen to be supported with their hydration throughout the day of the inspection. There was a menu available within each of the dining rooms. A pictorial menu was also on display. However, this did not reflect the menu on offer on the day of the inspection. Inspectors found that there was a choice of food on offer for the main meal at lunch-time and at tea-time. Residents told inspectors that they were asked their choice of meal the previous day, however residents said if they did not like the

choice available they were not offered an alternative. Inspectors received a high level of dissatisfaction regarding the meal time experience in the centre relating to food choice, consultation and portion size. This will be further discussed under Regulation 18: Food and Nutrition.

While there was evidence of good infection prevention and control practice, examples seen showed there was inappropriate storage and incorrect wearing of face masks which are further detailed under Regulation 27: Infection Control.

Regulation 17: Premises

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

- There was inappropriate storage of oxygen cylinders seen which were not secured safely. While the person in charge responded during the day of the inspection, it was not adequately addressed as two canisters remained unsecured in a cardboard box with the door unlocked at the end of the inspection.
- Emergency call facilities were not accessible in a sample of nine bedrooms on the third floor. In addition, while the second floor was not in use at the time of the inspection, emergency call facilities were also not accessible and this required review prior to any admissions.
  Inappropriate storage of linen trolleys within three sluice rooms blocked the access to a hand hygiene sink or the bedpan washer.
- The laundry room was found to be very warm on the day of inspection, staff reported this was an ongoing issue.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The majority of residents spoken with expressed dissatisfaction with the choice available at meal times within the centre. For example:

- Inspectors found that while the menu showed choice was available for the main meals at lunch and tea-time. Four residents reported to inspectors that were not offered alternatives if they did not like what was on offer.
  Inspectors observed that five plates were left almost full and one of these five residents was offered an alternative.
- Another two residents said they are not consulted with regarding the choice of meals available, with one providing poor feedback on dessert options and another resident saying fruit was not available.
- There was one dessert option available on the day of the inspection which

was chocolate based. Inspectors were told that residents who were diabetic were not offered desserts.

- Five residents who spoke with inspectors voiced that the portion sizes were too large. This was also highlighted in two resident meetings held during the year.

Judgment: Substantially compliant

Regulation 27: Infection control

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting health care-associated infections.

For example:

• Bedpan detergent was out of date from 2021,which meant that equipment could not have effectively been cleaned between use.

Standard precautions and transmission-based precautions were not effectively and consistently implemented. This was evidenced by:

• Insufficient oversight in relation to infection control measures within the centre. Hygiene audits failed to identify inappropriate staff PPE, staff members were observed to wear their mask incorrectly.

• Single use items such as wound dressings were seen to be open, this posed a risk of cross contamination.

• Some storage practices in the centre required review from an infection prevention and control perspective. For example, many items of equipment and boxes were seen stored on floors in store rooms. This prevented effective cleaning of these areas.

Inappropriate storage of linen trolleys in sluice rooms, trolleys were blocking access to waste bins and bedpan washers. This increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From the sample of care records reviewed, inspectors were assured that residents had been appropriately assessed with care plans in place to guide staff on their

care.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents were given appropriate support to meet any identified health care needs by timely access to medical, health and social care professionals.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed a sample of documentation relating to two safeguarding incidents, this included investigations, safeguarding plans and contact with the local safeguarding team for advice and oversight. Inspectors found that investigations were completed in a timely manner and sufficient measures to protect residents were put in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Carechoice Swords OSV-0007752

Inspection ID: MON-0038113

Date of inspection: 11/10/2022

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Single Rooms/Twin Rooms

· The Director of Nursing will update SOP and ensure the Statement of Purpose reflects the use of twin rooms as single where applicable.

· The Director of Nursing will complete a review of the environment and correct any gaps identified on the day of inspection and report.

Complaints

· Verbal complaints will be recorded as per organization policy.

· The Director of Nursing will have oversight of complaints and ensure same is recorded on Epic System (Complaint Management System) in line with organization policy and actions and follow up will be recorded as required.

Meetings & Actions

· Senior Management Meetings template will be reviewed and updated to ensure actions agreed has a timeframe and SMT members are responsible/accountable to ensure these issues identified are addressed in an appropriate manner.

· Ventilation Issues in the laundry was reviewed by contractor on 8th November 2022 (Director of Nursing and General Service Manager present for the meeting) and investigation works will be completed by December 2022.

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: SOP · Communication with Senior Management and Administration has taken place and they are aware that any changes in the home must be updated on the SOP and in particular the use of twin rooms as single rooms reflected in the SOP	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: · Future submissions of quarterly notifications will include all environmental restraints in use within the designated centre. Door locks will be included in the written report submitted at the end of each quarter.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: · A full review of the management of complaints will be carried out by the Director of Nursing and all fields of the complaint's procedure will be recorded. · Communication with all SMT and staff will be delivered regarding the management of complaints and how they should be recorded and closed out.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:
· A review of all residents will be completed by the SMT. MUST assessments will be reviewed and appropriate referrals to MDT members will be implemented and organization policy followed.
· A meeting with nursing staff will be conducted and appropriate information will be provided regarding residents experiencing malnutrition due to their health conditions.
· Close monitoring of weights will be completed by the SMT and residents' weights will be taken as per organizations policy.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
· A review of oxygen storage is to be completed and corrective actions will be maintained.
· Appropriate signage is on all doors indicating storage or use of oxygen, further actions will be implemented to ensure safe storage of oxygen, purchase of cage and storage holders will be installed.
· A review of call bells will be conducted.
· All calls bells will be present prior to any admission to the 2nd floor.
· Linen trollies will not be stored in sluice rooms and sluice rooms will always be clear- quality walk completed daily by SMT.
· Laundry works to commence on Monday 14th November 2022- contractor reviewed works on 8th November 2022 and plan developed to address ventilation issue.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
· A review of food and nutrition has taken place and an improvement plan is due to be initiated in the coming weeks including the Head Chef and General Service Manager.
· Residents meeting to take place and examine residents' preferences and choice- Director of Nursing to chair meeting and obtain feedback to develop a plan regarding nutrition and catering within the home.
· Diabetic diets have been reviewed by the Director of Nursing, Head Chef and General Service Manager.
· Training to staff to be provided regarding communication with residents regarding menu choices.
· Portion sizes and food delivery to be reviewed by Head Chef.
· Menu Cycle to be reviewed and Irish culture options to be increased in menu choice.

Regulation 27: Infection control	Substantially Compliant

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

- Detergent has been replaced and a monitoring system for changing detergent is in place and overseen by the General Service Manager.
- A review of all storage rooms has taken place and appropriate shelving has been ordered to ensure all floors are left clear to enable household staff to correctly clean the floors and rooms.
- Review of broken equipment completed, and some items discarded.
- General Review of all floors completed, and corrective actions implemented to ensure effective IPC measures can be implemented.
- Sluice rooms reviewed and are to remain clear of inappropriate storage.
- IPC checklist developed to ensure staff IPC compliance. This checklist will be completed daily by the CNM/ADON on duty. Any non-compliances will be identified, and corrective actions will be implemented to ensure IPC compliance.
- Quality walks are completed throughout the day and this walk allows Senior Management to monitor IPC throughout the home.
- Training to be provided to staff regarding appropriate storage of single use items i.e., dressings.
- Daily quality walks enable the senior team to monitor the environment and practice in the home. Corrective actions are implemented immediately to safeguard the residents from cross contamination.
- All staff meetings held with staff have IPC as an item on the agenda, where this allows the team to highlight gaps in practice and provide appropriate information to staff to ensure effective IPC standards are maintained in the home.

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.	Substantially Compliant	Yellow	31/12/2022
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	28/02/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/12/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/12/2022
Regulation 34(1)(f)	The registered provider shall provide an	Not Compliant	Orange	31/12/2022

	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.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	31/12/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2022