



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

Issued by the Chief Inspector

Name of designated centre:	Curam Care Home, Navan Road
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	12 January 2022
Centre ID:	OSV-0008033
Fieldwork ID:	MON-0035394

About the designated centre

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

Curam Care Home, Navan Road can accommodate a maximum of 106 male and female residents in single en-suite rooms. The registered provider of Curam Care Home Navan Road is Knockrobin Nursing Home Ltd. The person in charge is supported by the assistant director of nursing, clinical nurse managers, nursing staff and healthcare assistants.

The centre can accommodate residents of low, medium or high dependency and provides long-term residential care, respite, convalescence, dementia and palliative care. The home is adjacent to the Deaf Village and Primary Care Centre with the Botanic Gardens and the beautiful landscape of the Phoenix Park within a 5km radius.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 12 January 2022	08:40hrs to 18:05hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, most residents were satisfied with the care and services that they received within Curam Care Home. The environment was pleasant and comfortable. Residents were observed to be content in the company of staff with positive feedback given to the inspector. The inspector found that residents records and care planning required action and will be further discussed within this report.

This was an unannounced inspection and prior to entering the centre, the inspector underwent a series of infection, prevention and control measures which included the wearing of a face mask, a temperature check, hand hygiene and a signing in process.

Following an opening meeting with the person in charge, the inspector was guided around the premises. The building comprised of four storeys with access to each floor by stairs or lift. Resident bedrooms were set out across the ground, first and second floor. The basement comprised of the laundry, staff changing facilities and store rooms, and the third floor located the hairdressing salon. On the day of the inspection, residents occupied the ground and first floors of the centre. Residents were accommodated within single bedrooms which had en-suite facilities. The inspector observed that residents had personalised their bedrooms with items such as photographs, ornaments and bed throws. The general feedback from residents was that they were content with their bedrooms, with one resident reporting their bedroom was "lovely" and was happy with the space provided for their belongings.

At the time of inspection, the designated centre had one COVID-19 confirmed resident in the centre and had cohorted this resident into a separate area for COVID-19 positive cases. In addition, there was a number of staff confirmed and suspected of having COVID-19. As a result, visiting was restricted within the centre. However, the inspector was informed that this was due to change from the day following the inspection in line with the current guidance from the Health Protection Surveillance Centre (HPSC).

The inspector found that the premises and environment was warm and comfortable. The centre was clean, well laid out and overall was well maintained. Each floor was set up separately with their own lounge and seating area, and dining space available for residents' of that floor to use. The ground floor had one main communal space which was bright and well decorated. There was also a well maintained garden accessible from this area. On the ground floor there was access to a reflection room and a visitors room. The communal room was where residents and staff were seen to spend the majority of their time. Activities also occurred in this area with the activity coordinator hosting a sing-along and a game of balloon tennis. The inspector observed there to be good opportunities for meaningful recreation on the ground floor. The first floor also had a large lounge and seating area and another smaller day room available. However, residents on this floor did not have sufficient

opportunities to participate in activities. While sufficient staff levels on the first floor were seen, the majority of interactions observed were concentrated on care tasks. The inspector was told that the provider was actively recruiting for an additional activity staff member for the first floor. The inspector observed some residents watch television within the day room while others were seen to look bored and others were sleeping in the day room.

The inspector observed the dining room in use on the ground and first floors for breakfast and lunch time meals. Menus were displayed within the room with choices available for that day. The menu displayed had one option for soup, three options for the main meal, three options for dessert and two options for the tea time meal and dessert. The inspector observed a relaxed environment during meal-time. Some residents were eating their meal independently while chatting to fellow residents and enjoying each others company. Staff were seen to assist residents in a dignified manner and were seen to respect requests for alternative dessert options. Meals were well presented and three residents reported to the inspector that they were very happy with the food. The inspector also observed the chef engage with residents and seek feedback, where all reported satisfaction.

The inspector spent time in communal areas observing staff and resident interaction and found that it was clear that staff were familiar with residents. The inspector heard staff reminding residents of the hairdressers visit that week and scheduling residents in for appointments. One resident told the inspector that "staff couldn't be nicer". The inspector observed that for residents who had additional communication needs, staff interacted with them in a kind and unhurried manner. Some staff were seen to use sign language, others used prompts to communicate with the resident to meet their needs. The person in charge told the inspector that additional staff were due to attend sign language training in the weeks following the inspection.

Through walking around the centre, the inspector observed the hygiene in the centre was good. Communal areas such as day and dining rooms were clean. Housekeeping staff were knowledgeable regarding cleaning processes. Alcohol hand gel dispensers were readily available along corridors for staff use. The inspector observed some areas such as sinks in two sluice rooms and the laundry room which were unclean in the morning time and although reported, remained unclean after 5pm. In addition, the cleaning schedules for these areas were incomplete.

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

There was an established management structure in place within the designated centre. Residents received good care and support from staff. However, the inspector found that improvements were required in the management systems for the

effective oversight of all areas of the designated centre to include staffing levels, care planning and infection control.

Knockrobin Nursing Home Limited is the registered provider for Curam Care Home, Navan Road. The management team consisted of the registered provider, the director of care, quality and standards, and the person in charge. In addition, the provider group employed a risk and compliance manager.

The person in charge was new to the position since December 2021 and was suitably qualified to carry out their role. They were supported in their role by an assistant director of nursing and two clinical nurse managers. Other staff resources included staff nurses, healthcare assistants, an activity coordinator, housekeeping, maintenance and catering staff.

The inspector was told that staff members were allocated per floor. There was a CNM assigned to each floor. From a review of the planned and worked rosters, it was seen that there was at least one registered nurse on duty at all times on each floor. While the observed clinical staffing skill mix on the day of this inspection was sufficient, the inspector was not assured that staffing numbers were adequate to meet the needs of all residents. One resident who was assessed as requiring one-to-one staffing did not have this in place. The inspector was told this was due the provider not being able to source agency staff on this day to cover this requirement. In addition, the inspector was told there was a vacancy for an activity staff member for the first floor, and their duties were not covered by the existing staff team.

The provider was recruiting staff in line with resident admissions into the centre. The inspector was informed that there had been a recent issue with retention of staff, however the provider was implementing new strategies to encourage recruitment of staff. The person in charge told the inspector that they had recruited five new starters to join the clinical team.

There were arrangements in place for staff to access mandatory training for fire safety, manual handling, safeguarding and infection control. The staff training matrix indicated that most staff were up to date with their mandatory training, with a planned scheduled date due to take place for fire safety training in the weeks following the inspection. In addition, staff had access to supplementary training, which included first aid, falls prevention and restrictive practices. An induction programme was available for new staff. Staff spoken with said they had received sufficient supervision and training to do their jobs.

A review of management meeting minutes outlined that the management team met to discuss key performance indicators and topics relevant to service delivery. These topics included complaints, staffing, infection control, service issues, incidents, training and resident well being. In addition, there was a schedule for specialised meetings in relation to areas such as Clinical Governance and Health and Safety. The inspector reviewed the annual meeting calendar for 2021 and found that this schedule was not adhered to. For example, clinical governance meetings were due to take place monthly from August to December 2021, however no meetings were seen to occur. The inspector was provided with a copy of the planned agenda for

these meetings, this structure was planned to discuss care plan reviews, incidents, complaints and audit results on topics including health and safety, and infection control. The Health and Safety meeting and residents meetings due to take place in December 2021 also did not occur.

The inspector found that overall management systems in place required review to ensure there was adequate oversight and monitoring for all areas of care. For example, some audits were not taking place or were seen to be infrequent. No audits occurred on falls. The inspector saw the audit schedule drafted for 2022 which was comprehensive and assigned to key individuals to complete. However, none of the planned audits had yet taken place at the time of the inspection including audits that were due to be weekly. The inspector was told this was due to the COVID-19 outbreak and as a result of staffing changes.

There were low levels of complaints recorded. The inspector was informed by the person in charge that there was one open complaint that they were managing in line with their complaints procedure. Residents told the inspector that they felt comfortable to raise concerns or complaints with staff.

Regulation 15: Staffing

On the day of inspection, the inspector found gaps in staffing levels. For example, there was insufficient staffing to ensure that all residents received adequate activities and provisions for recreation. In addition, a resident with an assessed need of one-to-one staffing did not have this in place on the day of the inspection. There were also gaps within the hourly supervision records for this resident on the day of the inspection and for the previous day of the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, which included fire safety, safeguarding of vulnerable adults, manual handling and infection control.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that action was required to ensure sufficient oversight of the

management systems within the centre. For example:

- The hygiene and infection control audit for December found 99% compliance. However, this audit was not sufficiently robust as it did not record findings relating to inappropriate storage in sluice rooms which were findings seen in three of three sluice rooms inspected on the day of inspection.
- There was insufficient oversight of staff personal protective equipment (PPE). Inappropriate facemask usage by staff was seen to be discussed at three management meetings in October and November 2021. However this finding remained on the day of the inspection where two staff were not wearing FFP2 masks as recommended by all clinical staff, one staff member was also wearing their facemask incorrectly throughout the inspection. In addition, the monitoring of staff PPE usage was not recorded within completed audits.
- The oversight of maintenance required review. There was a visible leak seen on the ground in a sluice room on the first floor and damage seen in a store room on the ground floor. However, this had not been reported to maintenance.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. The Director of Nursing was the nominated person to deal with complaints and there was a nominated person to oversee the management of complaints. The complaints policy set out the steps to be taken to register a complaint and indicated the appeals process.

On the day of inspection, the inspector reviewed the records of one concern received from a residents meeting. This concern was managed in line with the centres verbal complaint procedures. There was evidence of investigation, the outcome was recorded and the complainant's satisfaction level was recorded.

Judgment: Compliant

Quality and safety

Overall, the provider was delivering good quality clinical care and support to residents. Residents had good access to healthcare and there was evidence they were consulted about the organisation of the designated centre through a residents meeting. However, action was required regarding resident care planning documentation, access to meaningful activity and infection control measures within

the designated centre.

The inspector reviewed a number of residents' records including assessments and care plans. Two records for recent admissions were reviewed which showed there was a pre-assessment in place before admission to the centre, to ensure that the centre was a suitable place for the resident to live. However, one of these pre-assessments was not dated and therefore the inspector could not verify this was completed prior to the resident residing within the centre. Assessments were completed which included identifying each resident's risk of falls, mobility, malnutrition and skin integrity. Assessments were used to develop care plans, however for one of the new admissions, care plans were not seen to be developed within 48 hours of admission. The inspector was told that following admission, there are four key care plans developed which are, activities of daily living, COVID-19, visiting and residents' rights. However, the inspector found that the only care plan which was person centred was on activities of daily living. In addition, there were gaps seen in specialised care plans set up to respond to assessed needs. The inspector found this created a risk as the records did not provide sufficient detail for staff who did not know the residents well. This will be further discussed under Regulation 5: Individual Assessment and Care Plan.

Residents had good access to medical and health and social care professionals. The inspector observed residents being assessed by a general practitioner (GP) and a physiotherapist on the day of the inspection. Overall there was good access and referrals to specialist health professionals were seen within residents' records such as a geriatrician review, access to a dietitian, speech and language therapist and tissue viability nursing. Residents also had access to local community services such as opticians, dentistry and chiropody.

There was evidence of residents' rights being respected throughout the day of inspection. There was an independent advocacy service available in the centre. There was also an interpreter service available to residents five days a week for three hours each day, to assist residents' with their communication needs. In addition, the premises had a flashing light to alert residents with hearing impairment that a staff member planned to enter their bedroom. Residents had access to newspapers and televisions. There was a residents meeting held in September 2021. Minutes from this meeting showed that residents were kept informed relating to topics such as COVID-19, visiting arrangements, infection control measures such as the flu vaccine, fire safety and activity provisions.

The inspector was not assured that the organisation and provision of activities best met the needs of all residents. The notice board on the ground and first floor displayed information for activities which were not up-to-date and both were dated from 2021. The inspector was provided with a paper activity schedule for the ground floor only and was told residents each received a copy. The inspector was told that the centre were recruiting an activity staff member, however on the day of the inspection there were no arrangements in place to ensure these residents had opportunities to participate in activities.

The inspector was told visiting was restricted on the day of the inspection due to

COVID-19 status within the designated centre. The inspector saw evidence where the visiting policy and risk assessment were reviewed to re-open visiting the day following the inspection in line with the HPSC guidance on COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs) for implementation January 10th 2022.

There was some good examples of infection control processes within the centre, the inspector observed a COVID-19 positive area had been set up to allow for the cohorting of residents with COVID-19 infection to prevent the spread of the virus. In addition, the overall designated centre was clean and the cleaning staff spoken with were aware of cleaning processes and products for daily cleaning. However, further oversight of the infection control measures within the designated centre was required. For example, gaps were seen in cleaning records and a review of the storage and segregation practices was required to minimise the risk of cross contamination. In addition, there was gaps seen in staff monitoring records for signs and symptoms of infection and in the oversight of staff use of PPE.

Regulation 11: Visits

The registered provider had an updated risk assessment due to take place the day following the inspection to ensure residents had access to visiting in line with the current HPSC guidance.

Judgment: Compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example,

- The inspector observed poor hand hygiene and PPE use such as face masks were used inappropriately during the course of the inspection. For example, two staff were seen to wear surgical masks and not FFP2 masks as per HPSC guidance. One staff member was observed to wear their mask incorrectly. Two staff members were not bare below the elbow, one staff member was seen to wear a watch and another was wearing a stoned ring.
- The oversight of cleaning schedules required review. Cleaning schedules were incomplete for the day of the inspection and a number of areas highlighted on the premises walk as not visibly clean in the morning remained unclean at 5:20pm, such as sinks in the laundry and sluice rooms.
- There were gaps seen in monitoring logs to identify signs and symptoms of COVID-19 for five to seven staff members each day over a period of four days prior to the inspection.

- Inappropriate storage was seen within storage rooms and cleaning rooms throughout the centre. The storage of items on the floor prevented effective cleaning, for example boxes, pillows and blankets were seen stored on the floor in a linen room. There was inappropriate storage in three sluice rooms which created a risk for cross contamination. For example, resident shower chairs and vases were seen in these areas.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that relevant information was recorded within care plans to guide staff on residents care:

- Care plans on visiting and residents' rights were generic and not personalised to each resident. The visiting care plan for two residents had not been updated to reflect current visiting arrangements within the centre.
- Each resident had four care plans devised with subsequent focused care plans where relevant. This was not seen to occur for all risks identified, instead some key information was instead recorded within the activity of daily living care plan. This created a risk for staff who did not know the resident as it did not provide sufficient detail. The provider acknowledged this as an area which required review during the inspection. For example:
 - A resident who had a fall in November 2021 did not have a focused falls care plan. This information was recorded within the residents' activity of daily living and did not provide sufficient detail relating to this fall.
 - A resident with an assessed need for a focused responsive behaviour care plan had the template set up but this remained blank since 14 December 2021.

Judgment: Not compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with weekly oversight by a general practitioner and referrals made to specialist health and social care professionals as required. The inspector was told that eligible residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured that all residents had opportunities to participate in activities in accordance with their interests and capacities. For example, on the day of the inspection, no planned activities occurred for the residents on the first floor. There was no current activity calendar for this floor to detail the range of activities provided and no record of any activities was seen. Residents in this area were seen to look bored with limited meaningful engagements.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Curam Care Home, Navan Road OSV-0008033

Inspection ID: MON-0035394

Date of inspection: 12/01/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Activity Provision: following the HIQA Inspection a HCA has been assigned to support the activities coordinator until the recruitment process of additional activity assistant is complete. Completion Date: 18th March 2022.</p> <p>One to One Care- where one to one care is assigned to a resident this will be highlighted on the staff rosters. Staff assigned one to one care will not have this removed to support the staffing roster of the home Completion Date: completed</p> <p>Hourly Supervision of Residents: Nursing and Care staff have been advised by PIC that for residents who are assigned hourly supervision this check is to be documented on epic Touch as a hourly safety check. Nursing staff designated to care for resident on a one hourly safety check are responsible to audit the checklist twice per shift to ensure compliance Completion Date: completed</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A full review of the extensive auditing system in Curam Care Homes is underway Completion Date: 08/03/2022.</p> <p>Audits have been amended to capture non- compliance of inappropriate storage in the HIQA report. This audit will be reviewed based on the non-compliance actions to build a constantly robust audit. Completion Date: completed</p>	

Staff compliance with PPE is monitored daily, for the communication needs of the residents who require lip reading masks needed to be removed for this purpose, risk assessment in place for this under the guidance of the HSE. The PIC has now sourced transparent masks for staff to stop the need for removing masks. Completion date: completed.

The work reported in the HIQA Report was a previously resolved maintenance matter, the ceiling tiles are stained and scheduled for replacement Completion Date: 31/03/2022. Maintenance personnel advised to log all jobs completed in the maintenance log Completion date: completed

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Mask wearing- as above</p> <p>Non adherence to Uniform Policy: All staff have been issues with a copy of Curam Care Homes Navan Road Uniform Policy. Senior clinical staff are present at each handover and uniforms and adherence to IPC policy is discussed and monitored and any non-compliances managed immediately. Completion Date: Complete</p> <p>Infection Prevention and Control refresher training sent to staff to enhance hand hygiene practices and adherence to PPE. The PIC and ADON are undertaking Hand Hygiene weekly audits which include monitoring and actioning PPE Compliance, adherence to twice daily monitoring logs Completion Date: Complete</p> <p>Review of storage practices and Cleaning Schedules has been completed by Housekeeping Supervisor and the IPC Lead. The housekeeping supervisor will ensure there is no gaps in cleaning schedules Completion Date: completed</p>	
Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Each nurse is to receive updated documentation and assessment training on Curam ADL care plan format. Each residents clinical documentation is undergoing a full audit review to ensure each care plan reflects the personal needs of each resident and focused care plan assigned where appropriate. Care plans outlined in the report will be reviewed and brought in line with current guidelines and reflect each individual resident's current needs, likes, dislikes and preferences. Completion Date: 31/03/2022 The PIC and ADoN are undertaking Hand Hygiene weekly audits which include monitoring and actioning PPE Compliance, adherence to twice daily monitoring logs.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: As above, the recruitment process is ongoing for an activities assistant to work alongside the activities coordinator. Recruitment process to be complete March 18th, 2022.

Currently a HCA has been redeployed to support this role to ensure each resident has daily meaningful activities specific to their likes and preferences.

The weekly activities schedule/planner is delivered to each resident's room on a Monday morning outlining the daily activities and location of the activities in the home. Staff communicate with the residents throughout the day to remind residents of the daily activities. Completion Date: completed

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	18/03/2022
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.	Substantially Compliant	Yellow	08/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	31/03/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/03/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/03/2022
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	18/03/2022

