



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

Issued by the Chief Inspector

Name of designated centre:	Ailesbury Private Nursing Home
Name of provider:	A N H Healthcare Limited
Address of centre:	58 Park Avenue, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	10 March 2022
Centre ID:	OSV-0000002
Fieldwork ID:	MON-0036392

About the designated centre

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

Ailesbury Nursing Home is situated beside St Johns Church on Park avenue near Sandymount Village. The nursing home is serviced by nearby restaurants, public houses, libraries and community halls. Ailesbury Nursing Home is a 42 bedded facility, accommodating male and female residents over the age of 18. The centre can accommodate residents with low to high levels of dependencies, and varying care needs. Accommodation is provided in single, twin and multi-occupancy rooms. Ailesbury Nursing Home is managed by a Director of Nursing who is supported by a clinical nurse manager and a team of nurses, healthcare assistants, activities coordinators and other ancillary staff. The director of nursing is further supported by the person in charge who is in daily contact.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Thursday 10 March 2022	08:00hrs to 18:00hrs	Margo O'Neill	Lead
Thursday 10 March 2022	08:00hrs to 18:00hrs	Jennifer Smyth	Support

What residents told us and what inspectors observed

Inspectors took the opportunity to speak to nine residents and two visitors throughout the day to gain insight and feedback about living in the centre and the service provided. Residents reported that they felt safe, and secure. Inspectors noted that the atmosphere in the centre was calm and residents looked well cared for. Overall residents and visitors reported they were happy with the service and care provided to them and their loved ones.

On arriving at the centre inspectors were guided through infection prevention and control measures that included hand hygiene, signing-in and confirmation of vaccination status and the wearing of face masks. Inspectors were informed by the director of nursing that there was an isolation area in the centre at the time of inspection. Inspectors observed that appropriate signage was in place to notify other residents and staff.

During the inspection day, inspectors observed residents and staff interactions, overall these were relaxed, informal and friendly. Residents and visitors praised the staff and reported that staff were 'very helpful' and that staff communicated well with families during periods of lockdown and outbreaks of COVID19. Staff knew residents well and could be heard having good humoured fun with residents while they were supporting residents and attending to their needs.

The centre was set out over three floors with a lift and stairs to facilitate movement between these areas. The centre's communal spaces comprised of a main sitting room, a living room and two dining areas at the front entrance of the premises. There was also a day room located at the rear of the building. All of these spaces were pleasantly decorated. Inspectors observed that one of the dining areas at the front of the house and the day room at the rear of the centre were being used for storage for personal protective equipment and as an area for putting on personal protective equipment for staff therefore they were not exclusively available for residents use, limiting available communal space for residents living in the centre.

Residents' bedrooms were a mixture of single and multi-occupancy bedrooms. There were 17 single bedrooms, four double bedrooms, three triple bedrooms and two four-bedded bedrooms. Residents were encouraged to personalise their bedroom space with soft furnishings, pictures and photographs to reflect interests, hobbies and life experiences. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. The layout of the facilities and privacy curtains in most of the multi-occupancy bedrooms observed by inspectors required review to ensure that residents could access their belongings while maintaining their right to privacy at all times. In one of the multi-occupancy bedrooms, inspectors heard a resident request that their privacy curtains be drawn back as they felt 'Claustrophobic'.

Inspectors observed that generally there was a lack of adequate storage space which resulted in inappropriate storage of items and equipment throughout the centre. For example inspectors observed equipment such as commodes being inappropriately stored in residents' bedrooms.

The centre was clean and maintained to a reasonable standard with the exception of some areas where wear and tear was visible and as a result would not support effective cleaning and disinfection. Management outlined to inspectors that there was a prioritised schedule of maintenance and refurbishment works developed that would be rolled out during 2022 such as replacing flooring throughout the communal areas of the centre. There was no defined time-frame outlined to inspectors for when these works would commence or be completed.

There was an outdoor garden area to the front of the house that contained a water feature and seating to allow residents to enjoy the outdoors during warmer weather.

Residents had opportunities to participate in a range of group and individual activities. Group activities took place in the centre's main lounge area. Inspectors observed some residents positively participating in sit and fit, a group exercise class lead by a designated staff member. Three residents spoken with expressed their enjoyment of the class.

A residents' advocacy group and a resident council held meetings on alternate months to discuss areas such as visiting, complaints or upcoming activities. An independent person, a member of staff from another nursing home in the group, chaired these groups. There was no advocacy service advertised in the centre, however staff informed inspectors that residents had access to social workers and advocacy service if required.

Most residents who spoke with inspectors said that they enjoyed the food provided to them. One resident told inspectors that there had been a change to catering staff recently and that the changes that the new staff were making to the menus on offer was good and they were enjoying these new meal options. A written menu was available to residents in the centre's main dining area, pictorial menus were not.

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 a clear governance and management structure in place in the centre and the registered provider had arrangements to ensure that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. Action was required to improve the providers' oversight of fire safety, care planning

for residents, infection prevention and control practices, restrictive practices and premises.

A N H Healthcare Limited is the registered provider for Ailesbury Private Nursing Home. The management structure in place identified lines of authority and accountability. The director of nursing was present in the centre on a daily basis Monday to Friday and inspectors were informed that the person in charge attended the centre regularly and was contactable at all times. The director of nursing worked alongside a clinical nurse manager, care staff, catering, household, maintenance and activity staff to provide care and support to residents. Rosters showed that there was a minimum of one registered nurse on at all times as required by the regulations.

Records of regular communications from management to nursing and carer staff were available to review. There was a live risk register maintained and updated regularly and inspectors were assured that incidents involving residents were being reviewed and learning identified. An annual review of the quality and safety of care delivered to residents had been completed for 2021.

Records of management meetings were provided to inspectors. Inspectors noted that there was a significant gap between meetings with the most recently held having occurred on the 12 February 2022 and the next most recent having occurred in August 2021. The records provided indicated that key performance indicators regarding the quality and safety of the service were being monitored and reviewed. Action plans were developed from these meetings and designated responsible persons identified. Time frames for completion were not recorded however, making it unclear if actions had been completed. Action was required to improve the oversight of a number of key areas of the service, this is discussed further under Regulation 23.

Staffing numbers and skill mix on the day of inspection was appropriate to meet the individual and collective need of the residents and with due regard for the layout of the centre. Supervision of staff was effective and staff reported that they felt supported in their work. Inspectors noted that the centres' roster did not accurately reflect the person in charge's physical attendance and presence in the centre and asked the management team to update this.

The registered provider was aware of their regulatory requirement to notify the Chief Inspector of notifiable incidents that occurred in the centre.

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that the number and skill mix of staff was appropriate to meet the individual and collective need of the residents and with due regard for the layout of the centre. Inspectors were assured that there was a registered nurse working at all times.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to provide oversight of the quality and safety of the service provided to residents. Action was required to ensure that all areas for improvement were being identified and actions implemented to ensure the quality and safety of the service.

- Oversight of fire safety required strengthening. For example inspectors identified that fire fighting equipment in the centre's smoking area had not been replaced as required. The smoking area also lacked a means for residents to call for assistance if required.
- The provider had undertaken a review of the premises and as a result of that review had reduced the number of beds in the centre to 42 from 45. This review had failed to identify that the layout of many of the multi-occupancy bedrooms would not comply with Regulation 17, Premise.

Furthermore the following risks were identified and required mitigating action:

- Inspectors observed that chemical products were left unsecured in communal bathroom areas posing a potential risk to vulnerable residents who may, for example, ingest these chemicals.
- An area of flooring in a main corridor was identified, that posed a trip hazard to residents and other persons walking in that area.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified as set out by the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013.

Judgment: Compliant

Quality and safety

Residents were supported by sufficient staff in an environment they felt secure living in. Residents had good access to healthcare and were able to choose how they spent their day and could receive relatives and friends for visits in the centre.

Inspectors' review of resident's care plans showed that action was required to ensure that all residents were provided with appropriate and consistent care. Action was also required in respect to restrictive practices, infection prevention and control practices, fire safety and premises.

Inspectors reviewed a sample of residents' care records to ensure that their health, social and personal needs were being met. A comprehensive assessment was seen to be carried out for all residents prior to admission. Action was required to ensure that all care plans were prepared within 48 hours of admission and that care plans were consistently reviewed every four months.

Residents had good access to general practitioners (GP). Two GPs visited the centre on every Tuesday and Wednesday or as required. There were arrangements in place for residents to access geriatrician and psychiatry of old age services through a referral system. Residents had access to allied health care services, either privately or through referral to community services. These services included, amongst others, speech and language therapy, dietetic, chiropody and occupational therapy. Residents who were eligible were seen to have access to the National Screening Programmes.

Inspectors found that the use of restrictive practices in the centre was not in accordance with the national policy "Towards a Restraint Free Environment in Nursing Homes". This is discussed under Regulation 7, Managing behaviour that is challenging.

Residents were supported to attend outings from the centre such as coastal drives and outings for fish and chips. Residents had access to TV, radios, newspapers and religious services. However, inspectors were not assured activities were available on a daily basis. Gaps identified in activity records indicated that there were seven days in the month of March where no resident had any activities recorded. Action was also required to ensure that all residents being assisted to access communal facilities were assisted in a manner that preserved residents' right to privacy and dignity. Inspectors observed a resident being transferred through a communal corridor to a shower room, the way in which the resident's clothing was draped did not fully preserve their dignity. This was highlighted to management.

On the day of inspection inspectors observed that residents could receive their visitors in the privacy of their bedrooms and in the communal areas of the centre. An outdoor cabin had also been put in place to reduce the risk posed by COVID-19. The centre's visiting policy had been updated to include the latest guidance from the Health Prevention Surveillance Centre.

Action was required to ensure that there was sufficient and appropriate storage space available in the centre for residents' equipment and other items and that all designated communal space was available to residents to use. Action was also required to ensure that the layout of multi-occupancy bedrooms were suitable to ensure that residents' right to privacy was maintained when accessing their clothes and other belongings stored outside their private space.

The provider had put in place enhanced measures to limit and control the spread of infection, which included twice daily temperature checks for residents, staff monitoring for symptom and infection prevention and control training for staff. Although cleaning schedules were in place, inspectors identified that these had not been appropriately completed for three days prior to the day of inspection and so inspectors could not be assured that these areas had been cleaned. Inspectors found that further action was also required with other infection prevention and control practices in the centre. This is discussed under Regulation 27, Infection Control.

Inspectors followed up on actions from the last inspection related to fire safety in the centre. A condition had been placed on the registration of the centre following the last inspection owing to the fire safety issues identified. A competent fire expert had been engaged by the provider and a schedule of fire safety works had been completed which included the fitting of self-closing devices on all bedroom doors. Regular simulated fire drills were being conducted and recorded. Staff who spoke with inspectors demonstrated a good knowledge regarding fire safety procedures and what to do in the event of a fire alarm sounding. There were adequate arrangements in place for maintaining fire equipment located within the centre which included daily and weekly checks being logged in the fire safety register. Inspectors noted however that the designated smoking area for residents located outside the centre required review to ensure that appropriate fire fighting equipment was available and checked regularly.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that two areas in the centre were being used for alternative purposes and not as outlined in the centre's statement of purpose. Inspectors observed that two designated communal resident spaces; a small dining room off the main dining room and a day room located at the rear of the centre, were being used for storage and were not available for residents use on the morning of the inspection. Large boxes and items such as a foldable mattress were noted to be stacked on top of each other and stored in these rooms. The day room at the rear of the centre was also being used as an area for staff to don (put on) personal protective equipment. The provider addressed these issues in the day room during the inspection and a resident and visitor were observed using this space in the

afternoon. The small dining room remained as a storage area and inaccessible for residents use.

Inspectors observed that the configuration of some multi-occupancy rooms required review so that all residents could utilise the floor space as required by the regulations in order to have for example a chair by their bed for their or their visitors use, personal space to attend to activity with privacy and personal storage space that did not infringe on the privacy of other residents to access. On the day of the inspection inspectors observed that:

- A number of residents did not have a chair beside their bed where they could sit to get dressed in privacy or simply have quiet time in their own space. For some of these residents there was insufficient room to have a chair by their bed without blocking access to their bed or their locker.
- For one resident who required significant mobility supports, there was insufficient room for this resident to have a locker beside their bed meaning that this resident did not have access to personal items that would normally be stored within a locker.
- In some of the multi-occupancy rooms the space available to a resident behind their privacy screen was not adequate to afford the resident sufficient space and privacy to attend to personal activities such as dressing.

Judgment: Not compliant

Regulation 27: Infection control

The provider failed to ensure that procedures, consistent with the standards for the prevention and control of health care associated infections were implemented. On the day of inspection inspectors observed;

- Poor personal protection equipment (PPE) practices. A staff member was seen to enter and exit bedrooms in an orange zone without changing PPE. Inspectors highlighted this to management for immediate attention during the inspection. On the day of inspection residents in the orange zone had displayed symptoms of COVID-19 and correct PPE use was required to prevent cross infection of residents.
- Hand hygiene facilities were not provided in line with national guidelines.
- The centre's sluice rooms required review to ensure adequate infection prevention and control practices could be adhered to. One sluice room contained two bedpan washers which could only be accessed with the sluice room door open, potentially posing a risk of cross contamination. The hand wash basin in the sluice room was located behind the sluice room door which made it difficult to access for staff in order to carry out hand hygiene and paper towels were not accessible on the day of inspection. The centre's other

sluice room contained two commodes and one wheelchair which prevented access to the hand wash basin. These poor storage practices could lead to cross-contamination.

- A number of rooms were being used for storage, such as the centre's lower dining room, which had items such as boxes and other items stored on the floor. This would not allow for effective cleaning of these areas.
- Some general waste bins were seen to be overflowing; inspectors observed this in two communal toilets and one bedroom.
- Cleaning schedules had not been completed for communal areas for three days prior to the inspection. One sluice that had no cleaning schedule was not clean, with grit on the floor.
- Some hand sanitizer holders were stained with visible signs of brown dirt.
- Dust and dirt was observed on a hoist, and the hoist was not on a cleaning equipment schedule.
- A brown stain had dripped down the wall from a ventilation duct in the ceiling of one of the residents' communal toilets; management reported that this was due to recent adverse weather conditions.
- Open packages of dry wipes and incontinence products were stored in communal toilets and bathrooms throughout the centre. This could present an infection control risk.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors noted that the smoking area located outside the centre required review to ensure that appropriate fire fighting equipment was available and checked regularly. Inspectors observed that the fire extinguisher in the area had expired in 2021 and the labels on the fire blanket hanging in the area were no longer visible as it had been bleached by the sun. The fire blanket cords were also covered in a green organic matter. A call bell facility was unavailable in the smoking area. The registered provider representative undertook to address these issues during the inspection.

Other risks identified by inspectors were the following:

- Several doors were observed to open on to escape routes.
- Oxygen signage was not placed in the correct area.
- The centre's fire compartments were not indicated on drawings displayed throughout the centre to allow staff and residents to easily identify the closest point of safety in the event of a fire.
- Inspectors observed that many bags of residents' personal belongings had been inappropriate storage beside fire panel making it difficult to access. These were removed during the inspection.
- An area located outside the centre's lift on the first floor had been identified during a fire safety inspection in July 2020 as a key fire safety zone where

there should be no storage of any kind. Inspectors observed on the day of inspection that there was a medicines trolley, a wheelchair and a four-wheeled rollator being stored in this location.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Three of the care plans reviewed by inspectors were not prepared within 48 hours of admission. For example one residents nutritional care plan had not been commenced 10 days following admission. Inspectors also identified that not all residents had activity care plans to inform staff of residents' social and recreational needs.

Inspectors were not assured that all care plans were formally reviewed at intervals not exceeding four months and were not assured that all care plans in place were reflective of the resident's current status and need. Furthermore inspectors were not assured that reassessment was consistently completed to inform care plan updates. For example one resident who had been identified as being at risk of losing weight, their nutritional care plan had not been reviewed since October 2021.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to general practitioners (GP), geriatrician and psychiatry of old age specialists and allied health care services. Residents who were eligible were seen to have access to the National Screening Programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

On occasions where restraint was used in the designated centre, it was not in accordance with the national policy "Towards a Restraint Free Environment in Nursing Homes".

- On the day of inspection inspectors found that bed rail use remained significant with 15 of the 35 residents having bedrails in place.

- There were no written records available to inspectors that showed that alternative and less restrictive interventions were trialled prior to physical restraints being implemented.
- One resident who wore an elopement bracelet, had no formal risk assessment completed and no care plan was available to inform and guide staff in relation to this restrictive practice.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were not assured that all residents were provided with the opportunity to participate in activities in accordance with their interests and capabilities. For example, there were gaps identified in records of activities reviewed over the previous three months. In the month of March 2022, there were only two days out of the ten days that had elapsed that there was a recorded activity for all residents. Inspectors also noted that 'bedrest' was recorded as an activity for two residents, this is not seen as a meaningful activity. On the day of inspection the activities were not advertised, therefore residents could not independently access information regarding the time or the activity available on the day.

Action was required to ensure that all residents' were afforded the right to undertake personal activities in private. Inspectors observed a resident being transferred through a communal corridor to a shower room; the resident's clothing had not been maintained in a way that fully preserved the resident's dignity. This impacted on the resident's human right to privacy and dignity. This was highlighted by inspectors to the director of nursing who intervened immediately.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ailesbury Private Nursing Home OSV-0000002

Inspection ID: MON-0036392

Date of inspection: 10/03/2022

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Firefighting equipment in the smoking area was rectified on the day of the inspection and this was acknowledged by the inspector. A mobile call bell will be placed at the exit point for any resident to use while going out for a cigarette.</p> <p>We have added the external firefighting equipment to our checklist.</p> <p>A more comprehensive system of 4 monthly care plan reviews will be implemented. The date and timelines of all care plans will be audited and reviewed on a monthly basis so that any impending expiry dates will be easily tracked and attended to and highlighted at clinical governance meetings.</p> <p>As referenced in our Feedback Form we are confident that the premises are in accordance with SI293 of 2016.</p> <p>A full review of all chemical products and their storage has been undertaken and our daily household checklists will ensure that chemicals will be stored securely.</p> <p>Our maintenance team will rectify the trip hazard by replacing the saddle board.</p>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The communal areas referenced within the report are no longer being used as storage areas for PPE as we are no longer managing a Covid outbreak. These communal areas are available for use by residents.

With regards to residents' private space within their curtain area we will carry out a resident survey and speak directly with each resident about the configuration of their personal space, and make any necessary adjustments according to the residents wishes.

We are satisfied that we are compliant with Regulation SI293 of 2016.

"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations."

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
Our 2 hourly domestic bathroom checklists will be updated to ensure the correct storage of personal hygiene products.

The individual staff member has been instructed to refresh their PPE donning and doffing training within 7 days.

Our maintenance team will reconfigure the layout of the sluice room to facilitate direct access to the handwashing sink.

A thorough review of the cleaning checklists will be carried out and amendments will take place of the management of same.

As highlighted in the feedback form, this stain was due to adverse weather conditions the previous day. This had been highlighted by a member of the domestic team the day previously to the maintenance team to rectify where bad weather had caused some water to come through the vent. This has since been rectified.

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

A Full risk assessment and review was undertaken by our fire consultant and all works have since been completed. We will, however, undertake a further review, specific to the aforementioned doors, which currently are fitted with door closing devices. Any further recommendations made by our fire consultant will be actioned.

Oxygen storage and signage was rectified on the day of the inspection.

Fire extinguisher and fire blanket in the external smoking area were replaced on the day of inspection.

The fire drawings will be updated by our fire consultant to show the additional fire compartments.

The resident's gift of clothing, which had been placed temporarily in a fire safety zone but which could not however have impeded access to the control panel was removed on the day of the inspection.

The storage of a wheelchair and a rollator have been rectified to their designated storage areas. The placement of the drug trolley has been amended and we can assure the regulator that its current storage area is now appropriate.

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

Under Reg 5 (3) an admission care plan is developed within 48 hours of admission and remains a working document for the first 14 days after admission.

As previously referenced, a monthly care plan audit will be undertaken to avoid any further anomalies.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The use of bed rails has been significantly reduced since the inspection and it will continue to be closely monitored in order to maintain minimum frequency of use.

On the monthly review of care plans any anomalies will be highlighted and actioned.

In relation to the elopement bracelet, the risk assessment and care plan has since been implemented.

Where any restrictive practice is in place an immediate risk assessment will be carried out and a care plan will be implemented.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: As per our Feedback Form we pride ourselves on our comprehensive activities schedule which operates on a 7 day basis and our dedicated activities team who are committed to providing activities to residents on a daily basis. At no point is there a day in the nursing home where residents are not offered to partake in activities. There is no further action required.

The Director of Nursing continues to promote residents privacy and dignity at each morning handover.

"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations."

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/06/2022

	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.	Not Compliant	Orange	30/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	10/03/2022

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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.	Substantially Compliant	Yellow	30/06/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	10/03/2022
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	10/03/2022
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	10/03/2022

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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