



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

Issued by the Chief Inspector

Name of designated centre:	Borris Lodge Nursing Home
Name of provider:	Borris Lodge Nursing Home Limited
Address of centre:	Main Street, Borris, Carlow
Type of inspection:	Unannounced
Date of inspection:	19 July 2022
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0035626

About the designated centre

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

Borris Lodge Nursing Home provides residential care for 52 people. Care can be provided for residents over 18 years of age although predominantly for residents over 65 years of age. It provides care for adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided.

The building was laid out over three separate floors, accessed by stairs and two lifts. The basement was not used by residents other than for to attend the hairdressing salon or various parties. In total, there were 46 single and three twin bedrooms. 28 of the single rooms have full en-suite facilities. One of the twin rooms has an en-suite with toilet and wash hand basin. The bedrooms were comfortable, and many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. There are several sitting rooms and seating areas located around the centre. Additional toilets, bathrooms and shower rooms are also located around the centre.

According to their statement of purpose, the centre is committed to providing the highest level of care, in a dignified and respectful manner and endeavours to foster an ethos of independence and choice. It aims to provide accommodation and an environment which replicates home life as closely as possible. The environment was homely, well decorated and in a style which was comfortable. There was a programme of regular maintenance. Residents had access to safe and accessible enclosed courtyards and a mature garden at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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 19 July 2022	08:50hrs to 18:15hrs	Sinead Lynch	Lead
Tuesday 19 July 2022	08:50hrs to 18:15hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

The inspection took place over the course of one day. The inspectors spent time in all areas of the centre to see what life was like for residents living here and spoke with many visitors and residents throughout the day. The residents were complimentary about the care they received and how kind the staff were. The inspectors found that most residents were content on the day of the inspection.

Many of the rooms were nicely decorated with personal items the residents have brought from home. Residents told inspectors that they were very welcome to bring items into their room. Visitors spoken with also informed inspectors that were encouraged to make the room 'homely' which would help their relative settle in. The rooms were all bright with large windows looking out over the Mount Leinster. Many residents spoke about how much they enjoyed their room and said 'I love the view'. There was adequate storage available in most bedrooms but inspectors observed signs of wear and tear and that some furniture needed repair and replacement.

The centre had two enclosed court yards. These were decorated to a high standards. The sidewalks were safe and colourful decorated with various types of stone. The courtyards were well-maintained and included beautiful flowers as centre piece. There was seating for residents and their visitors which was well used in the afternoon of the inspection. Staff were also seen assisting residents to these gardens and enjoying drinks and snacks together with the residents.

Over all, there were good fire precautions in place. However, some areas required review. For example, not all residents had a personal emergency evacuation plan (PEEP) in place. In some cases, where a PEEP was available, it had not been updated to reflect the resident's ability.

Some residents spoken with complimented the food and the 'great choice' they had. Although staff were seen to regularly check on residents, the inspectors observed residents spending long time with no activity or social stimulation. One resident said 'they would love to have something to do every day' as they pass their days doing nothing and 'only eating and sleeping'. Other residents were seen sitting in their room for most of the day with no stimulation other than health care staff were seen to be offering drinks and snacks throughout the day.

Visitors spoken with were very complimentary of the care provided to their relatives, They said that they could 'visit whenever they want' that their relative was 'so well cared for' and 'so happy'. While all residents and visitors were very happy with the care delivered and the food available, many raised the issue of being 'bored' and have nothing to do.

On the day of the inspection there was only one person appointed to carry out activities in the centre. As the residents are living over two floors, this left many residents without stimulation or social interaction for many parts of the day.

Arrangements were not in place to replace staff when they were on annual leave as confirmed by the person in charge. This negatively impacted on the residents and their social needs.

The inspectors observed good staff and resident interactions during the day. The care staff knew their residents' likes and dislikes and there a sense of kindness and dignity between them. The person in charge was observed interacting with residents and the residents knew the person in charge well. They were also seen interacting with relatives. Call bells were answered promptly and staff were available if the residents required assistance. Residents appeared neat and tidy and well presented in their appearance.

There were clinical hand wash sinks available in the centre but they were not accessible to bedrooms and not of the required standard. The general environment and residents' bedrooms, communal areas, laundry and 'dirty' utility (sluice) room and resident equipment in the main appeared visibly clean. However, some walls, furniture, equipment were seen chipped, worn and not maintained, which would make effective cleaning difficult. Additional findings in respect of infection control are discussed under regulation 27.

The governance of the centre will be discussed under the following two sections, capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas for improvements are discussed in the report under the relevant regulations.

Capacity and capability

Overall this was a well managed service with established governance and management systems in place to monitor the quality and safety of the care and services provided for the residents. However, on this inspection, inspectors found that action was required by the registered provider to address the areas of Regulation 5; Individual assessment and care plans, Regulation 9; Residents' rights, Regulation 16; Staff training and development, Regulation 17; Premises, Regulation 23; Governance and management, Regulation 27; Infection prevention and control, and Regulation 34; Complaints. The centre had a history of generally good compliance, and the inspectors found that the provider had addressed most of the issues identified during the last inspection.

This was an unannounced risk inspection to monitor compliance with regulation and standards (as per the Health Act 2007) and to inform the renewal of the registration. The registered provider is Borris Lodge Nursing Home Limited. The centre is part of a larger group, Evergreen Care Group. There was a clearly defined management structure in place.

The person in charge was supported in her role by a regional operations manager, a director of operations and a clinical nurse manager. The person in charge had been recently appointed to the role in February 2022 and had the required experience and qualifications for the role. The person in charge had made improvements since taking on the new role and informed inspectors of the many quality improvement plans she was looking to implement to further benefit the residents and their daily lives in the centre.

The centre had an adequate number of nursing and caring staff on the day of the inspection. However, there were not sufficient activity staff on the day of inspection to meet each resident's needs and ensure the residents would have sufficient access to social and recreational activities on each floor, seven days a week. This will be discussed further in the report.

There was a process in place to oversee the quality of care being delivered to residents and this was leading to improvements in practices. However, there was inadequate oversight of residents' personal emergency evacuation plans (PEEPs) and the ongoing assessments of residents' needs. Residents had personal emergency evacuation plans (PEEP's) in place however some residents that were admitted in the last six months had not had one completed. Other residents PEEP's were found to not be up to date with the residents' current mobility status. There was one copy of these PEEP's available in the centre which was located in the fire box in reception. This may hinder evacuation if the fire was in reception. The person in charge informed inspectors on the day of the inspection that they will update these PEEP's and review the storage of them.

Overall, the inspector found that the provider had many of the measures and resources in place to manage infection prevention and control in the centre in line with national guidance. However, weaknesses were identified in infection prevention and control governance, oversight and monitoring systems. Barriers to effective hand hygiene practice were identified during the course of this inspection. The supervision and oversight of cleaning practices also required improvement.

A review of documentation indicated that infection prevention and control was audited and discussed at governance, staff and resident meetings. Nonetheless, there were lost opportunities to improve the quality and safety of care for residents, by means of implementing improvement post auditing and meetings. For example; it was noted in three audits completed in January, February and March 2022 that clinical hand wash sinks were available for staff yet none were available on the day of inspection.

There was a varied training programme in place to ensure staff were appropriately skilled, however further review of this process was required. On the day of the inspection not all staff had attended their refresher training in infection prevention and control training and the household staff required further training in the use of chemical and processes as they were not aware of what to do in the case of a spillage.

The statement of purpose had been previously submitted to the Chief Inspector of Social Services but this required further changes which were discussed on the day of inspection.

There was a comprehensive annual review in place in the centre and this incorporated residents opinions and views. This showed what improvements the centre hoped to achieve in 2022.

Complaints were well managed in the centre. There were no open complaints on the day of the inspection but inspectors viewed previous complaints which were investigated in line with the centre's policy. A clear policy was available to guide the complaint management, and records were maintained separately from any resident file or information.

Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to renew the registration of the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 was received. All documents required were submitted to the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge of the centre met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had the appropriate skill mix of health care workers and nurses on duty in the centre on the day of the inspection, however further resources were required in relation to activities. There were insufficient staff to meet the social and recreational needs of the residents with the size and layout of the centre. The person in charge had informed inspectors that they had tried to recruit another activity staff member but had been unsuccessful.

There were insufficient numbers of housekeeping staff to meet the cleaning and housekeeping needs of the centre. On several room cleaning sign off sheets seen by the inspector it was written 'no deep clean as 1 housekeeper on duty'. The statement of purpose stated 3.28 Whole Time Equivalent (WTE) of 39 hours domestic staff were employed. It was seen that on some occasions housekeeping staff were not replaced when on leave.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While most of the staff in the centre had access to appropriate training and there was adequate supervision in place, some gaps were found;

- Four staff had not attended their fire and evacuation refresher training that was due three months prior to the inspection
- Three staff had not attended Infection prevention and control training refresher; one had not attended for more than two and half years
- Household staff were not provided with access to training appropriate to their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example absences were not replaced which impacted on residents' rights to access a variety of meaningful activities.

The management systems in place to oversee the service and ensure it was safe and appropriately monitored were not sufficiently robust. Key risk areas had not been appropriately identified or effectively mitigated by the provider. For example the residents' personal emergency evacuation plans were not updated or completed for some residents.

Infection prevention and control and environmental audits undertaken did not guide changes to support the safety and quality of the care provided. Environmental audits had not identified some areas of improvement as found by inspectors on the day. Housekeeping staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There was a lack of oversight and supervision of cleaning processes and staff.

Improved oversight of the transition to and implementation of electronic care records and residents' care planning arrangements was required as the provider had not identified errors and gaps in the system.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There was a contract for provision of services for residents. Each contract was signed by the resident or their representative, and included the fees and services to be provided in the centre, the room number and the occupancy of that room.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans were submitted to the Chief Inspector for the purpose of the application to renew the registration of the centre, however these required review. The description of the rooms in the Statement of Purpose did not corresponded with the findings of inspection and the floor plans submitted.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents and accidents were notified to the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure in the centre. This procedure was displayed in a prominent place in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had a suite of policies and procedures in place that were in line with Schedule 5 of the regulations. These policies were reviewed in January 2022.

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well managed centre that delivered a high quality of care to the residents. Residents needs were being met through good access to health care services in a timely manner. Access was made available to other health and social care professions as requested by residents or as required such as physiotherapist, occupational therapists and dietitians. Residents also had access to other specialist services such as the dentist, chiropody, old age psychiatry and palliative care specialist.

Staff working in the centre appeared dedicated to providing quality care to the residents. Throughout the inspection, inspectors observed that staff treated residents with respect and kindness.

The nursing assessment process involved the use of a variety of validated tools, however inspectors found some gaps in the correct and timely completion of these assessments and individualised care plans. There were also gaps in the required four monthly review of assessments and care plans. Some residents had not been reassessed post a fall and their care plans were not updated to reflect changes.

The centre had just changed over from a paper format of care planning to an electronic format. This process was ongoing at the time of inspection. One care plan was found to have the wrong residents' name and incorrect falls risk score displayed. This posed a risk to the safety and welfare of the residents as staff did not have the appropriate guidance in respect of the specific care needs of each resident. Improved oversight of the implementation of electronic care record and care planning arrangements was required to prevent recurrence of similar incidents.

Residents' rights were impacted from the inadequate number of activity staff in the centre on the day of the inspection. There was one staff member allocated to activities and another staff member was on leave which was not back filled. As a result, residents on one floor of the centre had no access to group activities on the day or one to one activities of their choice. Inspectors observed that many residents remained in their room with little or no stimulation. Visitors and residents who

communicated with the inspectors also stated that there were not enough meaningful activities provided and that their days were long and boring.

There were clinical hand wash sinks available in the centre but they were not accessible to bedrooms. There were wall-mounted alcohol gel and soap dispensers to assist in hand hygiene requirements.

The laundry did support the separation of the clean and dirty phases of the laundering process. The Housekeeping equipment was well-maintained and clean. There were some processes in place directing staff in cleaning. However, more detail was required to the cleaning schedule to direct the cleaning processes and chemicals required.

Regulation 11: Visits

The registered provider had made arrangements for residents to receive visitors in line with the latest guidance.

Judgment: Compliant

Regulation 17: Premises

The registered provider had commenced an improvement plan in respect of premises on the day of the inspection which would improve the quality of life for the residents, however further improvements were required;

- The first floor bathrooms did not meet the needs of the current residents; at the time of inspection most of the residents accommodated on the first floor had high to maximum dependency levels and required the use of assistive equipment such as hoists. The assisted bathrooms on the first floor did not give adequate space to accommodate the use of a hoist
- There was a lack of suitable storage space for equipment on the ground and first floor
- Residents' storage spaces in the bedrooms required repair or replacement as many were seen to be damaged and in a dilapidated state
- The layout of one twin bedded room required review to ensure residents had access to personal storage and a chair as required in line with SI 293 of 2016.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

- Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. Sinks in the resident's rooms were dual purpose used by residents and staff. This practice increases the risk of cross infection. None of the available hand wash sinks were compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware and pre-plumbed assemblies in healthcare buildings.
- Further action was required in respect of environmental cleaning as high and low areas were seen dusty.
- There was inappropriate storage of resident equipment, chemicals and personal protective equipment. This arrangement increases the risk of environmental contamination and cross infection.
- Improved oversight of cleaning and disinfectant practices was also required, as the disinfectant solution was not diluted correctly and the prescribed contact time to ensure efficacy was not in place. Prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire.
- A review of all equipment was required to ensure it was fit for purpose. For example three out of nine pillows checked were worn and in need of replacing as they could not be cleaned effectively. Furthermore a number of walls, furniture, equipment were seen chipped, worn and not maintained.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of eight care plans, inspectors found gaps in care planning arrangements as follows;

- One resident had not been assessed and did not have the care plan evaluated and updated in nine months
- A resident had a fall in April 2022 and when inspectors viewed the care plan it had the incorrect name and falls score documented. A falls care plan was available in paper format but this had not been updated in seven months.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate access to medical and health care professionals, to meet residents needs. The residents had appropriate and timely access to a general practitioner (GP), tissue viability nurse, dietitian, speech and language therapist, occupational therapist and physiotherapist.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect the residents from abuse. Staff were trained and knowledgeable in relation to detection and prevention of and responses to abuse.

All staff working in the centre had a Garda vetting disclosure in place.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that each resident had access to adequate opportunities to participate in activities in accordance with their interests and capacities. There was one staff member allocated to activities on the day of the inspection. Residents are living over two floors and many could not avail of either group activities or one to one activities as the activities were provided only in one area of the centre. Residents reported that the level of activities provided was not sufficient.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Borris Lodge Nursing Home OSV-0000203

Inspection ID: MON-0035626

Date of inspection: 19/07/2022

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: Currently we have an activity coordinator Monday to Friday every week and every second weekend. We will conduct a Resident survey at our next Resident meeting to see what change in the activities that they would like to see coming into the autumn months and we will adjust our schedules accordingly.</p> <p>We are undergoing a full review of our activity staff hours to ensure that we have cover for 7 days per week, every week. We do have an ongoing recruitment drive in place for some time now to ensure that we do have a contingency level of staff in place in the event of holiday and sickness. Whilst we are waiting for an additional staff member in our activity department, we will allocate a member of staff from one of our support departments to cover any gaps. This staff member will follow the activity schedule as planned.</p> <p>We are fully staffed since the inspection in our household department and are working on our household schedules to ensure that all areas of the house are covered and we have a schedule for deep cleaning & high level cleaning. We anticipate this review will be completed by the end of September.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: We will fully review our training matrix to ensure that all staff are up to date with all of the mandatory training topics, annually and biannually.</p> <p>We have reviewed our household skill mix and ensure that all staff receive up to date training with the various products which we use within the home and the specific</p>	

purpose of each.
 All staff will complete infection control training as part of their induction process and this will be repeated annually. All the staff members who had yet to complete their infection prevention and control training at the time of inspection have completed it since.
 We have additional fire and evac training scheduled for October and all staff will be fully trained at this time. Our own fire marshall reviews all new staff with our fire and evacuation procedures.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 As mentioned in Regulation 15: we have an ongoing recruitment drive in place to allow for a contingency of staff. We are fully staffed in our household department since the time of the inspection. We will allocate another member of staff to cover activity shifts as required to ensure continuity of activities for our Residents.

We have reviewed and all Residents have an up to date, relevant PEEP in place. These are held in the Residents room and in the nurses station. This will be part of our 4mthly review of all careplans and assessments for our Residents. We will also ensure that the information held in the individual careplans and assessments is relevant specifically to each particular Resident – we will ensure that the autofill/prepopulated careplans are fully removed from our nursing software.

We will ensure that all those carrying out audits have completed the HSELand audit training so that they are sufficiently versed in what is required to be able to identify the various aspects that we are inspecting.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 SOP was amended and resubmitted

Regulation 17: Premises	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 17: Premises: The first floor bathrooms will all be refurbished and refitted entirely to ensure full access to all Residents, both mobile and those who require assistance of wheelchair or hoist. All bathrooms are to be reconfigured to maximise space and light in a practical manner. We have engaged with builder and plumber and these works are due to start in September. We anticipate that the works will be 3 weeks in duration.</p> <p>The layout of the twin room will be amended to ensure that each Resident has access to their own personal storage etc as per SI 293 of 2016.</p> <p>We have identified storage areas for equipment so that it does not infringe on Resident space. The cleaning trolleys will be removed during household breaks to ensure that they are not left unattended during the day.</p> <p>We are in the process of refurbishing Resident areas and rooms, the furniture and fittings are part of this process.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We will review and ensure that environmental cleaning is included with specific emphasis on high & low areas, this is part of our household schedule review.</p> <p>A full review has already taken place since inspection and all non appropriate items that were stored in bathrooms/ linen cupboards etc have been removed.</p> <p>As mentioned in Reg 16 we will ensure all household staff are given further training in products and product mixing. All cleaning solution bottles will be labelled & dated. We are conducting a full inventory of equipment in use within the home. We have a redecoration and refurbishment plan for the home in process and will be replacing any not fit for purpose items during this process. This review includes hoists, furniture and hand wash sinks.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All residents will be assessed and have care plans as per our Statement of Purpose. These will be reviewed on a 4mthly basis or before should their condition change. All nurses will receive further training in our nursing software as required to ensure full</p>	

compliance. We have a care plan & assessment audit as part of our suite and our senior staff are now fully aware of the depth that is required to ensure compliance.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: As detailed in Regulation 15, we will ensure our Residents have access to activities to participate in if they wish every day of the week. We will survey our Residents to ensure that our programme covers a wide range of inviting topics/activities to enable participation.

We do conduct our activities over our two floors at present and all Residents are invited and encouraged to attend any activity regardless of which floor it is located on.

We have recently renovated our activity room to a more central location on our ground floor, this is in addition to our newly renovated sitting room located close by. This will enable Residents to be able to move freely as they wish between the recreational areas in the home and join in.

We are in the process of identifying different areas around the home for specific activity uses, eg. Bingo in the larger room, movies in the atrium, pamper care in the activity room, etc.

We will ensure that our monthly activity schedule is distributed in all of our activity and common areas so that all Residents and staff are aware of the programme. Our staff on a daily basis during personal or one to one care will highlight the various activities planned for each day so that all Residents are aware and can participate if they wish.

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	19/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2022
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.	Substantially Compliant	Yellow	31/10/2022

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	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2022
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	31/07/2022
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	Substantially Compliant	Yellow	30/09/2022

	the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/09/2022