



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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	08 September 2022
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0037654

About the designated centre

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

Skibbereen Residential Care Centre provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The premises are a single-storey building completed in 2004 and located on the outskirts of Skibbereen town in county Cork. The centre is purpose built and contemporary in design with accommodation and facilities in keeping with those set out in the statement of purpose. The centre is registered to provide accommodation for up to 51 residents, comprising 35 single and 8 twin-bedded rooms - all equipped with en-suite facilities, personal storage and furniture as required. Facilities include communal indoor recreation areas for residents as well as direct access to a secure, paved outside area with seating and raised planters. The centre also provides an oratory and private visiting space. Residents are provided with relevant information about the provision of service at the centre, and regular meetings and satisfaction surveys take place for feedback. Information on how to raise any concerns is on display for ease of reference along with contact details for independent advocacy arrangements.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Thursday 8 September 2022	09:40hrs to 17:40hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live with residents having plenty of choices in their daily lives. Staff promoted a person-centred approach to care and were found to be kind and caring. The inspector met with many of the 49 residents living in the centre and spoke in more detail with seven residents and also met a number of visitors on the day of the inspection.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. The inspector saw that the reception area was bright and welcoming and a number of residents were sitting in brightly coloured seating watching the morning's activity in the centre. Two residents were sitting in the courtyard garden enjoying the morning sunshine.

An opening meeting was held with the person in charge who also accompanied the inspector on a walk around of the centre. The person in charge was well known to residents and she was well aware of the residents' care needs. One resident told the inspector that the person in charge "couldn't be better." During the walk around, the inspector observed that a number of residents were up and dressed and ready for the day's activities while some were being assisted by staff with their personal care. The activity co-ordinator was also providing residents with one-to-one sessions such as taking residents for walks and room visits with residents.

Skibbereen Residential Care Centre is a modern purpose built centre located on the outskirts of Skibbereen town. It is registered to accommodate 51 residents in 35 single rooms and eight twin rooms, all of which have ensuite shower, hand wash basin and toilet facilities. The inspector saw that the majority of bedrooms were personalised in line with residents' preferences with displays of family photographs, and personal possessions. Some residents had extra storage shelving in their rooms. A number of residents rooms had displays of the art work that they created during arts and crafts sessions in the centre. While the provider had replaced the privacy curtains and railings in the twin rooms since the last inspection, the inspector saw that these required further review and adjustment to ensure that the privacy of all residents who shared rooms could be maintained at all times. While it was evident that some rooms had been renovated and painted since the last inspection, the inspector saw that some walls and some of the woodwork in some residents' rooms required renovation. This is outlined further in the quality and safety section of this report.

There was plenty communal spaces for residents' use with a large dining room, television room, large lounge room, oratory and library room. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. The centre had a hair dressing salon and an assisted jacuzzi bath. There was also a

physiotherapy room with balance bars where the physiotherapist provided assessments to residents during their weekly visit. The physiotherapist was in the centre on the day of inspection reviewing residents who required it and assessing residents who were at risk or after a fall. Residents could freely access the well maintained courtyard where mature plants, flowers and fragrant herbs grew in raised beds. There was also seating, tables and parasols for residents to use in the fine weather.

The inspector observed the dining experience at lunch time. The lunch time menu choice was displayed in the dining room. The menu was seen to be varied and the inspector saw residents enjoying alternatives to the choices available at lunch time, if they didn't like what was on offer. Modified diets were seen to be well presented and appetising. Residents were complimentary about the food and one resident told the inspector there was always "plenty of it." There were two sittings for the lunch time meal and the inspector saw that nursing and care staff provided assistance to residents with their meals in a respectful and dignified manner. The inspector observed that the lunch time meal was a social experience with residents chatting together or with staff during the meal.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the day. Residents were well-groomed and dressed according to their own style. Residents told inspectors that they were listened to and that staff were kind to them. Visitors were seen coming and going during the day of inspection and visitors and residents told the inspector that they were happy with the arrangements in place. Residents were facilitated to go on outings with their relatives and friends if they wished.

The inspector met the activities co-ordinator and saw that there was a varied activities schedule on display in the centre. Photographs of residents enjoying social activities were displayed. These included photographs on display in the reception area of a recent 1920's themed day and the centre's Rose of Tralee day where both residents and staff held their own Rose of Tralee show that looked like it was enjoyed by all. Residents told the inspectors there was plenty for them to do in the centre and they enjoyed the activities. Residents had gone on an outing to the local town hotel for lunch in August. Residents and staff told the inspector that they were delighted with the return of therapy dogs to the centre who came once a week. Scheduled activities included baking, bingo, yoga, arts and crafts, and three music sessions a week were facilitated by two external musicians. On the day of inspection, residents were partaking in an arts and crafts session in the morning and were also giving feedback to staff on a magic table that was on trial. In the afternoon, the physiotherapist led out on a lively exercise class where a number of residents participated. A "guess the sound" game competition was on display in reception where residents and staff had great fun trying to guess the sound being played.

The centre had close links with the community and a number of residents told the inspector that they had recently attended the local leisure centre to attend a pilates exercise class and were transported by the local link services. This activity was scheduled once a month. Resident had enjoyed outdoor activities during the fine

summer days such as garden bowling and ice cream parties. Mass was held in the centre once a month and plans were underway to increase this to once every two weeks. Residents who liked local and national newspapers were provided with them and residents who chose to use laptops and electronic devices had access to the internet.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the regulations and to follow up on the findings from the previous inspection. The inspector found that there were very effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and the centre has a very good compliance history with the regulations. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Skibbereen Residential Care Limited was the registered provider for Skibbereen Residential Care Centre and was registered to accommodate 51 residents. There are two company directors both of whom are involved in the management of the centre as well as one other designated centre. There was a clearly defined management structure in place with identified lines of accountability and responsibility. The centre had an operations manager and an administrator who were involved in the management of the centre. The person in charge was supported in her role by an assistant director of nursing, a clinical nurse manager and a team of nurses, health care assistants, catering staff, activities staff and housekeeping staff. The person in charge demonstrated good knowledge of her role and responsibilities including good oversight of residents' care and welfare to continuously improve quality of care and quality of life.

There was an appropriate number and skill mix of staff in the centre having regard for the assessed needs of residents living in the centre. There was a minimum of two registered nurses rostered 24 hours a day seven days a week. Recent recruitment had ensured that the staffing levels in the centre were in line with the centre's statement of purpose. The inspector was informed that there were plans underway to appoint a cleaning supervisor to oversee the cleaning practices in the centre. The assistant director of nursing and the clinical nurse manager worked weekend days to ensure supervision of staff during these times.

There was a comprehensive schedule of both face-to-face and online training

available for staff in the centre appropriate to their role. External face-to-face training was scheduled each month and uptake by staff was closely monitored by the management team. The assistant director of nursing was supported to complete a management qualification and had recently completed a diploma in gerontological nursing. Cleaning staff were facilitated to undertake specific training on cleaning and decontamination provided by an external facilitator.

There were effective management systems in place to ensure the quality and safety of residents' care. Key risks to residents such as falls, pressure ulcers, restraint usage, antimicrobial usage and residents' weights were closely monitored by the person in charge. The person in charge ensured that the centre's schedule of clinical audits was consistently completed. From a review of audits undertaken, it was evident that there was good compliance in the centre and where any improvements were required, they were actioned by the management team. The inspector found that there were good systems in place to ensure good communication with all members of staff with regular staff and management meetings undertaken in the centre.

There was good oversight of infection prevention and control in the centre. The provider had nominated the centre's assistant director of nursing as the infection prevention and control lead for the centre. As part of this role, scheduled audits of standard based precautions and other aspects of infection control were undertaken. The inspector acknowledges that residents and staff living and working in the centre have been through a very challenging time. The centre had experienced an outbreak of COVID-19 in February 2022 to March 2022 that impacted a number of residents and staff. The person in charge and management team had implemented its contingency plan for management and staffing and its communication strategy for residents and their relatives during the outbreak. From speaking with the person in charge and the management team during the inspection, it was evident that learning from the outbreak to inform future outbreak management had occurred. The person in charge had completed a very comprehensive outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance which demonstrated this learning.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. There was good oversight of complaints management in the centre. The arrangements for the review of accidents and incidents within the centre were robust. Required notifications were submitted in line with statutory requirements.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated very good knowledge regarding her role and responsibilities and was articulate regarding governance and

management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering person centred care.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate given the assessed needs of the 49 residents living in the centre and having regard to the size and layout of the centre. There was a minimum of two registered nurses on duty in the centre 24 hours a day.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that the person in charge ensured that staff had training appropriate to their role. There was a schedule of face-to-face training each month to ensure staff had access to both mandatory training and training relevant to their role. Two members of the nursing team had recently completed workshops on infection prevention and control to support them in their oversight of infection control practices in the centre. The training schedule included fire safety, safeguarding vulnerable adults, responsive behaviours, manual handling, care planning, infection prevention and control and end of life care. The inspector reviewed training records and the training matrix and saw that staff working in the centre were up-to-date with their mandatory training. Staff were appropriately supervised and supported to perform their respective roles by the person in charge, assistant director of nursing and clinical nurse manager.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the directory of residents maintained in the centre found that it contained the information required under the regulation.

Judgment: Compliant

Regulation 21: Records

The inspector found that requested records were made available to the inspector and were seen to be stored securely in the centre. A sample of three staff files reviewed showed that they met the requirements of schedule 2 of the regulations. The inspector saw that garda vetting was in place in the staff files reviewed and assurance was provided to the inspector that Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, the inspector was satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints' officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with

the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services, a high standard of nursing care and opportunities for social engagement. However, the inspector found some issues identified in relation to premises and infection control required action as outlined under the relevant regulations.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had good access to general practitioner (GP) services and were reviewed regularly and as required. Residents also had good access to health and social care professionals such as dietetics, physiotherapy and speech and language therapy. A physiotherapist who attended the centre one day a week was onsite the day of inspection. The inspector saw that the physiotherapist provided both individual assessments and a group exercise class in the centre. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these. A community nurse with specialist expertise in palliative care was in the centre on the day of inspection, to assist with palliative care for one of the residents.

The inspector reviewed a sample of care plans and found that nursing staff completed a comprehensive assessment of residents' health, personal and social care needs on admission. Validated assessments tools to assess residents' risk of falls, malnutrition and pressure ulcers were completed by staff and used to inform care plans. The inspector saw that care plans were person-centred and detailed to provide good guidance on the care needs of residents. The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. There was a varied programme of activities available to residents. Inspectors found that an ethos of respect for residents was evident and there appeared to be a warm and friendly atmosphere between residents and staff. Residents and relatives gave positive feedback regarding all aspects of life and care in the centre. Residents' rights were seen to be respected in the centre.

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. In general the premises was bright and welcoming with plenty communal spaces and easily accessible outdoor spaces for residents' use. Action had been taken by the provider to address the findings from the previous inspection, however some issues in relation to premises required action as outlined under Regulation 17; Premises.

There was good oversight of infection prevention and control practices. The person in charge compiled an up-to-date COVID-19 contingency plan and infection prevention and control policies and procedures were available for staff. The inspector saw that the centre was clean and staff were observed to have good hand hygiene practices and were wearing surgical facemasks in line with national guidance. There were cleaning schedules in place for ensuring the environment and clinical equipment was cleaned and there was good oversight of cleaning in the centre. The majority of the actions required from the previous inspection in relation to infection control had been addressed. New commodes had been purchased. Both bedpan washers had been serviced and were in working order. The provider had replaced the alcohol wipes with multipurpose cleaning and disinfectant wipes. Some issues that required action in relation to infection control are outlined under Regulation 27 Infection control.

The provider had put systems in place to manage risks and ensure that the health and safety of people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan had been developed to ensure an appropriate response was in place for emergency situations. The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre and was scheduled at regular intervals for the rest of the year. The provider was responsive in relation to fire precautions in the centre and had undertaken an audit of fire doors in the centre and work was completed to address the issues identified.

Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw lots of visitors coming and going on the day of inspection. Visitors were facilitated in residents' rooms or a designated room for visiting. Visitors and residents told the inspector that they were

satisfied with the arrangements in place for visiting.

Judgment: Compliant

Regulation 13: End of life

From a review of a sample of residents' records, end of life care assessments and care plans included consultation with residents and where required their relatives. Residents who were at end of life had access to palliative care specialist nursing team as needed. Relatives were facilitated to be with residents who were approaching end of life.

Judgment: Compliant

Regulation 17: Premises

The following issues identified in relation to maintenance of the premises required action to be compliant with the requirements of the regulations.

- while it was evident that painting and renovations were ongoing in the centre, walls and woodwork in two residents' bedrooms were chipped and marked and required renovation.
- some privacy curtains in the twin rooms did not fully encircle each residents' bed to ensure privacy and dignity of residents.
- flooring in one of the corridors was worn and required repair or replacement.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had an up to date risk management policy that met the requirements of the regulations. There was an emergency response plan in place.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified which had the potential to impact the

effectiveness of infection prevention and control in the centre and required action;

- The inspector saw that storage of residents' toiletries in the shared bedrooms required action to reduce the risk of cross contamination.
- A sharps container was observed not to have the temporary closing mechanism in use which could pose a risk to residents or staff.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire alarm, emergency lighting and fire extinguishers were serviced as required and the records were available for review. Staff were up-to-date with annual fire safety training. The fire procedures and evacuation plans were prominently displayed. Each resident had an up-to-date personal emergency evacuation plan. The inspector found that all fire exits were clear and unobstructed on the day of the inspection. A fire safety risk assessment had been completed by an external company at the request of the provider and the provider ensured that the actions required were underway. A review of fire doors in the centre had been undertaken and works to address the findings had been completed in the week before the inspection. Regular fire drills and simulated compartment evacuations had been undertaken in the centre with minimum staffing levels. Assurances were provided to the inspector, that records of these drills would contain more detail to identify any areas for improvement.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were found to contain the detail required to guide care, in a person-centred manner. Care plans were reviewed every four months or more frequently, as required. These were supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' health care needs were well met, and they had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly by local GPs who attended the centre once a week and more frequently if required. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and podiatry as required. A physiotherapist was onsite in the centre on the day of inspection and was providing assessments to residents who required it.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. This was reflected in responsive behaviour care plans reviewed. The principles of a restraint-free environment were promoted by the person in charge and staff at the centre and the inspector saw evidence of alternatives to bedrails in use for residents at risk of falls.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. The centre employed two activity co-ordinators who ensured residents had access to a varied and stimulating activities programme. External facilitators also provided activities in the centre such as arts and crafts and yoga and music sessions. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities. The centre had close links with the community and a number of residents were attending a monthly exercise and pilates class in the local leisure centre. Residents had access to media and aids such as newspapers, radio, televisions, telephone and wireless Internet access were also readily available. Mass was held in the centre by a local priest. Residents were consulted with on a daily basis by the person in charge and staff. A residents meeting was scheduled for the day following the inspection and assurances were provided that these would be scheduled each quarter as outlined in the centre's statement of purpose.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	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 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0037654

Date of inspection: 08/09/2022

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Renovations are ongoing, with a refurbishment plan for 2022 in place. We have requested the supplier to extend the privacy curtains in twin rooms. The flooring is due to be repaired following the repair of a door which was causing the wearing on the floor.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Suitable storage will be sourced for resident's toiletries in twin rooms. Staff have been made aware of using the temporary safety closures on sharps containers.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/12/2022
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	30/10/2022