



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

Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick
Type of inspection:	Unannounced
Date of inspection:	22 September 2021
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0034311

About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 39 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation is set out in two wings, the old wing, and the new wing which has two corridors. There are single, twin and one three bedded rooms, some with en suite facilities. Communal areas comprise a dining room, two day rooms and a seating area along the bright wide corridor in the new wing. Residents have access to a secure paved courtyard with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 September 2021	09:00hrs to 18:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind, helpful and caring, that they were well looked after and that it was a nice place to live.

Throughout the day, the observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

On the morning of inspection, some residents were up and about and relaxing to music in the day room, some were reading the daily newspapers, some were having their breakfasts in the dining room, others were having their breakfasts in their bedrooms. The inspector observed that there was varied choice for breakfast, some of the residents had chosen cooked breakfasts including boiled eggs, scrambled eggs and fried eggs with bacon. Residents commented that they could have whatever they liked and that the food was always very nice. Some residents spoke of enjoying a 'lie in' and being served their preferred breakfast in their bedrooms at a time that suited them. One resident commented 'its as good as a hotel'.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was a staff member allocated to the supervision of the main day room. There was normally an activities coordinator on duty Monday to Thursday and a care staff member was allocated to facilitate activities on Fridays. Staff were seen to encourage participation and stimulate conversation. The activities schedule was displayed and included a variety of activities including arts and crafts, bingo, word quizzes, Sonas (a therapeutic programme specifically for residents living with dementia), live music and physiotherapy exercise sessions. During the morning of inspection some residents were observed partaking in a physiotherapy exercise session while others enjoyed a Sonas session. Residents spoken with stated that they enjoyed the weekly exercise session facilitated by the physiotherapist and found it beneficial. During the afternoon, some residents enjoyed an arts and crafts session and word quiz. Residents also attended a birthday celebration for one of the residents and enjoyed eating the home made birthday cake baked especially for the occasion by the chef. After evening supper, residents were observed relaxing in the dining room while enjoying a lively sing song.

Residents spoke of their delight that the priest was now able to visit again. Residents told the inspector how they enjoyed attending weekly mass which was now celebrated by the local priest each week in the centre.

Residents had access to a an enclosed garden courtyard area, the doors to the garden area were open and it was easily accessible. The garden areas were attractive with raised beds, hanging baskets and outdoor furniture provided for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk, get some fresh air and feed the birds.

Residents spoken with were happy that visits to the centre had been eased in line with government guidance. Residents could now meet with their visitors in the designated visiting areas or in their own bedroom if they wished. Residents commented that they were satisfied and happy with the arrangements. The inspector observed many visitors coming and going throughout the day of inspection.

The inspector observed the lunch time meal experience. The majority of residents had their meal in the main dining room. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector observed that a variety of snacks, fresh fruit smoothies, drinks and home baked goods were offered between meals times.

The building is dormer style in design and has been extended over the years. Accommodation for 39 residents is provided on the ground floor in 26 single, five twin bedrooms and one three bedded room. Seven bedrooms have en suite toilet and shower facilities and eight bedrooms have en suite toilet facilities. There are four additional showers for resident use. Bedrooms were seen to be personalised. Many residents had their own pictures, framed photographs and ornaments.

There was a variety of communal day spaces including the main ground floor day room, dining room, smoking room, visitors room as well as seating areas in alcoves and corridors. Grab-rails and handrails were provided to bathrooms and corridors. The communal areas were decorated in a domestic homely style. Residents were seen to be moving as they chose within the centre.

While the inspector noted that the centre provided a homely environment for residents, some improvements were required in respect of the premises and infection prevention and control. This is discussed further under Regulations 17: Premises and 27: Infection control.

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 inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on issues raised at the last inspection
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The issues identified at the last inspection dated 25 June 2020 had largely been addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is DSPD Ltd.

The registered provider representative was actively involved in the management of the centre. A new person in charge had been appointed in March 2021. While the person in charge was supported in her role by the registered provider representative, nurses, care staff, activities coordinator, catering, housekeeping, and administration staff, there were inadequate nursing management supports in place. The clinical nurse manager had recently vacated the post and this post was currently vacant. There were no formal arrangements in place for management of the centre in the absence of the person in charge, contrary to that described in the statement of purpose.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of 33 residents. The provider had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed mandatory training and further training was scheduled.

The oversight of fire safety management required review and urgent action was required in relation to some aspects of fire safety management. Following the inspection an urgent compliance letter was issued to the provider in relation to these issues which are discussed further under Regulation 28: Fire precautions.

The management team had systems in place to review the quality and safety of care in the centre. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision. Regular audits and

analysis were carried out in areas such as infection prevention and control, hand hygiene, medicines management, health and safety, falls, food and nutrition. The management team met regularly and had continued to evaluate and discuss its compliance with relevant standards and regulations and bring about improvements.

The COVID-19 outbreak review completed following the last outbreak which occurred in April 2020 was found to lack information and did not contain learning which would inform future outbreak management.

The inspector reviewed the COVID -19 contingency plan. The plan lacked guidance on infection control strategies in the event of a further outbreak. For example, there was no guidance regarding cohorting arrangements, there were no clear isolation areas identified and no plan documented to provide for separate teams of staff or separate facilities for staff had not been identified.

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

Regulation 14: Persons in charge

The person in charge was appointed to the post in March 2021.

The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She had the required experience and qualifications for the post.

She was observed to have a strong presence within the centre and was committed to providing a good service.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents. There was normally one nurse and six care staff on duty during the morning time, one nurse and five care staff during the afternoon, one nurse and three care staff in the evening and one nurse and two care staff on duty at night time. The staffing compliment included housekeeping, catering, activities coordinator, administration and maintenance staff. The person in charge worked full-time and was normally on duty during the weekdays.

However, as no fire drills simulating night time scenarios had been completed, the

inspector could not be assured that three staff on duty at night time could safely evacuate residents in the event of fire or other emergency given the high occupancy of two of the compartments in the building. This is discussed further under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. All nursing staff had completed medicines management training.

The inspector observed that some staff did not adhere to guidance in relation to wearing PPE in line with the national guidelines. For example, some staff were observed wearing face coverings in an inappropriate manner.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place require review to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

- There was inadequate oversight of some aspects of fire safety management. An urgent compliance letter was issued following the inspection and discussed further under Regulation 28: Fire precautions
- There were no formal arrangements in place for management of the centre in the absence of the person in charge, contrary to that described in the statement of purpose.
- The COVID -19 contingency plan reviewed lacked guidance on infection control strategies.
- The COVID-19 outbreak review completed following the last outbreak which occurred in April 2020 was found to lack information and did not contain learning which would inform future outbreak management.
- Further oversight was also required in relation to infection prevention and control, some aspects of the premises, care planning and assessment, statement of purpose, documentation to support the use of bed rails, and the adequacy of screening curtains in shared bedrooms.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect changes to the management of the centre, to accurately reflect the conditions of registration, and to include the management arrangements in the centre in the absence of the person in charge.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in a prominent location in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed with the registered provider representative.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. All residents had an activities assessment and activity plan in place which outlined their individual preferences and interests. There was a range of activities taking place.

While all residents and the majority of staff had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical

oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. Care plans were in place for all identified issues and were generally found to be informative and person centered. The recommendations from allied health professionals including the dietitian and physiotherapist were reflected in residents care plans. However, some inconsistencies were noted and discussed further under Regulation 5: Individual assessment and care plan.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. All residents who spoke with the inspector reported that they felt safe in the centre. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

Staff continued to promote a restraint free environment. There were four residents using bed rails at the time of inspection. However, the documentation required to support the use of these restraint measures and comply with the national standards required review. This is discussed further under Regulation 8: Protection.

The centre normally operated an open visiting policy but due to the Covid-19 pandemic visiting restrictions were in place in accordance with national guidance. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents.

Further oversight and urgent action was required in relation to some aspects of fire safety management as previously discussed under the capacity and capability section of the report and further discussed under Regulation 28: Fire precautions. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced and fire exits were observed to be free of obstructions. Staff had received fire safety training.

The building and equipment used by residents was found to be visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene. However, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. For example, some surfaces and finishes were worn and torn and as such did not facilitate effective cleaning. There were no clinical hand wash facilities for staff provided in easily accessible locations.

These are discussed further under Regulations 27: Infection prevention.

Regulation 11: Visits

Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents

Visits were facilitated seven days a week. The inspector observed visitors coming and going throughout the day of inspection.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

Some parts of the premises were not maintained in a good state of repair, for example

- The surface paint finishes to some cupboards in the dining room were defective, chipped and worn.
- Some drawers located in the dining room cupboards were defective and not in working order.
- The upholstery covering to some arm chairs and specialised chairs used by residents were worn and torn.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of barriers to effective infection prevention and control were identified on the day of inspection.

For example;

- There were no dedicated clinical hand wash sinks available to staff in the centre.
- Some worn and defective surfaces (as described under Regulation 17:

Premises) could not be effectively cleaned and decontaminated.

- There was no service certificate available to provide assurances that the bed pan washer had been recently serviced and was in effective working order.
- The privacy screening curtains in one of the bedrooms were too long and were dragging along the floor when in use.
- Some staff were not wearing face coverings appropriately in line with public health guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further oversight and urgent action was required in relation to some aspects of fire safety management.

Fire drill records reviewed did not provide assurances that residents could be evacuated safely and in a timely manner. There was no recorded evidence of simulated full compartment evacuation drills conducted to take account of staffing levels including night time scenarios and residents evacuation requirements. This required particular attention in view of the high occupancy of two of the compartments in the building which can accommodate 13 and 16 residents.

The fire doors located to bedrooms and corridor compartments required review. The inspector was not assured about the effectiveness of fire containment which could result in uncontrolled fire and smoke spread. The smoke brush seals had been painted over and therefore, ineffective to the containment of smoke.

Following the inspection an urgent compliance plan letter was issued to the provider. The provider was required to submit details of fire drill records simulating full compartment evacuation including night time scenarios, replace all defective smoke brush seals and submit a comprehensive fire risk assessment for the designated centre completed by a competent fire safety engineer.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and noted some inconsistencies in the care planning documentation.

For example:

- An impaired skin integrity care plan lacked guidance regarding pressure relieving equipment in use as described by staff.

- The safe environment care plan for a resident at high risk of falls was found to be inaccurate and did not outline the strategies used and described by staff to reduce the risk of falls.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. All residents had been reviewed by their GP in recent months. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life and dietetics. The physiotherapist visited weekly and reviewed all residents post falls, completed mobility assessments and facilitated both group and 1:1 physiotherapy exercise sessions.

Judgment: Compliant

Regulation 8: Protection

All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. All residents who spoke with the inspector reported that they felt safe in the centre. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were

happy living in the centre.

The inspector observed that the privacy and dignity of residents was well respected by staff. While there was privacy curtains in shared bedrooms, the layout and configuration of some screening curtains required review to ensure that the privacy of each resident in shared bedrooms was facilitated. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. There were televisions provided to all residents bedrooms and large smart televisions were provided to the communal areas. Residents mentioned how they could access a variety of entertainment using 'You Tube' and 'Netflix'.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Details of access to advocacy services were displayed for residents.

There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

While staff continued to promote a restraint free environment, the documentation required to support the use of bed rails and comply with the national standards required review.

Assessments completed for the use of bed rails did not outline a clear rationale for their use and did not outline what other strategies had been trialled or considered. Documentation to support residents consent to use bed rails was not available in all cases.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0034311

Date of inspection: 22/09/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Fire Drill Simulating night time scenarios have been carried out. Records of same will be maintained and kept on file.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All Staff have been reminded regarding the use of Face coverings in the Nursing Home, All staff had this training done, PIC will ensure adherence to the policy	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire Safety Consultant has been appointed to carry out a Fire Safety inspection, this process has started with a desk top survey and onsite survey will be done 01/12/21. • Statement of Purpose has been updated to include the current management structure. • The Covid-19 contingency plan has been updated.	

- The Covid-19 Outbreak review has been updated
- Care plans have been updated with alternatives before the use of bed rails, length of screening curtains have been adjusted and arrangements made to reinstall the curtain rail will be completed by 31/10/21.

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:
 Statement of Purpose has been updated. Arrangements are now in place to Include management arrangements in the event of absence of PIC

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 All Maintenance issues identified have been rectified

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

- There is a Dedicated Hand wash sinks are available in the Treatment Room, Drug Store, and Sluice Room. There are also numerous Alcohol dispenser stations in place throughout the center
- Bed Pan washer has the maintenance certificate now in place along with all clinical equipment.
- The Screening has been reviewed and corrected.
- Staff are reminded regarding the policy and use of face coverings. PIC will ensure adherence to this policy

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A simulated Fire Evacuation drill was carried out on the evening following the inspection. The evacuation was conducted in a timely manner. We will continue to carry out these Drills. • New Brush Seals have been ordered and are delayed in been delivered due to supply issues, they are expected to arrive 15/11/21 and will be installed once received. • Fire Safety Consultant has been appointed to carry out a Fire Safety inspection, this process has started with a desk top survey and onsite survey will be done 01/12/21. 	
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:</p> <p>Care Plans have been reviewed by the PIC and updated as required. Going Forward the PIC will ensure Care plans accurately reflect the care given. This will also be audited.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Curtain rail layout and configuration will be adjusted and reinstalled to ensure the privacy of the Resident, 31/10/21</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Restraint Care Plans have been updated with the Rationale for use of restraint, and also updated the alternatives tried before the use of bed rails. Consent documentation is now</p>	

available.

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.	Not Compliant	Orange	26/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/10/2021
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	26/10/2021
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	01/12/2021

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	26/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	26/10/2021

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/11/2021
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	26/10/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	26/10/2021
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	26/10/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	31/10/2021

	may undertake personal activities in private.			
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