



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Douglas Nursing and Retirement Home
Name of provider:	Golden Nursing Homes Limited
Address of centre:	Moneygourney, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	24 June 2021
Centre ID:	OSV-0000223
Fieldwork ID:	MON-0033111

About the designated centre

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

Douglas Nursing and Retirement Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 58 residents. It is a single storey building set out in six wings: Maple (12 beds), Oak (nine beds), Willow (13 beds), Ash (six beds) and Elm (five beds), and Beech (13 beds). Bedroom accommodation comprises 50 single bedrooms with en-suite facilities of shower, toilet and hand-wash basin, and eight single rooms with wash-hand basins. Additional bath, shower and toilet facilities are available throughout the centre. Communal areas comprise the Rose room - main day room, conservatory lounge, garden activities room, conservatory smoking room, green quiet room, library and large dining room. There are occasional seating areas located along wide corridors with access and views of the gardens and walkways for residents to relax. Residents have access to three well-maintained gardens with walkways, garden furniture and shrubbery. Douglas Nursing and Retirement 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:	50
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 June 2021	08:30hrs to 18:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 50 residents living in Douglas Nursing and Retirement Home on the day of inspection. The overall feedback from residents was that staff were good fun, had good sense of humour, they were kind and helpful. The centre was bright and homely with comfortable communal spaces and outdoor spaces for residents to enjoy.

The inspector arrived to the centre in the morning for an unannounced inspection. Infection prevention and control measures necessary on entering the designated centre included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

This was a single storey facility and the main entrance was wheelchair accessible. Residents' accommodation comprised all single bedrooms, 50 with full en suite facilities of shower, toilet and wash-hand basin; the remaining eight bedrooms had hand-wash sink facilities, and were in close proximity to toilet, shower and bath facilities. There was COVID-19 advisory signage displayed throughout and wall-mounted hand sanitisers available on each corridor.

The day room was bright and homely and had patio access to the outdoor garden which was wheelchair accessible. During the walk-about some residents were in the process of getting up; others were having their breakfast by their bedside and seen to enjoy a varied menu of yogurts, cereals, toast and tea. Trays were set with tea pots, milk jugs and condiments in line with a normal meal-time experience.

The library was alongside the day room and this was a beautiful room with dining table and chairs, dresser, book shelves and comfortable seating. There was access to the outdoor garden and dining room through this room as well as the day room. The large activities room was located beyond the dining room; this was a large room with window views of the garden and patio. A smoking room conservatory was available to residents and this was situated beyond the day room.

All outdoor spaces were freely accessible to residents. The main garden was a gorgeous open space with furniture, walkways, shrubbery, and raised stone flower beds with seating carved into them. There was a large canopy over part of the garden for residents to sit in the shade as the day was very hot. Residents were observed walking about the garden throughout the day. There were two further gardens which were viewed and accessible from seating areas along corridors. A fountain was being installed in one of these gardens at the time of inspection. There were several seating areas along wide corridors or at the end of corridors for residents to sit and relax; all with views of different aspects of the gardens. There was ample armchairs and these were attractively upholstered. The inspector sat and spoke with residents during the morning at one of these relaxation hubs; they were getting ready for their exercise class and meeting up with their friends. They said

they enjoyed the exercise programme which helped to keep their muscles and joints supple.

Activities boards were displayed at the ends of each corridor as reminders to residents of the events of the day. There was a lovely fairy-light tree outside the window at the end of one long corridor, to brighten it up at night time.

One of the resident's had passed away a few days prior to the inspection and their funeral mass was on the morning of the inspection. The activities co-ordinator set up the day room to display the resident's photograph, RIP. The resident's funeral mass was live-streamed from the church for residents to view mass of their friend. Residents said they were pleased to be able to see the funeral mass and pray for their friend. Following mass, residents chatted with their friends and were offered refreshments. Residents were observed reading the news paper in several of the quiet seating areas throughout the centre and other residents watched mass in their bedrooms.

Mealtimes were observed and residents were served and assisted in a relaxed and social manner with positive interaction noted. Tables were pleasantly set for residents with cutlery and linen serviettes prior to residents coming to the dining room for their main meal. Residents were offered choice for their meals and gave positive feedback of the quality of the food served and the choice. Meals were well presented including textured meals. However, the inspector noted that mealtime in the dining room was very noisy and some residents highlighted this to the inspector during lunch time.

An external activities company were on site during the inspection as well as the activities co-ordinator. They facilitated imagination gym, games, bingo, quiz, poetry, singsongs and exercise programme. In the afternoon, a musician played and sang for residents. He was familiar with residents and their party-pieces, and residents needed very little encouragement to part-take in the sing-song; some residents had tambourines, others had small bodhrans and more had chimes and provided accompaniment to the music. Residents looked like they really enjoyed the session.

The inspector spoke with one family member whose relative was receiving end-of-life care. He told the inspector that he could not fault the care that he and his relative received. He explained that the person in charge had completed an excellent pre-admission assessment and assessment following admission to the centre; when the needs of their relative changed, the person in charge 'went above and beyond' what he would have expected to provide the best specialist care and treatment for their relative. Over several months the resident was monitored regarding responses to treatment to ensure the best possible outcomes for them. The relative knew staff by name and staff were seen bringing refreshments throughout the day and offering kind words during this difficult time.

Another resident said that it was the chat and good sense of humour of staff that got them through the tough COVID times when families could not visit. Visiting had opened up in accordance with HPSC guidance of June 2021, and residents were happy with the arrangements; the resident said that it was wonderful to have her

family back visiting even though she had maintained contact with her family via whatsapp video calls, e mail, phone calls and letters. The resident showed the inspector the intricate large wall unit the maintenance staff made for the resident to display her photographs, trinket boxes and ornaments. She had a fridge within easy access of her customised armchair to keep her beverages cool. The resident said that the person in charge was always reminding her that this was her home and she could discuss everything with her.

Bedrooms were personalised and decorated in accordance with residents wishes. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers, and some residents had two chest of drawers. Residents had brought in furniture from home and decorated their rooms beautifully with soft furnishings and mementos. Pressure relieving specialist mattresses, low low beds and other supportive equipment was seen in residents bedrooms.

A new resident was due into the centre during the inspection and the room was prepared appropriately to receive them including a PPE station outside the resident's door. Wall-mounted hand sanitisers were available throughout the centre and staff were observed to comply with best practice hand hygiene. Catering staff had separate changing facilities to care staff in line with best practice.

There was key-pad access to the laundry. Appropriate work-flows were described in the laundry. An additional hand-wash sink was installed here since the last inspection. Cleaning chemicals were stored on the window sill in the laundry. This was discussed on inspection and were removed and appropriately placed in the household cleaners' room. Additional shelving was ordered for this room at the time of inspection to facilitated additional storage for the cleaning solutions.

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

Overall, findings on this inspection were that this was a well run centre where the residents' needs were generally met. Douglas Nursing and Retirement Home was a residential care setting operated by Golden Nursing Homes Limited. The organisational structure comprised the registered provider, person in charge, assistant person in charge (ADON), and clinical nurse manager (CNM).

The inspector reviewed the actions from the previous inspection, and found that the following regulations were addressed: training completed included infection prevention and control (IP&C), hand hygiene, HACCP, safeguarding, fire safety and restrictive practice; Schedule 5 policies were updated; laundry and sluice rooms had hand wash sinks installed. Further attention was necessary regarding staff files and

their audit demonstrated that seven files had one written reference rather than two as detailed in Schedule 2 of the regulations.

The service was subject to a COVID-19 outbreak which was declared over by Public Health in March 2021. The COVID-19 information included current Health Protection Surveillance Centre (HPSC) guidance, contingency planning and access to community response team support for example. A review of the outbreak management was undertaken and the COVID-19 information was updated to reflect the learnings from the review. In addition, there was a significant amount of e mails to relatives and letters to residents seen, updating them on the changing HPSC guidance and the changes to protocols on visiting as they were occurring. The inspector recognised that residents, relatives and staff had come through a difficult and challenging time following the COVID-19 outbreak in the centre. The inspector acknowledged the efforts made by management to ensure that residents, relatives and staff were kept informed of the changing panorama of service provision due to COVID-19.

The programme of audit was examined. This showed good action plans and follow-up when improvement was required; dates for completion, review dates and remedial actions taken were recorded in these action plans. The audit completed in May 2021 of Schedule 2 staff files showed that 12 staff had just one written reference rather than two. The person in charge advised that this number was reduced to seven at the time of inspection. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for all staff.

The annual review was available. While it reviewed quality of care of 2020 with an improvement plan setting out areas to be addressed in 2021, all the information related to clinical key performance indicators such as falls, incidents and accidents and notifications to the office of the Chief Inspector. The annual review did not reflect the quality of life initiatives evidenced on inspection as well as feedback from residents regarding their quality of life in the centre and the choice in activities they had on a daily basis.

Policies, procedures and guidance in line with Schedule 5 were in place and had been updated in accordance with the regulations. Policies relating to COVID-19 were comprehensive. A policy to ensure adherence to legislation and best practice was in place for CCTV usage. Documentation reviewed showed that CCTV footage was only reviewed under strict protocols. The end-of-life care policy had an easily accessible table of compatible and sometimes incompatible medicines for syringe drivers which was excellent reference material for staff.

There was a current centre-specific safety statement; the health and safety policy was available and had the specified risks detailed in accordance with the regulations. The health and safety risk register had environmental, COVID and other clinical risk included.

There were adequate staff to the size and layout of the centre and the assessed needs of residents. There was an expansive white board in the nurses' office which

was updated daily with responsibilities set out for staff detailing staff allocation for: each wing, additional staff support available, residents' requiring assistance with meals, afternoon refreshment round, evening activities and supervision. It also included reminders of safety checks such as residents at risk of falls, specialist dietary requirements, wound care and antibiotic treatment. This ensured that all aspects of resident care were ensured and protected.

Staff confirmed that they had additional training to support them relating to COVID-19 pandemic such as infection prevention and control, hand hygiene, donning and doffing PPE. Other training completed since the last inspection included safeguarding, restrictive practice, fire safety, and dysphagia.

The person in charge was knowledgeable regarding her regulatory obligations to submit notifications and such notifications were timely submitted. The incident and accident log was examined and records showed that correlating notifications were submitted. These had thorough documentation including residents' clinical observations, and reviews of occurrences and actions to mitigate recurrences.

It was evident that an effective complaints procedure was in place as several complaints were recorded with details of the investigation, interactions with the complainant, learning and actions implemented to mitigate recurrence of such an incident. Complaints were followed up by the person in charge with phone calls when relevant with next of kin.

In conclusion, staff positively engaged with residents in a kind, gentle and relaxed manner and quality of care was good.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations. She positively engaged with the regulator during the inspection.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of resident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up-to-date for mandatory training and training related to IP&C. The inspector observed that staff were supervised appropriately in accordance with their role and responsibility.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with regulatory requirements.

Judgment: Compliant

Regulation 21: Records

While controlled drugs checks and administration were recorded, some drugs were recorded in millilitres rather than milligrams which had the potential for medication near-miss episodes; this was not in line with medication management professional guidelines.

Two written references were not in place for seven staff files in line with Schedule 2 requirements.

Daily temperature checks of the medication fridge was not comprehensive to be assured that medications were maintained at the appropriate temperatures in accordance with the manufacturer's recommendations.

Judgment: Substantially compliant

Regulation 23: Governance and management

While annual review reported on the quality of care of 2020 with an improvement plan setting out areas to be addressed in 2021, all the information related to clinical key performance indicators such as falls, incidents and accidents and notifications to the office of the Chief Inspector. The annual review did not reflect the quality of life initiatives evidenced on inspection as well as feedback from residents regarding their quality of life in the centre and the choice in activities they had on a daily basis.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents, accidents, medication errors and near miss episodes were well maintained. Notifications submitted to the Office of the Chief Inspector correlated with incidents; these were timely and appropriately submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place as several complaints were recorded with details of the investigation, interactions with the complainant, learning and actions implemented to mitigate recurrence of such an incident.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 2 policies, procedures and guidance were up-to-date and centre-specific.

Judgment: Compliant

Quality and safety

Residents feedback about life in the centre was generally good and residents were happy with the quality of the service. The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices, and facilitated these in a friendly manner. In general, staff positively and actively engaged with residents including residents with complex communication needs.

Visiting had recommenced and visits were scheduled and facilitated in the afternoons over a seven-day period. Staff demonstrated a commitment to facilitating visiting and accommodated visitors' time schedules as well.

Pre-admission assessments were undertaken to ensure that the service could provide appropriate care to the person being admitted. Assessments were undertaken in accordance with the regulations and validated risk assessments were used to inform care decisions; this included self-medicating. Care plans documentation was in accordance with activities of daily living providing a holistic picture of the care to be provided to individual residents. Records were maintained on-line, and care plans were updated in line with regulatory requirements including being updated with the changing needs of residents. COVID-19 care plans and isolation care plans were initiated when appropriate. Residents' level of engagement with the activities programme was recorded as part of their care documentation. End-of-life care plans seen had detailed information on residents' wishes for their care during end-of-life and afterwards. Care plans for residents with a diagnosis of dementia had valuable information to provide individualised care. Residents notes included transfer information following a resident's transfer back into the centre from another service. However, copies of information provided when a resident was transferred out of the service to another service was not kept in the centre, so it could not be determined whether all relevant information was provided so the resident could be appropriately cared for by the receiving facility. The care documentation system was recently upgraded and staff were getting familiar with the system including the resident transfer template which was part of the suite of templates available on the system.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed including stoma nurse specialist services. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, dietician, tissue viability and palliative care for example. Wound care documentation was detailed, it contained photographs to monitor wound progression as well as pressure relief interventions to help maintain skin integrity.

Staff spoken with and practice observed showed that staff had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents. Bed rail usage was discussed with the person in charge as this was high. She explained that all the residents had requested these and documentation evidenced supported this including narrative and consent signed by residents regarding bed rails. Low low beds and crash mats were seen to be used.

The medication fridge was securely maintained, however, the daily temperature checks were not comprehensively recorded to be assured that medicines were consistently kept at the appropriate temperature. Controlled drugs and medication trolleys were securely maintained. While controlled drugs were checked in accordance with professional guidelines, occasionally the dosage was recorded in mls rather than milligrams which had the potential for medication error or near miss episodes. A sample of medication administration records were examined and they

were comprehensive and maintained in line with professional guidelines. There was a medication reconciliation chart for each resident's prescription to support staff.

Laundry was segregated at source and laundry staff described best practice work-flows in the laundry to prevent cross infection. The laundry was neat and tidy and clothes were segregated appropriately. Other precautions in place for infected laundry included the use of alginate bags. Dani centres were located around the centre for staff to easily access personal protective equipment (PPE).

There were colour-coded floor plans displaying fire alarm zones with a point of reference highlighted. Appropriate quarterly and annual fire certification was in place. Daily and weekly fire safety checks were comprehensively maintained. Each resident was assessed as part of their personal emergency evacuation plan and this information was available in each resident's bedroom for ease of access. While staff had up-to-date fire safety training, fire drills and evacuation of a compartment were necessary, for both day and night duty staff to be assured that this could be completed in a timely and safe manner.

Regulation 11: Visits

Visiting was recommenced in line with current HPSC guidance. The service was committed to ensuring residents and their families remained in contact and staff supported residents by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Storage for personal possessions included a minimum of a double wardrobe, chest of drawers and bedside locker for each resident.

Best practice work-flows were demonstrated regarding laundry services.

Judgment: Compliant

Regulation 13: End of life

Care plans examined, and residents and relatives spoken with, detailed a rights' based approach to care including end of life care.

Judgment: Compliant

Regulation 17: Premises

The premises was comfortable, bright and homely with ample communal and quiet space for residents and relatives to enjoy. Outdoor spaces were well maintained and freely accessible for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents gave positive feedback regarding the quality of their food and choice, and meals were pleasantly presented including textured diets, the dining room was very noisy during meal-time.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred out of the service to another service was not kept in the centre, so it could not be determined whether all relevant information was provided so the resident could be appropriately cared for by the receiving facility.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk register was updated with identified risks with measures to mitigate identified risks, including those associated with COVID-19.

Judgment: Compliant

Regulation 27: Infection control

Good infection prevention and control practices were observed. Wall-mounted hand sanitisers and wall mounted dani centre were located throughout the centre for ease of access to hand sanitisers and PPE.

Additional hand wash sinks were installed in the laundry and sluice room.

Judgment: Compliant

Regulation 28: Fire precautions

While staff had up-to-date fire safety training, fire drills and evacuation of a compartment were necessary, for both day and night duty staff to be assured that this could be completed in a timely and safe manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration records were comprehensively maintained in the sample reviewed.

The pharmacy was facilitated to meet their obligations within the centre to provide support to residents and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans demonstrated that these were comprehensive, and updated in accordance with the regulations. Documentation showed that residents signed consent for care planning, photographs and other clinical interventions.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to on-site GP consultation. Residents medications were reviewed as part of their consultation with their GP and ongoing monitoring and responses to medication were seen. In the sample of residents' care documentation examined, appropriate records were seen regarding wound care and supports for communication needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Low low beds and crash mats were available to residents, and residents were educated regarding bed rails and alternatives to their use. Documentation showed that most residents requested their bed rails.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and observations demonstrated that residents were treated with respect and a social model of care was promoted.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities in accordance with their interests and ability; gardens were freely accessible. Residents and relatives gave really positive feedback on the quality of life in this centre.

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	Substantially compliant
Regulation 23: Governance and management	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 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Douglas Nursing and Retirement Home OSV-0000223

Inspection ID: MON-0033111

Date of inspection: 24/06/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The nursing staff have been re educated regarding the recording of controlled drugs. The records are now written only in milligrams.</p> <p>The staff have been written to and references have been received.</p> <p>The medication fridge that is in use is temperature checked daily. The gaps in records were due to the spare fridge being used for Covid-19 vaccine storage and a separate record being held for that purpose.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Annual report of Quality and safety will be amended to reflect all the positive aspects of life in Douglas Nursing Home. It was being used as a report on KPIs only. Going forward it will also include input from residents about quality of life.</p>	
Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 The noise level in the dining room is being kept down as much as possible and the staff have been instructed not to clear plates in the dining room. The supervising nurse has been instructed to remind staff about noise levels also.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 When a resident is transferred now we print and file a copy of the accompanying information.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 As stated at inspection, we intend to do full compartment evacuations going forward but were unable to during the height of Covid due to distancing and other precautions.

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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	26/08/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	26/08/2021

	consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	26/08/2021
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.	Substantially Compliant	Yellow	30/11/2021