



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

Issued by the Chief Inspector

Name of designated centre:	Maypark House Nursing Home
Name of provider:	Maypark Lane Limited
Address of centre:	Maypark Lane, Waterford
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0000249
Fieldwork ID:	MON-0037036

About the designated centre

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

Maypark House Nursing Home is located in the south east side of Waterford city close to shops and local amenities. The premises was originally opened as Maypark House and was built in 1780's. The house was converted to a private hospital in the early 19th century and then to a nursing home. While there had been significant extensions and renovations since then, the overall design and layout of the premises is largely reflective of a large house from this period. The centre is registered to provide care to 38 residents. Residents' private accommodation is laid out over two floors and is provided in a mixture of single, twin and one three bedded room. Communal accommodation including a large sitting, dining and conservatory area is located on the ground floor. There is an activities room, physiotherapy room and hairdressing room for residents use also on the ground floor along with a parlour on the first floor. There is also a beautiful church where Mass is held weekly attended by residents and their families. Residents have access to an external enclosed garden to the rear of the building plus a secure decking area to the front of the building. There are extensive gardens around the centre. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents and the centre provides in house physiotherapy services a number of days per week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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
Tuesday 12 July 2022	09:55hrs to 19:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From what the inspector observed during this one-day, unannounced inspection, there was evidence that residents in this centre were supported to enjoy a good quality of life by staff who knew them well. On the day of the inspection, despite a small outbreak of COVID-19 which was affecting three residents, a friendly and relaxed atmosphere was observed.

The inspector saw that appropriate restrictions were in place for those residents confirmed with COVID-19, and this had minimal impact on the other residents in the centre, who were mostly able to conduct their day as normal. The only exception to this was restricted access to the main dining room. This measure was in place as the COVID-19 positive residents were situated in close proximity to the dining room, and a decision was made to avoid residents traversing through this area where possible. The inspector saw that dining tables were set up in the conservatory and the sitting room, and residents were also using the upstairs parlour for mealtimes. Access to the centre's garden was through the dining room, and on the day of inspection, residents were not seen to use this space. There was alternative secure outdoor space available on the decked porch at the front of centre which was seen to be used by residents and visitors.

The centre is registered to accommodate 38 residents and there were 29 residents living in the centre on the day of inspection. The inspector spoke with a total of seven residents over the course of the day and overall, the feedback was positive. The residents who spoke with the inspector said that they were well looked after that staff were very good to them. Residents with a diagnosis of dementia and who were unable to properly articulate their views on the service, appeared to be content in their surroundings. The inspector also spent time observing resident and staff interactions and found that, in general, staff were kind and caring in their approach. Residents complimented the staff, saying they always worked hard and they were never waiting too long for assistance. One resident described the staff as "hard-working and very kind".

The inspector found that the building was laid out to meet the assessed needs of residents. The overall design incorporated modern elements in the newer extension, while retaining the period-style features in the old building, for example, original tiling and high ceilings. Decorative upgrades had taken place since the previous inspection, including new flooring and painting. On the day of inspection, painting was ongoing in a number of rooms. The centre was generally clean and adequately maintained. Bedrooms were suitably styled, with many residents decorating their rooms with personal items. The building was warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The bedrooms had sufficient space for residents to live comfortably, which included adequate space to store personal belongings. Call-bells were available throughout the centre.

Throughout the day of the inspection, the majority of residents were observed spending time in the day room, with staff in attendance most of the time. During the morning, some residents were observed reading books and newspapers while other residents were simply sitting quietly. The centre's physiotherapist conducted a small group exercise class which residents actively participated in. In the afternoon, a visiting musician attended for a lively music session, where residents were seen to enjoy well-known songs. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff at various times throughout the day.

Friends and families were facilitated to visit residents, including those who were isolating due to COVID-19 and the inspector observed visits occurring on the day. Residents were also facilitated to go on trips out with family and friends where possible. The inspector met with visitors who were complimentary of the care and support that their loved ones received, and who said they were always kept up-to-date by staff.

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 on the quality and safety of the service being delivered.

Capacity and capability

The centre had a history of good compliance with the regulations. There was a new management structure in the centre and a number of new management systems were in the process of implementation. Further strengthening and embedding of these systems were required to ensure a consistently safe service and environment for the residents. Required improvements included the provision of training, the system of auditing of practice, and the notification of incidents.

The registered provider is Maypark Lane Limited. This limited company has two company directors who are actively engaged in the operational management of the centre and were regularly present in the centre. The providers are also involved in the running of another designated centre in the area and split their time between the two centres. There had been changes to the management structure in Maypark House Nursing Home since the last inspection in May 2021. The former person in charge had been appointed to the role of Operations Manager, a role that included the operational oversight of both of the registered provider's designated centres. A new person in charge had been appointed in April 2022. The person in charge worked full time in the centre and was responsible for the daily delivery of clinical care. The person in charge was a visible presence in the centre and residents and visitors confirmed that they had been introduced and were beginning to get to know her well. There was a senior nurse manager who supported the person in charge with some administrative and monitoring duties. The centre continued to have an in-

house physiotherapist who oversees the residents mobility status regularly. A nursing and healthcare team, and catering, domestic, maintenance and activities staff made up the compliment of staff who provided daily care and support to the residents.

There were good communication systems within the centre. Records showed that the new person in charge had held meetings with each department since commencing her role. A new template agenda for clinical governance meetings had been implemented, which captured all of the service including clinical and environmental risks. The systems of auditing in the centre required improvement, as discussed under Regulation 23: Governance and Management. This was acknowledged by the management team on the day, who had identified this deficit and were preparing a new schedule of key areas for regular monitoring and auditing including falls, restraints and wounds. A review of the centre's incident and accident records and found that there was generally good reporting and documentation of all incidents occurring in the centre. One notifiable incident had not been submitted to HIQA, as discussed under Regulation 31: Notification of incidents.

Recruitment of staff was ongoing and despite a high turnover of staff over the past year, the registered provider ensured that staffing levels were maintained at an appropriate and safe level. Resources were provided to ensure that there was sufficient staff available to meet the needs of the residents. There was a generally a good level of training provided in the centre, in both in-person and online formats. Some gaps in important training were seen, as identified under Regulation 16: Training and staff development. There was a good induction programme in place for new staff, including a fire safety walkthrough of the building, and staff were assigned to supernumerary shifts while on induction. Staff confirmed that they were supervised in their roles and were supported by management.

The complaints procedure was displayed at reception. Residents reported that they could raise any issues with staff. Minutes of residents' meetings showed that any issues raised were followed up and addressed to the resident's satisfaction, and recorded as part of their complaints process.

Regulation 14: Persons in charge

The registered provider had appointed an appropriately qualified and experienced person in the role of person in charge of the centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the staff rosters and found that number and skill mix of staff rostered each day, was appropriate to meet the collectively assessed needs of the residents, having regard for the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training records identified gaps in some training which could impact on the safe delivery of care to residents. For example, approximately 50% of registered nurses had not received up-to-date training in medication management and a small number of staff had not received up-to-date training in moving and handling practices.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors examined a sample of staff files which were well-maintained, accessible in the centre and met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvements to ensure that service provided is safe, appropriate, consistent and effectively monitored. For example, a review of recent audits in the centre did not provide assurances that all aspects of care and service provision were being appropriately monitored. For example, audits of falls consisted of a series of data collection, and did not contain time-bound action plans for improvement.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care, agreed between the registered provider and residents, accurately set out the terms and conditions of their residency.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector identified that one incident, which was logged as a complaint from a family member, was an incident requiring notification to HIQA, and this had not been submitted in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector reviewed the documented complaints received since the previous inspection. The records contained details on the nature of the complaint, the investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of complaints were documented and this included the complainant's level of satisfaction with the result. There was one complaint open and being progressed through the complaints procedure at the time of the inspection.

Judgment: Compliant

Quality and safety

Residents living in Maypark House Nursing Home were provided with the necessary support to enjoy a good quality of life which was respectful of their individual rights and preferences. The inspector found that there was good collaboration with residents, and residents had access to meaningful activities and a good level of nursing and medical care. Notwithstanding these good practices, as identified on the previous inspection, the management of residents who presented with behaviours that challenge required improvement. This inspection found that action was also required in relation to the overall premises, infection control procedures and medication management.

The registered provider ensured that the premises was appropriate to the number and needs of the residents, in accordance with the centre's statement of purpose. All areas of the centre were clean throughout and the centre was bright and warm.

However, some older pieces of furniture and equipment such as corridor handrails and some decorative sideboards and tables required upgrading as the wooden surfaces had become worn over time. This presented an infection control risk as well as looking tired and detracting from the overall decor.

A documented COVID-19 preparedness plan was in place and links were established with the public health team. The centre were in the midst of a small outbreak of COVID-19 and the inspector saw that protocols for isolation were in place including alert signage, provision of appropriate personal protective equipment (PPE) and clinical waste bins. Staff were observed appropriately using PPE and carrying out effective hand hygiene procedures. There were wall mounted hand sanitisers located throughout the centre. Domestic staff were knowledgeable about best-practice cleaning procedures and had completed training to this effect. A single use, colour-coded, mop and cloth system was in place which aimed to reduce the risk of cross-infection. All linens and clothing were outsourced to a private laundry company. There was a small laundry facility which was used to launder kitchen and domestic equipment such as tea towels and mops. This area was undergoing action on the day of inspection to ensure a dirty to clean flow of laundry and to ensure that the surfaces and flooring were suitable and could be effectively cleaned. Nonetheless, the inspector identified some areas for improvement that required action to comply with Regulation 27: Infection control.

Records showed that prospective residents had a detailed pre-admission assessment carried out to determine their immediate needs. Following admission, individual care plans were developed based on a range of evidence-based assessments of clinical risks such as risk of pressure ulceration, falls and malnutrition. Residents' dependency levels were regularly reassessed based on any changing needs such as reduced mobility following a fall. The inspector found that there were arrangements in place for residents to access the services of health and social care professionals. Reviews were carried out by the centre's in-house physiotherapist and timely referrals were sent to services such as speech and language therapy and dietetics. There was regular communication with residents' general practitioners (GP) regarding residents healthcare needs. Wound care records showed that residents received appropriate wound care supported by access to tissue viability nurses.

Similarly to the previous inspection in May 2021, the management of residents presenting with behaviours that challenge required review to ensure that residents were responded to in a manner that was individualised and promoted good outcomes. This is detailed under Regulation 7: Managing behaviour that is challenging. The use of bedrails in the centre was supported by a risk assessment which detailed alternatives trialled prior to use and was subject to review by the physiotherapist and GP. Overall systems for medication management were good, including safe systems for the storage of controlled drugs, and regular medication reviews with the residents' GPs. Medication administration was seen to be in line with best-practice guidance, however some actions were required to ensure residents' safety at all times. These are outlined under Regulation 29: Medicines and pharmaceutical services,

The risk management policy met the requirements of the regulation and addressed specific issues such as the unexplained absence of a residents, self-harm, aggression and violence, safeguarding and the prevention of abuse. The policy detailed the arrangements in place for the identification, recording and monitoring of risks that may impact on the safety and welfare of residents in the centre. Fire safety was well-managed in the centre and there was good monitoring of means of escape and regular servicing of equipment. Staff were knowledgeable about the fire evacuation procedures in the centre.

The inspector found the residents were free to exercise choice in how to spend their day. Residents were engaged in a full programme of activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme. Residents had opportunities to voice their opinions on the service provided to them through regular residents meetings. During these meetings a resident expressed dissatisfaction that there had been no religious service organised over the Easter period. The management team advised that there had been difficulties sourcing a priest to commit to a regular Mass schedule, however one Mass had been said recently and residents were encouraged to go out with family to Mass where possible until a more regular schedule of Mass could be arranged in the centre. Relatives were encouraged to complete satisfaction surveys if their family member was unable to verbalise their views. There was evidence that their feedback was used to inform quality improvements in the centre.

Visiting was facilitated in line with June 2022 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre with face masks, hand sanitising gels and advisory signage available throughout the centre.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who were isolating due to COVID-19 were facilitated to have visits by a nominated support person.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises did not confirm to the matters set out in Schedule 6 of the regulations as follows:

- There was no hand wash hand basin in the laundry room
- Floor covering in the dining room was unsafe, as there was a rip in the linoleum and the surface in one busy area was uneven, posing a trip hazard.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and corresponding risk register which identified a number of clinical and environmental risks and detailed the control measures in place to manage those risks. The risk management policy contained all of the requirements set out under the regulation.

Judgment: Compliant

Regulation 27: Infection control

To ensure that the centre was in compliance with the national standards for infection prevention and control in community services published by the authority, the following findings required action:

- There were no compliant clinical handwashing sinks in the centre
- There was a build up of grime on the base of a standing hoist, despite a checklist being in place stating that it had been cleaned
- There was no dedicated janitorial store for domestic staff. Cleaning supplies in use were contained in a store room alongside a stock of bedpans, commodes and other equipment
- On two occasions during the day, bags of soiled laundry were found on the floor in this store room, and on top of a clean commode
- Store rooms external to the main building were found to have large quantities of PPE stored on the exposed concrete floor
- Surfaces and veneer on certain items of furniture such as handrails and tables were worn and scuffed, and as such effective cleaning and decontamination of these surfaces could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drill records showed that fire evacuation drills were carried out at regular intervals. These included the simulated evacuation of different areas of the centre with varied staffing levels which provided assurances that evacuation could be

achieved in a safe and timely manner. The drill reports were timed and included identified areas for improvement.

Daily, weekly and monthly fire safety checks were conducted and recorded. Evidence was provided which showed that the emergency lighting system, fire alarm panel and fire extinguishers were serviced regularly. Personal emergency evacuation plans were in place for all residents which identified the means of evacuation and number of staff required to assist the resident to evacuate both during the day and at night time.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found evidence that staff were not adhering to the most recent medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland which could potentially result in medication-related errors or incidents.

Inspector findings included;

- A small number of medications in current use were not labelled with a date of opening. This was important as the medications had a reduced expiry once opened
- A topical patch was in use which had specific instructions regarding its application which were not being followed. This could also lead to potential ineffectiveness of the medication
- A medication which had been transcribed to the medication record by staff nurses, had not been signed by the GP

As outlined under Regulation 16: Training and staff development, medication management training was not up-to-date for all staff, despite the centre's own policy stating that this is undertaken annually. Additionally, the medication management policy did not reflect up-to-date guidance on medication management published by the Nursing and Midwifery Board of Ireland (NMBI) in 2020.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that the information contained within accurately described the necessary interventions to support residents with their individual needs. Care plans were developed based on

the results of clinical and social assessments using evidence-based assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Nursing staff were seen to respond to residents' changing health needs through a process of clinical assessment, in turn leading to changes to a resident's individual care plan. Residents were reviewed by their general practitioner (GP) on a regular basis, and an out of hours medical service was also available. Residents' records provided evidence that when the need was identified, residents had timely access to appropriate treatment, for example, audiology services, speech and language therapy, tissue viability nursing, and chiropody.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some additional improvements were required with regard to the detail contained in the care plans of residents displaying behaviours that challenge. The inspector examined a sample of these care plans and found that while some were detailed, a small number were sparse and not personalised, with no documented interventions to enable staff to deescalate the behaviour.

Additionally, the inspector witnessed a resident behaving in a manner considered challenging and found that staff were inconsistent in their approach to this resident. A review of the residents' records showed that there was no specific plan in place to guide staff in the appropriate response to this behaviour.

Judgment: Substantially compliant

Regulation 9: Residents' rights

A review of satisfaction surveys and the minutes of residents' meetings provided evidence that residents were consulted with and participated in the organisation of the centre. Overall, residents' right to privacy and dignity were respected. Staff were respectful in their interactions with residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services

were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maypark House Nursing Home OSV-0000249

Inspection ID: MON-0037036

Date of inspection: 12/07/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> All staff have completed medication management and manual handling training. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> The home has a comprehensive audit schedule in place, going forward the PIC will ensure that all audits will identify areas for improvement and develop actions to rectify these areas thus striving for continuous improvements. There will be clear timeframes and an evaluation of the actions implemented. The targeted staff will be identified and method of communication highlighted. 	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

<ul style="list-style-type: none"> • All incidents that require notification will be reported going forward. This will be monitored weekly by the PIC and CNM. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The required building work for the laundry room and the dining room is currently being assessed by a local contractor. This has been added to the schedule of works due for completion in quarter one of 2023. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • An infection control audit completed prior to inspection identified the areas requiring improvement, a quality improvement plan is in place to action all areas of concern. • Areas of concern regarding cleaning procedures have been highlighted with housekeeping staff in a recent meeting, a repeat audit will be completed in 1/12. • Housekeeping meetings will be conducted every 4-6 weeks to highlight any areas for improvement going forward. • Correct laundry procedures have been highlighted with nursing, care and housekeeping staff this will be overseen by the CNM and PIC on a daily basis. • Weekly environmental check will be continued by the CNM and findings actioned immediately. • Surfaces and furniture will be actioned by the maintenance department, furniture that cannot be repaired will be removed from the home. • The installation of clinical handwashing sinks is currently under review and will be included in the schedule of works for quarter one of 2023. • Dedicated janitorial store is in place and equipment will be relocated. • PPE store will have more shelving installed to ensure no storage of PPE on the floor. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The homes medication management policy is being reviewed to reflect new updated systems and practices including the topical application of certain medicines.
- All nursing staff are aware they are to date medicines once opened, this will be added to the medication audit conducted by the PIC. This is also reviewed by the pharmacist during the home audit.
- All medication charts are reviewed and signed by GP on a three-monthly basis or sooner if needed, this will be checked weekly by CNMs and PIC ensuring that where required there is a prescription in place until the medication has been signed by the GP.
- Medication management training has been provided for all nurses.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

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

- All care plans for residents with behaviours that challenge are currently being reviewed and updated by their named nurses. A weekly behaviour that challenge review will be implemented for all residents who require it, this will be conducted by the CNM. This will ensure that there is an up to date behaviour log, a care plan in place reflecting current management and where indicated a GP review and or referral to a member of the multidisciplinary team such as psychiatry of old age.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	23/08/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/09/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/08/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other	Substantially Compliant	Yellow	31/08/2022

	persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
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