



## Office of the Chief Inspector

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

Name of designated centre:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	19 June 2019
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0022222

## About the designated centre

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

Waterford nursing home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The centre has 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	57
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
19 June 2019	09:55hrs to 17:45hrs	Caroline Connelly	Lead
19 June 2019	09:55hrs to 17:45hrs	Noel Sheehan	Support

## Views of people who use the service

The inspectors spoke with a number of the residents present on the day of the inspection and met numerous visitors throughout the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be approachable and helpful. Residents spoke of their privacy being protected particularly having their own room and en-suite bathroom. They spoke of having choice about when they get up in the morning, retire at night and where to eat their meals.

Feedback from residents and relatives was consistently positive about care and communication with staff at the centre. Residents were complimentary about the frequency of the residents meetings in the centre and said they could bring forward issues and generally they would be dealt with in the centre. A recent example of this was there was an issue with the television reception which residents identified via the residents meetings and a new digital system was introduced which residents found resolved the issue. They spoke of the varied activities which they enjoyed but a number said they would like to see more activities particularly at the weekends when they found it very quiet in the centre. Residents were very complimentary about staff saying staff were very caring and helpful. However they did inform the inspectors that there had been a high turnover of staff and a number of residents felt that they sometimes they had to wait for staff when they rang the bell particularly at the weekends.

All of the residents spoken with reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had enough offered seconds and plenty of drinks and snacks. There was general approval expressed with laundry services however some residents reported small items of personal laundry going missing but the centre had put in systems to mitigate this.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. Governance and management of the centre at the weekends required review as did the provision of mandatory training to all staff.

The centre was operated by Mowlam Healthcare services who was the registered provider. There was a clearly defined overarching management structure in place,

the provider representative is supported in his role by a senior management and operational team which includes a human resource team, a finance team, estates, a director of care services and healthcare managers who each oversees several centres. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. He was supported in his role by a full time Assistant Director Of Nursing (ADON), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The provider representative and management team displayed a strong commitment to continuous improvement in quality person-centred care through regular audits of resident care utilising key performance indicators, staff appraisals and provision of staff training.

There was a company audit management system in place which identified a timeline of audits to be completed during the year. The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, health and safety, catering, dining experience, person centred care, care plans, health and wellbeing and falls audit. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and ADON regularly received feedback from residents and relatives via the residents and relatives meetings. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2017. This review was made available to residents and relatives in an easy to read format.

Unsolicited information was received by the office of the chief inspector in relation to an allegation of abuse and issues around the management of responsive behaviours and the use of restrictive practice. The person in charge had also submitted a notification to the office of the chief inspector as required by legislation. The inspectors had followed up with the person in charge and had required a full investigation by him which was submitted prior to the inspection. Lessons learnt and an action plan was put into place. These issues were also looked into during the inspection and any actions required such as staff training and supervision is outlined under the relevant regulation.

The service was generally appropriately resourced with staffing levels in line with that described in the statement of purpose. However the skill mix at the weekend required review in line with the size and layout of the building and the dependency needs of the residents. Inspectors noted there were no managers generally rostered for the weekends and bank holidays. Residents and relatives reported more delays in call bell answering and in other aspects of the service and overall felt there were less staff available at the weekends in the centre. The inspectors confirmed that there were the same number of staff were rostered at weekends as during the week. However, a number of these staff were students or other staff that only work at the weekends and some newly recruited staff who may require further training, supervision and guidance.

Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There had been a turnover of care staff in recent months leading to a reliance on agency staff, but the person in charge confirmed that most of the vacant posts had now been filled. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. However there were some staff that had not completed all mandatory training as required by the regulations. Residents and relatives were complimentary about staff and their kindness towards the residents and the inspectors saw very person centered interactions taking place during the inspection.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. The inspectors saw that these were followed through in practice with robust recruitment and induction in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of two nurses on duty during the day and two nurses at night, with a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis.

Judgment: Compliant

### Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was

evidence that mandatory training in safeguarding, moving and handling and fire was provided along with other relevant training such as dementia care and infection control. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis. However seven staff did not have up to date training in responsive behaviours which was particularly relevant in the centre. Safeguarding training was also not in place for five staff.

There was a comprehensive induction programme in place for new staff and this was confirmed by a number of recently appointed staff and by staff files reviewed. An appraisal system was also in place. Senior care staff and social care practitioners provided induction and supervision for new care staff. However the inspectors found that the person in charge and ADON were on duty during the week and there were no managers generally rostered for the weekends and bank holidays. The inspectors required that there is a review of the management of the centre at weekends to ensure all staff were appropriately supervised.

Judgment: Not compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. However as identified and actioned under staffing further strengthening of the governance arrangements at the weekends is required. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2018 was completed, with an action plan for the year ahead. This was made available in a number of ways to the residents and relatives through meetings and available at the reception to the centre. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place which clearly outlined the room the resident occupied. The inspectors viewed a number of contracts of care and saw that contained details of the service to be provided and the fee to be paid, they also included details of the charges for additional services not included in the fee. New guidance from the competition and consumer protection commission recently published was discussed with the management team, and they were aware of same and further updates will be made to the contracts in line with this guidance.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of notifications submitted to the Office of the Chief Inspector was maintained in the designated centre. The inspectors saw that incidents were notified in accordance with the requirements of legislation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

## Quality and safety

Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and premises that met their needs. The inspectors saw that residents appeared to be very well cared and an ethos of respect for residents was evident. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. However the inspectors found that further provision of activities and the provision of

activities at the weekend was required. Further fire drills and a review of fire doors was also required as was a review of the laundry to ensure it met infection control guidelines.

Residents had good access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre to review residents and their prescribed medicines on a regular basis. Medicines were also reviewed by the pharmacist to ensure optimum therapeutic values. The dietitian visited the centre and residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspectors were satisfied that residents' healthcare needs were well met. There appeared to be an increased incidence of pressure sore formation in the centre from the notifications submitted to the office of the chief inspector. The inspectors reviewed wound care during the inspection and were assured that wounds were assessed and measured using scientific measurements. Comprehensive wound care plans were in place and the services of the tissue viability nurses were utilised where appropriate.

The centre had in place a computerised system of assessment and care planning. The inspectors viewed a number of resident's records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred. The requirement to have care plans for residents using restraint had been implemented as required from the previous inspection. The inspectors saw there was a comprehensive assessment in place for the use of bedrails including a full assessment, review and recommendations from the occupational therapist. There was evidence of documented checks when bedrails were in place. In the previous inspection the inspector found the practices around restraint use were not in line with the national restraint guidance issued. The inspectors saw that there had been an emphasis on reducing restraint usage by the introduction of alternatives such as low profiling beds, alarm mats and bed sensors. From discussion with the person in charge and staff and observations of the inspectors there was evidence that residents who presented with responsive behaviours were generally responded to in a dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team. Improvements were seen in responsive behaviour and care plans for the use of bedrails since the previous inspection. Following an investigation into an incident one of the recommendations is that all staff undertake responsive behaviour training however as actioned under staff training and development seven staff were outstanding this training.

Overall the centre ensured that the rights and diversity of residents were respected and promoted. Advocacy services were available to residents as required. Residents' choice, privacy and dignity and independence were safeguarded. There was

evidence of consultation with residents and relatives and resident surveys had been undertaken. The inspectors saw a number of different activities taking place during the inspection. However there was only one activity co-ordinator allocated 30 hours per week to meet the social needs of 60 residents and covering two floors of the centre. Residents told the inspectors they would like to see more activities and would like to have activities at the weekends.

The premises and grounds were generally well maintained however an ongoing programme of painting was required as inspectors saw a number of areas requiring a redecoration. The centre was observed to be clean with good provision of cleaning staff. Infection control training was in place and there was plenty of personal protective equipment and hand sanitisers for staff resident and visitor use. However, there were a few issues identified in relation to infection control that required review to meet best practice guidance. The laundry was seen to be small and difficult to ensure segregation of clean and dirty linen and the storage of clean linen trolleys in bathrooms required review. An outdoor enclosed garden with raised flower beds was available at the back of the centre and equipment was maintained in good working order and was serviced on a regular basis

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly and all records were well maintained. An emergency plan with appropriate response was in place for all emergency situations. Staff had received up to date fire training. Further review of fire doors and of the provision of regular fire at different times of the day and night was required.

## Regulation 17: Premises

Overall the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile. There was a safe and comfortable garden for residents use. The inspectors noted that the centre was in need of decorating and repainting in parts.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience. Meals were served in the dining rooms in

an unhurried and enjoyable social manner. Residents were all very complimentary about the food, choice and its presentation including the modified and special diets. The inspector observed choice of meals being offered to residents using pictorial menus. Assistance was offered in a discreet and dignified manner where required.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. Staff had undertaken training in infection control.

However the inspector observed that the laundry was small in size to deal with all the bedding and personal laundry for 60 residents. This made it very difficult to keep clean and dirty linen segregated as required by infection control standards. Clean linen was also seen to be stored on trolleys in bathrooms

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Overall, regular fire training was delivered in the centre. Fire alarms, emergency lighting and fire fighting equipment were serviced at appropriate intervals. Staff demonstrated an awareness of what to do in the case of fire and signage on what to do in the case of fire, identifying compartments, was available throughout in the centre. Although fire drills took place, the frequency of drills required review to ensure all staff were fully familiar with the process to follow. Drills need to be undertaken during the day and the evening and when reduced staffing levels at night time. The smoking room was well equipped with a fire blanket, extinguisher,

metal ashtrays, smoking aprons all to mitigate risk.

The inspectors noted gaps in fire doors and required all fire doors are reviewed to ensure all doors provide a comprehensive seal to contain smoke in the case of a fire.

The inspectors also noted that a safety door at the top of the stairs had a digital code that was difficult to access in the case of an emergency and that means of escape down the stairs required an alternative means of securing the door that is easy to open in an emergency is required.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and training was provided to nursing staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met. There was evidence of regular access to medical staff with regular medical reviews in

residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropodist and psychiatry of old age as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Improvements were seen in responsive behaviour and care plans for the use of bedrails since the previous inspection.

Bedrails were used only after a comprehensive assessment by the multidisciplinary team including a very comprehensive assessment by the occupational therapist. There was evidence to alternatives in place and a continued review to further reduce bedrail usage.

Judgment: Compliant

### Regulation 8: Protection

Residents reported to feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided however as outlined and actioned under staff training and development not all staff had attended this training. Specific safeguarding plans were seen to be in place for residents who required special observational measures. The inspectors required further review of these plans and particularly at weekends where different staff were on duty to ensure full supervision was in place at all times.

Residents finances and invoicing for care was all managed in a robust manner. The management of monies handed in for safekeeping was also recorded, managed and monitored in a robust manner using double signatures per individual transactions.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected.

Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned.

A programme of activities was available however there was only one activity co-ordinator allocated 30 hours per week to meet the social needs of 60 residents and covering two floors of the centre. Residents told the inspectors they would like to see more activities and would like to have activities at the weekends

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant

# Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0022222

Date of inspection: 19/06/2019

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have received training in relation to Safeguarding of Vulnerable Persons at Risk of Abuse and Responsive Behaviours.</p> <p>The Person in Charge (PIC) will ensure continued compliance in ensuring that all new staff receive all required mandatory training as part of induction and that all required refresher training or updates are completed within the appropriate timeframe. All training completed by staff will be recorded in their personnel file and a training matrix record will be maintained in the home.</p> <p>We will ensure that nursing staff are rostered to provide appropriate supervision arrangements, including at weekends. We will review the staff roster to ensure that senior nursing staff are rostered at weekends and that they will be visible and accessible to residents and relatives.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is an ongoing programme to ensure that the environment is maintained to a high standard. The next phase of decorative upgrades in the home (entrance lobby, seating area and some Bedrooms) will be completed by 31/12/2019.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will review the layout of the laundry facility to ensure that there is a 'Dirty In, Clean Out' approach to the management of linen and laundry of residents' personal belongings to a high standard, where their clothing is returned to them neatly pressed and folded appropriately. Our laundry assistant staff will be supervised to ensure that they segregate pre-laundered items from laundered linen and clothing.</p> <p>In order to improve the laundry environment, work will be required to optimise the layout of the facility. This work will be completed by 31/12/2019.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A contractor will be engaged to ensure the fire doors are correctly aligned consistent with regulations. This will be completed by 31/08/2019.</p> <p>The safety door at the top of the stairs on the first floor will require the installation of an electromagnetic keypad lock linked to the fire alarm panel to ensure that the door will automatically disengage when the fire alarm activates. This will be completed by 31/08/2019.</p> <p>We will undertake fire drills on a monthly basis which will simulate night time conditions and staffing levels. We will carry out evacuation drills of a compartment at each drill and in doing so, we will develop a good understanding of the challenges in each compartment. Fire safety and evacuation drills will be evaluated, taking account of the number and designation of staff who participated in the drill, a description of the 'fire scenario', response time and time taken to evacuate the compartment. We will evaluate what went well and what aspects could be improved and will outline learning from each drill. All staff will have an opportunity to participate in a fire safety and evacuation drill, including any staff who predominantly work night shifts.</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 PIC will meet with the Activities Coordinator and Social Care Practitioners and</p>	

together they will review and improve the scheduled programme of activities in accordance with the expressed views and preferences of the residents. Activities will be scheduled every day, including at weekends. Activities and social engagement will be meaningful to the residents. There will be a broader range of activities, including large and small group activities and one to one activities for those who are unable or who may prefer not to participate in groups. We will ensure that residents have access to outdoor activities. The schedule of activities will be evaluated at the Residents' Meetings and we will consult residents at these meetings to gauge their preferences and hear suggestions about what they would like to do.

## 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.	Not Compliant	Orange	23/07/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2019
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	31/12/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/12/2019

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2019
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	31/07/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/07/2019