



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

Issued by the Chief Inspector

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:	21 June 2022
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0036248

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:	55
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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 21 June 2022	10:10hrs to 17:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

On arrival to the centre, the inspector was met by the assistant director of nursing, who was deputising in the absence of the person in charge. A brief COVID-19 risk assessment and screening area was set up in the main entrance hall. There was signage in place to guide all visitors through the appropriate infection control practices including correct hand hygiene technique prior to accessing the centre. The assistant director of nursing accompanied the inspector on a tour of the premises. The regional healthcare manager was also present on the day of inspection. The centre is registered to accommodate 60 residents and there were 55 residents living in the centre on the day of inspection. The inspector greeted most of the residents in the centre and spoke in more detail with five residents to find out more about their experiences living in Waterford Nursing Home. The assistant director of nursing outlined that approximately 50% of the residents had a known or suspected cognitive impairment. On arrival, the inspector observed that some residents were up and dressed, some having their breakfast in their rooms and some walking about the corridors and communal areas. Residents appeared content and comfortable. Care was seen to be delivered in accordance with the residents wishes, for example, residents who wished to have breakfast late, were facilitated to do so.

The centre is a large and spacious two-storey building. Bedroom accommodation is a mixture of single and double ensuite bedrooms. The management team outlined that 50 beds are dedicated for long-term care residents, and ten beds are allocated to short stay residents, recently admitted from hospital for periods of convalescence and rehabilitation. Bedrooms of long stay residents were for the most part tastefully decorated and residents were encouraged to bring their own items of furniture, bedding, pictures and memorabilia to personalise their space. There is several communal areas within the centre, including dining and sitting rooms on each floor which gave ample space for residents to dine, relax, receive visitors and participate in activities. Appropriate and comfortable seating for resident use was observed throughout. Some décor appeared tired and there were worn surfaces and finishes for example on handrails and bedside furniture. The inspector observed that storage spaces within the centre were cluttered, as discussed further in the report.

Residents had unrestricted access to the enclosed garden areas from large wheelchair-friendly doors via the main communal room on the ground floor. The landscaped gardens had plenty of chairs, benches and tables allowing residents to enjoy the outdoors. The area is further enhanced by raised flower beds, potted plants and garden ornaments which add to the homely feel of the garden. There was also a small memorial installed in a quiet part of the garden, in tribute to past residents of the centre. This was described as an area where residents, staff and families could stop and sit for a few moments of reflection. Further outdoor space was provided via the upstairs sitting room which opened onto a balcony overlooking the main garden. Staff said this area was not always used, and the inspector noted that it did require some upkeep, for example, the painted benches were cracked and

required repair and repainting to ensure the comfort of the residents using them. It was a sunny day and residents were seen coming and going from the garden.

All of the residents who spoke to the inspector were complimentary of the service provided. Staff were described by residents as "excellent" with one resident stating "I am here years and have never had an issue with anyone". Inspectors observed that staff on duty maintained a positive and supportive presence throughout the day. Staff were observed to be attentive to residents needs and were seen to encourage independence, for example encouraging residents to eat and drink with minimal assistance. Residents who spoke to inspectors stated that they were not usually waiting long for assistance, both during the day and night.

Hot and cold drinks and fresh snacks were offered to residents regularly. Mealtimes were observed in the dining rooms beginning at 12.00pm. Residents were offered different options for each course. The food was attractively presented, including foods of a modified consistency. Residents were extremely complimentary of the food offered, with every resident the inspector spoke with praising the chefs for the delicious food. The timing of the evening meal began at 4:00pm, and the inspector found evidence that not all residents were satisfied with this timing, and had not been consulted with about it. This is discussed further in the report.

There was a varied schedule of activities on offer five days a week, led by the activity coordinator. In her absence, care staff were responsible for ensuring that residents attended pre-scheduled activities such as visiting musicians and DJ's on the weekend. Activity and art sheets, crosswords and reminiscence books were available for residents in the absence of scheduled activities. The inspector observed that all residents had the option to attend activities in the morning, with the activity coordinator repeating the activity on each floor. In the afternoon, a game of Bingo was held on the ground floor, and residents from the first floor were assisted by staff to attend. A social care practitioner worked three days a week and was assigned to the first floor only, providing social and emotional support to the residents. Some residents were seen to spend time in their rooms resting and watching television. Residents had access to call bells from their rooms and each communal area.

Overall, the residents were supported to enjoy a good quality of life in a centre which was laid out to meet their needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During the inspection, the inspector reviewed

progress with the compliance plan from the previous inspection in January 2021 and found that while the required actions had been implemented, new areas for improvement were identified. These are discussed further in the Quality and Safety section of the report.

The centre is operated by Mowlam Healthcare Services Unlimited Company who are the registered provider of Waterford Nursing Home. There are three company directors, who are engaged in the executive management of a number of designated centres. There is a clearly defined overarching management structure in place. The executive management team are supported at centre level by a senior management and operational team which includes human resources, estates management and a finance team. Clinical care is overseen by a full-time director of care services and healthcare managers who each monitor and oversee several centres. The centre is managed on a daily basis by an appropriately qualified person in charge responsible for the overall delivery of daily care. A full-time assistant director of nursing, a team of nurses and healthcare assistants, activities, catering, domestic and maintenance personnel make up the complement of staff supporting residents in the centre.

Good management systems were in place to ensure that the service provided to residents is safe, appropriate, consistent and effectively monitored. There were regular management meetings and audits of care provision and quality assurance initiatives. For example, a weekly report was compiled for review by the management team which contained information on key clinical risks as well as staff training, health and safety, visiting arrangements and resident meetings. Regular audits were carried out which included, infection prevention and control, incidents and accidents, restrictive practices and end of life care. Outcomes of audits and lessons learned were discussed at staff meetings.

The provider resourced the centre appropriately, ensure that the centre was sufficiently staffed to meet the needs of the residents. Staff informed inspectors that training was available to them in relation to key areas such as moving and handling and infection prevention and control. This was reflected in the centre's training records, which indicated that all staff had up-to-date training in areas that were required, as well as other topics that supported them to provide quality care to residents.

A sample of staff records identified that the requirements of Schedule 2 of the regulations were met. Each staff member had completed An Garda Síochána (police) vetting prior to commencing employment in the centre, and registered nurses held an active registration with the Nursing and Midwifery Board of Ireland (NMBI). There was a programme of induction in place for all new staff which included regular reviews of staff performance and opportunities for staff to identify any additional learning needs. The complaints procedure was displayed in a prominent place in the centre and a clear process was available to guide a resident or other person in making a complaint. There was a low level of documented complaints in the centre, and good practice was seen whereby issues arising at resident meetings were documented and followed through according to the centre's complaints policy.

Regulation 15: Staffing

From a review of rosters, and from observations on the day, the inspector was satisfied that there was a sufficient number of staff, of an appropriate skill mix, to meet the collective and individual needs of the residents, having regard for the size and the layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 21: Records

The inspector examined a sample of staff files and found that these all contained the information required by Schedule 2 of the regulations. Residents' records as required by Schedule 3 and other records as required by Schedule 4, including a record of restraints and fire safety records were in place and seen to be up-to-date and well-maintained.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a defined management structure in place with clearly defined lines of authority and accountability. The inspector spoke with various staff who demonstrated an awareness of their own, and other staff members' roles and responsibilities.

The person in charge and assistant director of nursing collected weekly and monthly

data in relation to key areas such as restraint use, falls, antibiotic use and wounds. Monthly meetings were held with the healthcare manager to discuss all aspects of service provision. This information contributed to a schedule of audits of practices in the centre. The inspector reviewed a number of audits and found that action plans for improvement were identified, with assigned timelines for completion.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the 2021 was completed, with an action plan for the year ahead. This review incorporated residents' and relatives' feedback regarding the care provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained a record of all of incidents and accidents occurring in the centre including falls and injuries sustained by residents. A review of this record identified that all notifiable incidents as outlined under Schedule 4 of the regulations had been submitted to HIQA as required, and within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the record of complaints received in the centre. There were five open complaints at the time of the inspection which were being dealt with in accordance with the centre's own complaints policy. The record of closed complaints contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a good standard of care, by kind staff that were responsive to their individual needs. Some improvements were required in relation to fire safety, infection prevention and

control, the overall premises, laundry arrangements, care planning and consultation with residents to ensure consistency in the quality and safety of the service provided to residents. These areas for improvement are described under the specific regulations below.

Residents were monitored for any signs and symptoms of COVID-19 and staff were observed to practice good infection control practices. The centre had experienced a second, small outbreak of COVID-19, in January 2022, which was contained to four residents confirmed with the virus. A review of the outbreak provided evidence that the management team had identified and implemented learning from the previous outbreak in December 2020. Overall infection prevention and control measures in the centre required strengthening to ensure that equipment and storage spaces were utilised in line with best practice guidance to minimise the risk of cross-infection. This is described under Regulation 27: Infection control and Regulation 17: Premises. The overall premises was designed and laid out to meet the needs of the residents, and had sufficient communal space to allow residents to undertake activities in groups or in private. Decorative upgrades were ongoing in the centre,, with a progressive programme of maintenance in place.

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of malnutrition, falling, pressure related skin damage and mobility assessments. These assessments informed the care plans developed to meet each resident's assessed needs and were updated regularly in response to any identified changes to a residents physical, social or emotional well being. Improvements were required with regard to the specific plans in place for each resident at end of life, as discussed under Regulation 5: Individual assessment and care plan.

The centre had good systems in place to access health care services including dietetics, speech and language therapy and occupational therapy. Residents had regular access to general practitioners (G.P's) in the centre. Referrals to the psychiatry of older age and gerontology services were seen and when recommendations were made a care plan was developed by staff to inform care delivery. There was a low level of pressure ulcers occurring in the centre, and when these did occur, inspectors found evidence that they were appropriately managed to ensure good outcomes, incorporating advice from wound care specialists, pressure-relieving equipment such as mattresses, and nutritional supplementation to promote wound healing.

Fire safety in the centre had recently been audited and reviewed by the management team, and the inspection findings aligned with the findings of this audit. Overall, good procedures were in place for the maintenance of fire safety equipment such as emergency lighting, and records provided evidence of daily and weekly checks of means of escape and fire fighting equipment. Staff were knowledgeable about the procedures to follow in the event of a fire, and fire drills were practiced regularly in the centre. The areas for improvement in relation to fire safety are outlined under Regulation 28.

There was a good programme of activities on offer in the centre. There was one full

time activities coordinator, and a full-time social care practitioner who were responsible for completing daily activities and therapies for residents. Social assessments and life stories were completed for residents with family input to identify the residents past history, interests and preferred activities. These were used to tailor activities and therapies to the residents preferences. Consultation with residents required improvement to ensure that their feedback on the service was consistently sought and actioned. A review of resident meeting minutes showed that the two most recent resident meetings afforded residents time to give their feedback on the service. Minutes prior to this did not reflect this collaborative approach to the service, instead taking the format of an information session for residents. Additionally, satisfaction surveys did not contain sufficient detail regarding meals in the centre, as discussed under Regulation 9: Residents' rights.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week, at times of their choosing. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre. Visitors were requested to complete a brief screening for signs and symptoms of COVID-19 on arrival to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The systems in place to launder residents personal clothing required strengthening. Evidence from minutes of the most recent residents meeting suggested that residents were not always happy with the in-house laundry service provided. Residents identified that items of clothing would not be returned to them in a timely manner, clothing was returned to the incorrect residents, and items had gone missing. A family member had also made a recent complaint that a resident had been wearing clothing that did not belong to them. The inspector observed a large amount of clothing stored in the laundry which was unaccounted for.

Judgment: Substantially compliant

Regulation 17: Premises

The premises, while designed and laid out to meet the needs of the residents, required minor storage and maintenance improvements. The inspector noted the

following:

- Storage in the centre required review as it was utilised ineffectively; for example, personal care items, resident assistive equipment and PPE were all stored together with no segregation of items currently in use or in storage. Linen, pillows and duvets were seen to be stored on the floor in these storage areas.
- The wooden garden furniture in the upstairs patio area required repair as the painted surface was chipped and exposed, leading to uneven surfaces with potential for injury.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of healthcare associated infections. This presented a risk of cross infection in the centre. For example:

- There was a limited number of clinical hand wash sinks in the centre, and those that were present did not comply with with current recommended specifications.
- There were some examples of worn, scuffed and peeling surfaces including handrails, bed tables, lockers and bedrails which hindered effective decontamination and cleaning.
- A support cushion in use in the outdoor seating area required replacement as there were multiple breaks in the integrity of the cushion covering and it could not be cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Issues identified on inspection which could potentially impede the response times for the safe evacuation of residents included;

- The centre has only one fire panel, located at main reception. Staff on the first floor had go downstairs to check the panel in order to identify the location of the fire. Given the large footprint of the centre, a repeater panel on the first floor would shorten the response time.
- All bedroom doors were fire-rated doors, however, automatic door closures were not fitted to these as standard. The management team outlined that

automatic door closures were placed only in rooms where it was deemed necessary on assessment of each resident. For example, if the resident requested the doors to be kept open or if the resident could not manage to open the door independently. The inspector identified one bedroom door which was being held open by a chair, as the resident required supervision.

- A small number of the automatic door closures were broken or malfunctioning.
- Fire evacuation maps in the centre did not clearly outline the evacuation routes from each fire compartment.

A recent fire audit conducted by the management team had identified these issues, and the inspector was provided with evidence that suitable external personnel had been engaged to review and replace automatic door closures, review the evacuation maps and install a repeater alarm panel on the first floor.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was inconsistency in the development of care plans for end of life decision-making. While these were in place for a number of residents, some residents had no documented discussions or care plans in relation to their wishes at end of life. The residents' GP's were not consistently consulted with in this regard and a small number of frail residents with complex conditions had no documented plan in place should their condition deteriorate. In addition, there was no clear identification for staff nurses of each residents plan regarding attempts at resuscitation. Staff informed the inspector that this information was held separately in the management office. This could lead to confusion and delays in the appropriate administration of resuscitation measures in the event of an emergency.

Judgment: Substantially compliant

Regulation 6: Health care

As seen on previous inspections, residents continued to have good access to a high level of nursing and medical care in the centre. Continuity of care was provided by the residents visiting GP. Records reviewed by inspectors identified that the expertise and directions of medical and other health care professionals such as consultant psychiatry, optometry, and dietetic services was followed. The health of residents was promoted and residents were encouraged to mobilise and exercise regularly according to their capabilities.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were identified as displaying behaviours that challenge. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the de-escalation techniques that worked well. Medications were seen to only be used as a last resort, once all non-medical alternatives to managing the behaviour had been trialled.

Restraints such as bedrails were appropriately assessed prior to use and there was a procedure in place for their regular review and release, in line with national guidelines

Judgment: Compliant

Regulation 9: Residents' rights

Residents' had voiced at the recent residents meeting that they were dissatisfied with the timing of the evening meal, as it was served at 4pm. Residents stated that there was too little of a gap between lunch and evening meals. The minutes of the meeting showed that residents believed that staff routines dictated the timing of the meal, and not the residents preferences.

Residents and family surveys did not include questions on the timing of meals. There was no evidence that residents had been consulted with either formally or informally about their preferences on meal times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0036248

Date of inspection: 21/06/2022

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will coordinate a review of the laundry system in conjunction with key staff involved in handling residents' personal laundry. This will include an audit of residents' laundry to ensure that all items are correctly labelled and that they are returned to the correct resident in a timely manner after laundering. • A review of all clothing items remaining in the laundry will be carried out, the clothing will be identified and returned to the resident/owner of the items. • Senior care staff will be nominated as key link persons ensuring that residents have all their own clothing available to them. • All clothing will be correctly labelled as soon as it is brought into the home. • Property lists will be maintained and updated regularly by named care staff. • We will continue to seek feedback from residents regarding the quality of the laundry service through Residents' Forums and will consult with them on all proposed service improvements. 	
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 PIC, in conjunction with the Service Manager, will review all storage arrangements and facilities in the home to ensure that all personal possessions, assistive/clinical/care equipment and bedlinen are stored appropriately. • There is always a sufficient supply of PPE available in line with Infection Prevention & Control guidelines, in the event of an outbreak of infection. A 3-day supply of PPE is available and stored appropriately on site, but additional PPE is readily available for delivery to the home as required, which is stored off site. 	

- All the patio furnishings will be repaired and painted and any items that are obsolete will be discarded and replaced.
- There is an ongoing improvement and preventative maintenance plan in place to ensure the premises comfortably meets the needs of residents and includes IPC standards and fire safety.

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

- Suitable locations for hand hygiene sinks will be assessed with installation scheduled to be completed by 31.12.2022
- As part of the scheduled preventative maintenance and improvement programme, all items of furniture that are worn, torn or faulty will be repaired or replaced, including pressure-relieving cushions and mattresses. Worn and scuffed surfaces will be repaired and painted to ensure compliance with IPC guidelines and to provide a clean and homely environment for residents.

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 part of the recent fire safety audit in the nursing home, the need for a second fire panel was identified. Work to install this on the first floor was in progress during the inspection and was completed on 05/08/2022.
- All Bedroom Doors have Standard Door Closers installed as per the granted Fire Certificate requirements and these are all functioning safely.
- Door guards have been installed in rooms where residents request that their doors are left open. The Facilities team will arrange for an external company to complete a Service on all current door guards
- Some door guards will be replaced with free swing door closers, mainly in communal rooms.
- A survey of fire evacuation maps has been completed and revised fire evacuation maps will be provided.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Since the inspection, the PIC has reviewed all End-of-Life care plans and can confirm that all residents now have their wishes documented in an appropriate location within the care plan. The resident, their GP and family are all consulted where appropriate to ensure that the resident's wishes are evident, clear and documented. • In a small number of cases where a resident/Family are not yet ready to engage on the issue the PIC will provide information on end-of-life care and set a timeline to revisit the discussion when they may feel more comfortable to do so. • The PIC will ensure that the resuscitation status of all residents is documented and communicated to all staff as required, and there will be a plan in the individual resident's end-of-life care plan regarding the actions to take should they deteriorate. • The PIC will ensure that there will be effective communication with all clinical staff at handover. The home is introducing a handover template record using the ISBAR format which has been validated by the HSE, to enhance effective, relevant and accurate communication and guidance for staff. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC, in conjunction with the Named Nurse and Named Carer, will consult as many residents as possible about suggested ways to improve meals, mealtimes and the dining experience. The PIC will collate the responses and present these to the monthly management team to consider, agree and implement service and quality improvements, based on the residents' views and preferences. Then the PIC will provide updates to the residents via the Residents' Forum, which will assure them that they are directly influencing the quality of the lived experience in the nursing home. • The company Hospitality Manager conducts a twice-yearly Hospitality audit which includes an audit of the dining experience, and the PIC will implement quality improvements based on deficits in expected standards set out in the audit. • The PIC facilitates an annual Residents Survey to be undertaken by an independent auditor which will include specific assessment of mealtimes and the dining experience, and this will inform further improvements to be implemented as required. 	

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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	30/09/2022
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	31/10/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/09/2022

	consistent with the standards for the prevention and control of 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.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted	Substantially Compliant	Yellow	30/09/2022

	about and participate in the organisation of the designated centre concerned.			
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