Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oaklodge Nursing Home
Name of provider:	B & D Healthcare Company Limited
Address of centre:	Churchtown South, Cloyne, Cork
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0037715

About the designated centre

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

Oaklodge Nursing Home is a single-storey building set in a scenic rural location in Cloyne. Nursing care is available on a 24-hour basis. There are fifty-one bedrooms in the centre which is registered to accommodate 65 residents. Bedroom accommodation is composed of 43 single occupancy rooms, four double rooms, two three-bedded rooms and two four-bedded rooms. There are adequate communal areas including a spacious, furnished entrance lobby, a restful conservatory, a large well-lit dining room, a sitting room and visitors' room. The north and south corridors of the premises are linked by a central corridor which also provides bedroom accommodation for a number of residents. The south corridor of the nursing home caters predominantly for the needs of residents with dementia. A secure garden area had been designed for these residents. There is a comprehensive complaints process in place. Residents' independence and activity is promoted.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

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
Wednesday 11 January 2023	10:00hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 12 January 2023	09:30hrs to 16:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Oaklodge Nursing Home. The inspector met with the majority of residents during the two days of inspection and spoke in more detail to six residents to ask them about their experience of living there. One resident said that she felt very safe and she was happy to have company and care having lived alone at home. One male resident was delighted to be back within the community of his birth for his older years. Another resident was hoping to be supported in alternative living arrangements. The inspector was assured that this was being addressed through meetings with the relevant people and an independent advocacy referral on behalf of the resident had been made. Visitors who met with the inspector expressed their contentment with staff, management, the care and communication in general.

The inspector arrived unannounced in the centre and followed the required infection control processes throughout the two day inspection. The person in charge and the provider attending an opening meeting with the inspector and then accompanied the inspector on a walkabout of the premises to meet with residents and observe the environment.

Oaklodge Nursing Home is a designated centre for older people, registered to accommodate 65 residents. There were 60 residents living in the centre during this inspection. The centre is situated on the outskirts of Cloyne and was purpose built in 2006. Overall, the inspector observed that the premises was bright and clean. As the centre was designed as a single storey building each area was seen to be accessible independently, or with walking aids where required, and this encouraged residents to remain mobile. Residents told the inspector that they were happy with their rooms especially having toilet and shower facilities en suite. Clocks, photographs and calendars were seen in each room which orientated residents to their past, and to the present day and time, supporting their cognitive well being. There was easy access to the gardens and patios from each hallway.

The design and layout of the centre comprised of a large open plan sitting room and a lovely busy, interlinked dining room, which were the main rooms used for daily activities. The centre also incorporated a dementia specific unit, Suaimhneas, which, although it was a secure unit, had an 'open door' policy of maintaining easy access to the main centre for meals and activity. Groups of residents from all units were seen enjoying the bingo, reading, music and social interactions. There were also additional quiet rooms overlooking the patios and gardens for residents' use. Residents were seen to use all the available communal spaces including the oratory. Further description of the premises particularly in relation to the required maintenance upgrade, was outlined under Regulation 17.

The dining room was located next to the kitchen so the chef could attend to residents if they had any requests. The inspector observed residents' dining experience on both days. A large group choose to dine in the dining room. Residents

spoken with were complimentary about the food served in the centre and confirmed that they were always afforded choice. There was a menu on display on each table with pictures of the meals served on that day. One resident told the inspector how they looked forward to the 'home baking' and said the chef was "easy to talk to". Residents were seen to be assisted in a patient manner where they had been assessed as requiring help. Since the previous inspection training in modified diets had been undertaken and consequently these meals were seen to be presented in an appetising manner.

Residents reported that they 'felt safe' in the centre and were well cared for by a team of staff who were respectful of their needs and preferences. Residents spoke of the 'kindness' of staff and this was echoed in the survey results seen. Staff spoken with were knowledgeable about their responsibility in protecting residents from the risk of abuse.

The inspector observed that there was a good activity programme on display and residents were aware of the programme when talking with the inspector. There were two staff members allocated to the role of activity coordinator and it was evident they knew residents' personal preferences very well. The inspector saw a number of lively fun filled activities taking place such as exercises, bingo, rug making, music and walks. Some residents were observed going for walks in the morning and afternoon. Residents said that they looked forward to the weekly visits from the physiotherapist who organised exercises for balance and strength. A cohort of residents under 65 years old said that they were looking forward to having "takeaways" again like they had during the COVID-19 restrictions. The centre had a small outbreak of the virus after Christmas and all residents and staff had recovered well and were very thankful for the attentive medical care at that time. The inspector was informed about days out to local scenic areas, movie afternoons, a garden party during the summer and other external outings.

A large group of visitors were seen coming and going during the inspection and were welcomed by staff. The centre’s receptionist ensured that visitors signed in and completed safety checks, in line with the centre's infection control protocol.

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 inspector found that while the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined, there were a number of issues which required review and action. These are described throughout the report. Nevertheless, areas of good practice were observed: the

inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents. The management team had been proactive in responding to findings on previous inspections and in a number of cases the issues had been resolved. Since the previous inspection a new senior clinical nurse manager 2 (CNM2) had been appointed as well as a number of new staff nurses. Staffing levels reflected what was described in the roster and seen by the inspector on the inspection days. However, some improvements were required in the area of fire safety, health care, infection control, notifications and premises upkeep, as addressed under the relevant regulations in this report.

The registered provider for the centre was B and D Healthcare Ltd. There were four directors in the company. A director of the company, who was the owner, attended the centre daily and a second director, who was a nurse, acted as clinical lead and adviser. The care team in the centre was comprised of the person in charge, two clinical nurse managers (CNM), a team of nurses and health-care staff, as well as administrative, catering, HR, household and maintenance staff. There was evidence of regular meetings between the provider and the nurse management team to promote best practice. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at these meetings as evidenced in the minutes viewed. Most of the information for the annual review of the quality and safety of care for 2022 had been collated and the provider stated that the latest resident survey results would be included in this before it was finalised and made available to residents. The audit schedule was set out at the beginning of the year and aspects of residents' care were audited monthly.

The service was well resourced. The training matrix indicated that staff received training appropriate to their various roles. Senior staff in the centre were trained to deliver a range of relevant courses such as manual handling and end of life training. The person in charge was the infection control lead nurse. Staff handover meetings and clinical governance meetings ensured that information on residents’ changing needs was communicated effectively. Records of these meetings were made available to staff to improve learning. Information in the daily communication sheet in residents' care plans provided further evidence that pertinent information was exchanged between day and night staff.

The centre had implemented the required policies on recruitment, training and vetting. In the sample of staff files viewed the inspector found that the required regulatory documents were in place. Job descriptions, Garda (Irish police) vetting (GV) clearance certificates were seen on staff files.

Copies of the appropriate standards and regulations were accessible to staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were easily retrievable for inspection purposes: for example, care plans, assessments, complaints log and incident reports.

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the staff roster on both mornings of inspection and saw that it corresponded with the number and skill mix of staff on duty. One additional manager came on duty each day to support the inspection process.

Communication with residents and staff confirmed that the staffing levels were sufficient to meet the needs of residents and while there were occasional challenges having newly recruited staff meant that vacant shifts could be filled.

Residents stated that staff were caring and responsive to their needs.

There were nursing staff on duty over the 24 hour period. The nurse management team had been augmented since the previous inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records indicated that staff had attended appropriate and mandatory training such as fire safety training, manual handling, prevention of abuse, infection control, and dementia care. Staff demonstrated competence in their work and told the inspector that training was easily accessible. New staff spoken with confirmed that they had attending a range of courses including training in a human rights approach to care.

Nursing staff had evidence of updated medicine management training and catering staff had attended food safety training courses.

Annual appraisals were undertaken and there was a comprehensive induction programme in place. Copies of these were seen in a sample of staff files reviewed.

Judgment: Compliant

Regulation 21: Records

The records requested for inspection purposes were available and easily retrievable.

The sample of staff files seen were well maintained and the provider stated that all staff had the required garda vetting (GV) in place prior to commencing employment.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored. More robust systems were required to ensure additional oversight. The outstanding issues referenced below, were described further under the specific regulations.

Health Care Issues:

- The management and oversight of skin integrity and wound care plans required review as detailed under Regulation 6.

Fire safety management issues:

- Oversight of fire safety issues required action as identified under Regulation 28.

Premises issues:

- Upgrading of decor in the centre was overdue as outlined under Regulation 17.

Infection Control:

- Some aspects of infection control required action as addressed under Regulation 27

Notifications:

- Oversight of notifications, as two key events, which are regulatory reportable within a three day time frame, had not been submitted to the Chief Inspector.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all notifications had been submitted to the Chief Inspector as required under the Regulations:

Prior to the inspection two events had occurred which required a notification to be submitted within three days of the occurrence. These had not been submitted within the required time frame.

These notifications were submitted following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were well managed in general:

Details of complaints were documented. The satisfaction or not of the complainant was recorded.

The appeals process was clearly set out.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence that in general, their needs were being met through access to a range of health care services and opportunities for social engagement. The improvements required to ensure full compliance in fire safety, health care, premises and infection control are outlined under the relevant regulations.

Accommodation for residents was laid out over a number of corridors, the south corridor (on which the Suaimhneas unit was located), the central corridor and the north corridor. All communal areas of the centre were bright, spacious and had comfortable, colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. Nonetheless, the inspector found that there were a number of decor issues such as areas of scuffed paint and gaps in flooring in some rooms which required action and upgrading, as

detailed under Regulation 17. A schedule of works was shown to the inspector due to commence late January 2023. Assistive equipment such as hand rails, movement hoists, wheelchairs and walking aids were available to residents.

Care plans were personalised and detailed. Health care records were recorded on an electronic system which was easily accessible to staff. The geriatrician visited the centre monthly to provide on-site assessment for a number of residents. Dietitian, physiotherapy, occupational therapy (OT), psychiatry and palliative services were facilitated and their consultations were recorded in the sample of care plans reviewed by the inspector. However, in two of the five care plans reviewed the inspector found that the expertise dietitian and wound care input were overdue, as detailed under Regulation 6, Health Care.

The centre was generally clean. Staff spoken with had received relevant training in infection control, hand washing and the use of PPE (personal protective equipment such as gloves and masks). Some infection control issues requiring action were outlined under Regulation 27. The laundry was now outsourced, apart from kitchen and household items. While there were a number of complaints seen about missing items, the items had been replaced by the laundry concerned.

The risk register was seen to have been updated as well as the health and safety statement. The fire safety system was maintained and serviced. Maps on display included colour coding of the fire safe compartments used for horizontal evacuation. Records of fire drills were available indicating that there were regular evacuation drills taking place in order to ensure all staff were familiar with the protocol to be followed. However, there were a number of fire safety issues to be addressed such as a review of the fire safe doors. This was detailed under Regulation 28.

The inspector found that residents were consulted about how the centre was run and felt linked to the community. There were systems in place to safeguard residents' monies and keep them safe from all forms of abuse. The food choice and portions were praised by residents. Minutes of resident meetings and resident surveys were available and confirmed the good comments made by residents. In addition to the range of activities highlighted in the introduction to this report pet therapy was facilitated. The activity coordinators on duty were found to be careful, enthusiastic and aware of residents' preferences, hobbies and interests. This supported a well developed social programme which met resident's needs and interests.

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations.

- This was evidenced by scuffed areas of paintwork in a number of bedrooms.
- There were gaps where the flooring met the skirting boards in a number of bedrooms.

- Flooring was lifting near one toilet which could be a trip hazard.
- One store room required reorganising as it was cluttered and difficult to access.
- The external patios required attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Food was properly and safety prepared, cooked and served.

- Menus were displayed on each table.
- Modified diets were nicely presented and training had been provided since the previous inspection.
- Residents had access to drinks and snacks throughout the 24 hours.

Judgment: Compliant

Regulation 26: Risk management

Risks were well managed in the centre.

A risk register and health and safety policy were maintained. Residents who smoked were risk assessed. Controls such as safe storage of cigarette lighters were in place and the protocol was seen to be followed on inspection.

Since the previous inspection locked storage cupboards had been put up to ensure that food thickener (required for those on thickened fluids) was safely stored. This was required as there was an identified high risk associated with the inappropriate consumption of this powder particularly for those with dementia.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by the Authority were implemented.

For example:

- Cleaning trollies were seen stored in the sluice room which would lead to a high risk of cross infection as this area was by its nature a 'dirty' areas, where bedpans were disposed of and yellow clinical waste bins were stored here also.
- Floor brushes were not stored up off the floor when stored in the sluice room and other store rooms which meant that there was a risk of contamination if the floor was dirty or a spillage occurred.
- The hand washing sink in the sluice room was not accessible due to items stored in front of it.
- There were rusty areas noted on the legs of some bed-tables, This would impeded effective cleaning as the surface was not intact.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire as evidenced by the fact that a number of fire doors required repair or had unacceptable gaps.

One of these doors was identified on the last inspection as scheduled for repair.

These doors are designed to contain smoke and flames in the event of fire for a designed period of between 30 minutes to an hour.

Any break in their design, their functionality or their installation would negate the purpose of the door and the compartmentation of the centre (where these doors provide sealed off areas for the purposes of horizontal fire safety evacuation) would be compromised.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed.

The pharmacist was responsive to staff and residents' needs.

- The general practitioners (GPs) reviewed the use of medicines on a regular basis and revised the prescriptions where possible.
  There was an electronic prescribing system in place and electronic signatures

were seen for the GP and nursing staff.

Controlled drugs in use for a number of residents were managed in line with professional guidelines according to records seen.

- The management of these medicines had been reviewed externally following previous events notified to the inspector. The learning had been disseminated to staff and training had been updated.

Where medicines were to be crushed or had been discontinued this had been signed by the GP. Staff nurses undertook appropriate, relevant training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans in general were well maintained. They were developed on an electronic system and reflected the assessed needs of residents.
A range of best evidenced-based clinical assessment tools were used to inform the development of relevant, personalised care plans. Members of the medical and the multidisciplinary team such as the general practitioner (GP), physiotherapist and the occupational therapist (OT) had also provided advice for staff in best evidence-based care.
The care plans were subject to audit and scheduled training for staff was being attended on the second day of inspection following audit findings.

Judgment: Compliant

Regulation 6: Health care

The inspector was not assured that a high standard of evidence-based care was consistently provided to residents in relation to wound care:

- Two residents with wounds had not been seen by the appropriate health care professional with additional expertise, that is a dietitian and a wound care specialist for more than a year.

This was relevant as one resident had a low body mass index (BMI) and had lost weight while the other residents was a diabetic whose wound healing was not progressing.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in addressing the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

A review of a number of relevant care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

The registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Staff spoken with were knowledgeable of how to report any allegation of abuse.

Restraints such as bed-rails were risk assessed and consent for their use had been recorded.

The centre had robust procedures in place to manage residents' finances. Receipts and invoices were made available to residents or their relatives.

Judgment: Compliant

Regulation 9: Residents' rights

Residents in general felt that their rights were respected. Training on a human rights based approach to care had been rolled out to all grades of staff.

The advocacy service was seen to have been accessed, for example where alternative accommodation was requested by any resident or when home supports were required to be set up. Evidence was seen of ongoing communication with relevant parties on these issues.

Residents said that their choices were respected in relation to visits, bedtimes, to access external gardens, smoking choices, personal newspapers, activity attendance and the use of mobile phones.

Musicians played in the main sitting room in the afternoon of the second day of inspection and the staff who were leading activities were seen dancing and singing with residents. It was apparent that residents were familiar with all the songs and they sang along with their favourites. Some residents choose to read or watch TV in their bedrooms while others enjoyed an afternoon nap in the other communal room or 'crafting' in the bright dining room.

Visitors were seen around the centre and in the bedrooms with their family member, where this was appropriate, on both days of inspection. Visitors spoken with praised the care provided to their relatives. Visitors and residents said that there was good communication with the person in charge and staff. Those spoken with were knowledgeable of the nominated visitor approach. This meant that no resident would be without a daily visit, if this was requested, even in the event of an outbreak of COVID-19. Protocols had been developed for this eventuality.

The hairdresser visited every week and the chiropodist attended six weekly. These visits were documented.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oaklodge Nursing Home OSV-0000261

Inspection ID: MON-0037715

Date of inspection: 12/01/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The issues identified have been addressed and remedied as per responses under the relevant regulations. All senior management continue to work within their respective roles and responsibilities and report in weekly to the clinical governance meetings. A centralized system of risk identification and corrective action planning will be introduced at these meetings to ensure each department is accountable for implementing their respective actions and that timelines are being achieved – March 2023.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The two notifications were duly notified immediately following the inspection – complete.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • An interior designer has been consulted and a full maintenance and redecoration programme to upgrade the décor and premises has commenced as of 13/01/23 and will	

continue and be completed by 30/04/23. This will include repainting/ repair of damaged surfaces and addressing the gaps between the flooring and walls.

• The flooring near the toilet is being repaired and the external patio slabs are being cleaned of any marks or replaced as necessary – 30/March/2023.
• The storeroom has been reorganized to ensure safe and efficient work practices and access for staff - complete

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Bed tables have been replaced where required - complete.
• Brackets have been procured to ensure brushes can be stored upright and off the floor when not in use – complete.
• Items in front of the hand washing sink have now been removed and staff have been reminded of correct storage procedures and appropriate use of sluice room to prevent cross-contamination – complete.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A full review of our fire doors has been completed after consultation with a competent professional and any issues have been promptly addressed through replacement or repair on the day- 20/01/23. Renovation and project completion as well as a full final review of all aspects of the regulation by a Competent professional with final report on any issues by 30/03/2023

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Both residents have been referred to the dietitian and tissue viability nurse and an audit question on allied health professional visits and follow-up has been added to the assessment and care planning routine audit – complete.

Residents' monthly weights will be reviewed as a Key Performance Indicator at the weekly clinical governance meetings – commencing 1st February 2023.

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 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	30/04/2023
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	30/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	20/01/2023

	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	20/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/03/2023
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	31/01/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of	Substantially Compliant	Yellow	30/01/2023

	evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			