



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

Issued by the Chief Inspector

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| Name of designated centre: | Saint Louis Nursing Home |
| Name of provider: | Yvonne Maher |
| Address of centre: | 1-2 Clonmore, Ballymullen, Tralee, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 March 2022 |
| Centre ID: | OSV-0000289 |
| Fieldwork ID: | MON-0036493 |

About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 22 |
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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 |
|----------------------|----------------------|----------------|------|
| Monday 14 March 2022 | 09:30hrs to 16:00hrs | Breeda Desmond | Lead |

What residents told us and what inspectors observed

Overall, the inspector observed that residents received a good standard of care in Saint Louis Nursing Home. The atmosphere in the centre was calm and relaxed and staff delivered care in a kind and respectful manner.

As a COVID-19 outbreak was declared prior to the inspection, most residents remained in their bedrooms in line with current Health Protection Surveillance Centre (HPSC) guidance.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place by a member of staff. As the nurse in charge was undertaking a medication round, the inspector initially walked around the centre alone, where staff introduced themselves and offered help and assistance to the inspector. The person in charge joined the inspector shortly after commencing the inspection.

St Louis was a two story facility, with residents accommodation on the ground floor, and offices and staff facilities located on the first floor. There was a small lobby at the entrance to the centre with information displayed relating to infection control measures in place including the requirement for all visitors to sign-in when entering the centre. There was a large perspex screen available to facilitate window visits. While the front door was open, the door from the lobby into the centre was secure. The nurses' station was located inside the lobby with perspex screen around the desk. A visitors' toilet was available in the reception area and a seating area alongside the nurses' station. The centre was laid out in two long corridors from the reception area with an adjoining corridor at the end. Bedroom accommodation comprised 15 single and five twin bedrooms. Three single bedrooms had en suite facilities, and the remainder of the bedrooms had wash-hand basins and access to shared toilets and showers. Communal areas for residents to use included a large sitting room, dining room, small visitors' room and an accessible internal garden.

There were 22 residents residing in St Louis at the time of inspection. Lovely normal interaction and socialisation was seen and staff were respectful and helped residents in a kind and gentle manner and were observed to provide updates on the comings and goings of the centre. One resident's television was broken and the staff member assured him that it would be fixed before the day's end. Two residents did not understand the COVID-19 restrictions and the requirement to remain in their bedrooms, and staff were seen to wipe down surfaces such as hand-rails, chairs and tables following residents use. During the walkabout and throughout the inspection, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with staff and knew staff by name. As there was an outbreak in the centre, visiting was suspended in line with current HPSC guidance.

As residents remained in their bedrooms for isolation purposes, the dining room was used as a donning station with supplies of PPE including disposable gowns, aprons, gloves and visors. Sensor-operated hand gel dispensers were located throughout the centre with advisory signage regarding correct usage. Staff were observed throughout the inspection to complete both hand washing and hand gel hygiene before and after resident interaction. There was a hand-wash hub on one corridor with soap and paper towel dispenser; the sink and advisory signage over it was unclean. Along the three corridors there were personal protective equipment stations (PPE). These comprised small tables with hand gel and face masks; there were large boxes of gowns on the floor. While there were bins available, some were clinical yellow-topped bins with non-clinical black bags, others were domestic-type with flap-lid rather than pedal operated bins.

Previous inspections had identified that the premises was in need of refurbishment and repair and this inspection findings remained the same. While some handrails, architraves and doors were upgraded, they remained unpainted or unvarnished.

The clinical treatment room was not lockable and items such as needles and syringes were accessible. The door to the clinical room remained ajar; household staff used the plug socket in this room to vacuum corridors even though there were ample plug sockets on corridors. The sluice room was ajar; there were cleaning chemicals stored on the floor here. The clinical waste bin here had a domestic black bag inserted.

The storage room for incontinence wear had new shelving and all items were appropriately stored here.

Lunch time was observed and residents had their meal in their bedrooms. A care staff member was in the kitchen providing assistance to the cook. The cook plated up the dinner and desert while the HCA set the trays with cutlery and a drink, and then handed the tray to the awaiting staff to take meals to residents' bedrooms. The HCA in the kitchen had not donned PPE other than a mask. The kitchen area did not have a protected zone demarcated to remind staff not to cross into the protected zone.

Residents were heard complimenting their meal and said how 'delicious' it was. Following the meal, two staff were designated to collect cutlery and ware from COVID-19 negative residents first and then separately from the remainder of the residents.

On the walkabout of the centre the inspector noted that there was fire signage on walls, however, when looking down the corridors there was no alert signage indicating the location of fire exits. There were two floor plans displayed in the centre which were quiet small and did not have evacuation routes detailed in them. They were not orientated to reflect their relative position in the centre.

The offices of the registered provider and person in charge and staff facilities were located upstairs. Staff facilities comprised a kitchenette with dining area and a second room with staff lockers, and toilet and shower alongside it. There were several large boxes of disposable urinals and administration equipment seen on the

floor of the dining area. There was no hand gel dispenser in this area.

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. The levels of compliance were detailed under the individual regulations.

Capacity and capability

This was an unannounced risk based inspection, following receipt of information notifying of a COVID-19 outbreak in the centre. On the day of inspection, 16 resident and 10 staff were confirmed COVID-19 positive.

Overall, while this inspection found that residents in Saint Louis Nursing Home were well cared for, and staff knew residents and their care needs so well, improvements were identified regarding governance and management systems, infection prevention and control measures, and the maintenance and upkeep of the premises.

St Louis Nursing Home was owned and operated by Yvonne Maher, a sole trader, who was the registered provider. She worked full time in the centre and was involved in the day-to-day running of the centre. The management structure was clear, with the management team consisting of the owner of the centre, person in charge, an assistant director of nursing and a team of registered nurses, care staff, kitchen, household, and maintenance staff. There were deputising arrangements and an on-call out-of-hours system in place. Current registration details were in place for all nurses.

As part of their outbreak precautions, all staff were antigen tested before coming on and going off duty along with temperature checks to enable fast identification and action should a staff member test positive. Other precautions included appropriate mask wearing, donning and doffing of PPE, and hand hygiene including hand washing and hand sanitisation before and after resident care. Following discussion with Health Services Executive (HSE) Public Health and completing a risk assessment on the initial outbreak information, it was decided to leave residents in their bedrooms and not cohort them, and assign designated staff to look after COVID and non-COVID residents. Two resident who shared twin bedrooms were moved to single rooms. The HSE Public Health attended the centre at the start of the outbreak to provide support and mentoring which included setting up PPE hubs and provided information regarding cleaning chemicals and cleaning practices. The HSE infection prevention and control team were scheduled on site 15th March, the day following this inspection, to provide further support to the service.

A daily listing was maintained up-to-date by nursing staff of residents regarding their COVID status, their symptoms and treatment such as oxygen therapy, steroids and antibiotics. The daily hand-over sheet completed on a 12hourly basis by day and night duty staff showed thorough information to guide individualised care which

included food and fluid intake.

New clinical waste bins were ordered the week previous to the inspection, however, the incorrect bins were delivered on Friday 11th; the provider advised that these were being replaced on the day of inspection and the inspector saw they were delivered prior to the inspection finishing. The inspector advised that additional PPE stations were necessary on corridors in close proximity to bedrooms along with appropriate facilities to store PPE off the ground.

The provider reported that Schedule 5 policies were being updated at the time of inspection, however, they remained unavailable to staff, as was identified on the last inspection.

Overall, while a rights-based approach was seen in the delivery of care, the centre was not fully prepared for a COVID-19 outbreak.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the required experience in nursing the older adult and in management, and post graduate qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate, having regard for the assessed needs of the residents, and the size and layout of the centre. The duty roster showed there was adequate staff for the week of the inspection with one nurse and three/four HCAs (two HCAs assigned to COVID positive residents) on day duty; one nurse and three HCAs on night duty. There was a chef or cook rostered daily; household cleaning staff had increased from 09:00 – 14:00hrs to include cleaning staff from 14:00hrs – 20:00hrs over seven days. The duty roster was reviewed on a daily basis with the changing COVID status of staff. To date, the provider managed the duty roster with their own staff and had not required additional agency staff. Nonetheless, the provider had contacted agencies should the need arise.

Judgment: Compliant

Regulation 21: Records

Three residents required intermittent oxygen over the weekend prior to the inspection as part of their treatment for COVID-19 infection. While they had been prescribed antibiotics, steroids and oxygen, medication administration records showed that oxygen was not signed for, nor was it entered into the administration record for signing.

Judgment: Substantially compliant

Regulation 23: Governance and management

Current governance and oversight arrangements and systems were not sufficiently robust. For example:

- lack of oversight of infection control as detailed under Regulation 27: Infection Control
- a review of risk management systems to ensure that risks were identified and managed, for example, unsecured rooms such as the clinical treatment room where items such as needles and syringes were easily accessible; the controlled drugs press was not maintained in line with professional guidelines; the door to the clinical room remained ajar as household staff used the plug socket in this room for vacuuming corridors even though there were ample plug sockets on the corridor
- lack of a system for maintenance and upkeep of the premises
- short term or specialist medications were transcribed, however, the template did not have the facility for the transcribing nurses to sign and date the document.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider reported that policies including Schedule 5 policies were being updated

at the time of inspection, however, they remained unavailable to staff as they were stored in the office of the provider; this was identified on the last inspection. Policies provide guidance to staff on the most current research-based information regarding the delivery of care to enable a safe and consistent service.

Judgment: Substantially compliant

Quality and safety

Overall, the health and nursing care needs of residents living in St Louis Nursing Home were met to a good standard. The inspector observed residents being supported throughout the inspection and this support was considerate of the needs of residents. It was person-centred, and it upheld the residents' dignity and privacy. However, this inspection found that a more proactive approach to infection control and maintenance of the premises was required.

A review of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). This included quarterly reviews of prescribed medication. Residents were supported by allied health care professionals such as physiotherapy, occupational therapy, dietician and speech and language therapy. Each resident had a comprehensive assessment and care plan. Residents' care plans detailed person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed, to assess various clinical risks, including risks of malnutrition, dehydration, choking, pressure ulceration and falls. Monthly weights were completed as part of nutritional oversight. The falls risk assessment included a post falls analysis with checks such as poly pharmacy, glasses, clothing and footwear, for example, and controls were implemented to mitigate the risk of recurrence of falls for individual residents. Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Along with the comprehensive assessment, additional assessments were in place for people with a diagnosis of dementia, and when appropriate, documentation for challenging behaviours. To provide individualised activation, assessments and care plans included 'This is Me' and 'I am Who I Am' templates with information such as the resident's life through the ages. These were written in the form of a story which told the resident's tale of their life and provided good insight to their interests. Advanced care directives had good narrative along with details of discussions with next of kin regarding care decisions made. Residents' care plans showed that an assessment and care plan 'Anxiety and Increased Risk of Challenging Behaviour and Loneliness' due to COVID-19 pandemic identified the potential of anxiety and depression secondary to isolation, with measures put in place to support the individual needs of residents, and intervention to prevent them becoming anxious, upset or down. Nonetheless, while a clinical COVID-19 assessment and care plan was available, it had not been activated for residents.

Nurses maintained a register of controlled drugs, which was checked and signed

twice daily by two nurses. Controlled drug administration logs were maintained in line with professional guidelines. However, the controlled drug press was not a locked press within a locked room in line with professional guidelines.

Medication administration charts were examined; there were separate prescription sheets for regular medications and short-term or specialist course of medicines. While the regular prescription sheet included transcription records, the short-term sheet did not, even though staff transcribed these medicines.

The inspector acknowledged that residents and staff living and working in centre were going through a difficult and challenging time with the COVID-19 outbreak. The person in charge reported that she had spoken with all the families regarding the outbreak and was in ongoing communication with them regarding their relative's status.

Personal evacuation plans were in place for all residents. Fire evacuation floor plans displayed required attention to ensure they had the required details as described in the regulations, and that they was in an accessible format.

Regulation 10: Communication difficulties

Staff were observed throughout the inspection to positively engage with residents, including residents with communication needs and assisted them in a respectful manner.

Judgment: Compliant

Regulation 11: Visits

Visiting was generally suspended at the time of inspection in line with current HPSC guidance. The person in charge explained that prior to the outbreak, visits were generally scheduled in advance, but there was flexibility in the arrangements, and short notice visits were accommodated. There was no resident receiving end-of-life care at the time of inspection, nonetheless, compassionate visits were accommodated in line with residents' assessed needs.

Judgment: Compliant

Regulation 17: Premises

The premises required painting, redecorating and refurbishment, both internally and externally as many surface were not painted or the paint was peeling off. Mould was seen along the joists to the entrance of the hoist storage area. Overall, the premises was not maintained in line with the requirements of Schedule 6 of the regulations.

Judgment: Not compliant

Regulation 18: Food and nutrition

Plated meals were seen and food was pleasantly presented and looked appetising. Residents had choice with their meals and deserts. Mid morning and mid afternoon snacks were offered to residents in their bedrooms and staff were seen to encourage residents with their meals in a respectful and kind manner.

Judgment: Compliant

Regulation 27: Infection control

While there were arrangements in place to manage infection control arrangements in the centre, some practices were not in line with the national standards as identified by the inspector including:

- the hand-wash sink and advisory signage over the hygiene hub was unclean
- there were inadequate PPE stations along corridors
- there were non-clinical bags in clinical bins
- there was no hand sanitiser within the staff facilities upstairs
- there was a lack of knowledge of cleaning solutions including dilution of chemicals, cleaning regimes and sequence of cleaning with infection in the centre
- there was a lack of the appropriate PPE while providing assistance to the chef in the kitchen; the protected zone in the kitchen was not visibly demarcated to remind staff care not to entry this area; non-kitchen staff within the protected zone in the kitchen
- sluice room was not secured; there were cleaning chemicals stored on the floor here.

Judgment: Not compliant

Regulation 28: Fire precautions

There was fire signage on walls, however, when looking down corridors, there was no alert signage indicating the location of fire exits.

There were two floor plans displayed in the centre which were quite small and did not have evacuation routes detailed in them. They were not orientated to reflect their relative position in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While a clinical COVID-19 assessment and care plan was available, it had not been activated for each resident to help prepare for the possibility of the infection. The care plans were not activated to direct care for residents to ensure their individual needs were met.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to general practitioners and regular reviews took place. Residents' documentation showed referrals to allied health care such as dietician, occupation therapy, speech and language therapy, dentist and ophthalmology and associated reports, support and guidance to facilitate best outcomes for residents. There was evidence of good wound care management practices in the sample notes examined.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there were two assessments available relating to bed-rails, neither were completed comprehensively. The first was the 'bed-rail assessment' where three questions remained unanswered, and the risk balance tool to determine whether the bed-rail could or should be in place, was not completed. The second template the 'Bed-rail Risk Assessment' was completed once on February 2021 and not completed since that date. While there was good detail in the narrative regarding the rationale for the decision to implement bed-rails, it was not based on the risk being assessed for the individual resident. As the resident was unable to give consent due to their

cognitive status, consent was sought from the next of kin which was not in keeping with legislation.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff positively engaged with residents and provided care in a respectful and kind manner. Most residents remained in their rooms during the inspection for isolation purposes and staff chatted with them throughout the day and provided assistance in a respectful manner.

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 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Not 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 | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0036493

Date of inspection: 14/03/2022

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: We will ensure accurate records for medicines management are kept. The records will be complete, legible, up-to-date, dated and signed to show who has made each record.</p> <p>For residents prescribed oxygen we will ensure that the oxygen is entered on the administration record for signing and signed for.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: New template in place for short term or specialist medications so it has the facility for the transcribing nurses to sign and date.</p> <p>Coded lock to be placed on clinical room door. Cleaner has been instructed to use sockets on the corridor. Controlled drugs press will be maintained in line with professional guidelines A maintenance program has been implemented to promote the upkeep of the premises, which had stalled during Covid 19 restrictions.</p> | |

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| Regulation 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Schedule 5 policies have been updated and policy manuals will be kept at the nurses station. The policies are also been condensed into a smaller user friendly booklet and each staff member will get a copy.</p> | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting and decorating and the general upkeep of the premises is a continual process .Work is in progress.Carpenter will replace grabrails and gardener is attending monthly to keep the outside area in order.</p> | |
| Regulation 27: Infection control | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>PPE stations placed at intervals along corridors.</p> <p>All signage cleaned by cleaner and placed on the cleaning schedule.</p> <p>Yellow clinical bags in clinical bins only.</p> <p>Hand sanitiser now in staff facilities upstairs.</p> <p>Cleaning staff to attend training course on chemicals to improve their knowledge on cleaning solutions and cleaning with infection in the Home.</p> <p>Appropriate PPE provided to staff providing assistance to the chef.</p> <p>Non kitchen staff not allowed to enter the protected zone in the kitchen which will be visibly demarcated</p> <p>Secure lock on sluice room and shelf to be erected to store chemicals.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> | |

New alert signage indicating the location of fire exits will be placed in centre of corridors. floor plans displayed to be enlarged and they will have evacuation routes detailed on them. They will be orientated to reflect the position in the Home.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
COVID-19 and infection care plans placed in all residents files ready for activation to ensure the individual needs of each resident are met.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Resident involvement on bed rail / restraint use will be written and all attempts made to engage with the resident to gain their consent. Bed rail / restraint use will be reassessed regularly along with quarterly reviews by the GP and resident.

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. | Not Compliant | Orange | 30/06/2022 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 20/03/2022 |
| 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 | Substantially Compliant | Yellow | 10/02/2022 |

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| | effectively monitored. | | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Not Compliant | Orange | 31/03/2022 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | Substantially Compliant | Yellow | 28/07/2022 |
| Regulation 04(2) | The registered provider shall make the written policies and procedures | Substantially Compliant | Yellow | 31/05/2022 |

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| | referred to in paragraph (1) available to staff. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 04/04/2022 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 11/04/2022 |