



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

## Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	13 January 2021
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0031668

## About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility.

The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

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

Number of residents on the date of inspection:	36
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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
Wednesday 13 January 2021	10:00hrs to 17:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that this was a nice place to live and staff were found to be kind and caring. The inspector met with a large number of residents present on the day of the inspection and spoke in more detail with approximately four residents.

The inspector arrived to the centre unannounced in the morning and the staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. The process included a signing in process, hand hygiene, face covering, and temperature check. Following an opening meeting the person in charge accompanied the inspector on a tour of the premises where the inspector met and spoke with residents in their bedrooms and in the various day rooms.

Residents confirmed to the inspector that they felt safe in the centre and that they were satisfied with their living arrangements. They all praised the staff and commented that they were kind and caring. The number of complaints in the centre was very low.

Most residents spent their day in the sitting rooms and were free to move about the centre. Residents sat side by side and it was evident that they were not conscious of the need to socially distance or to limit the number of residents with whom they should have contact. While residents naturally migrated to sit in the same chair each day and beside the same residents, naturally forming pods, the process could be improved by arranging furniture in a manner to allow distance between the various pods. Most residents had their meals in the dining room but those residents that wished to eat in their bedroom could do so.

Some residents commented on the increased cases of the COVID-19 virus in the community and stated that these were worrying times. They understood the importance of restricting visits and mentioned that they felt that the staff were doing their very best to keep them safe. One resident commented on the fact that they hadn't left the centre since March 2020 and they missed going out.

The inspector observed communication between staff and residents and found that their interactions were person-centred and respectful. The inspector found that staff knew the residents well and the atmosphere in the centre was relaxed and good-spirited. Residents looked comfortable, neatly dressed and well-groomed. Staff were seen to respect residents' rights, including their right to privacy and choice. Staff were observed assisting the residents in a kind manner and ensuring their dignity was maintained at all times. Residents were very complimentary about the food they received in the centre.

Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre. One resident commented on the poor

WiFi and the need for him to provide his own internet access as it wasn't possible to access the WiFi from his bedroom.

Residents were very complimentary about the activity co-ordinator and residents were seen to enthusiastically participate in activities.

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 conducted over one day to monitor compliance with the regulations. The registered provider had submitted an application to renew the registration of the centre and this inspection would also support the decision-making process for that application.

The registered provider of this centre is Elder Nursing Homes Ltd. but the centre is operated by the Mowlam Group and falls under that management structure. There was a clearly defined management structure in place, with clear lines of authority and accountability. The centre was managed on a daily basis by a director of nursing. While the director of nursing is an experienced nurse and has obtained the required management qualifications, she does not have the three years management experience required by the regulations. A new director of nursing has been appointed but had not commenced in the role on the date of this inspection. The role of clinical nurse manager was vacant on the date of this inspection and it is anticipated that the current director of nursing will occupy this post.

The director of nursing is supported by a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The director of nursing confirmed that she received appropriate support from a Regional Healthcare Manager who attends the centre on two to three days each week but is also in regular communication on the other days.

Staff were observed to be caring and interacted with residents in a manner that demonstrated compassion and respect.

The inspector acknowledged that residents and staff living and working in centre were going through a challenging time and they have been successful to date in keeping an outbreak of COVID-19 from the centre. Regular swab tests had confirmed all staff to be negative for COVID-19 and required precautions were in place to prevent infection. There was a preparedness plan in place in the event of an outbreak. The inspector was informed that the centre was divided into two for operational purposes with designated staff identified to care for residents on each

side. This was not two distinct nurse led teams and there was some crossover of staff from one side to the other. The provider, however, stated that staff were rostered on shifts in a manner that meant there were two distinct teams of staff working on different days of the week. This would minimise the number of contacts should a staff member test positive. There was a need to review plans for isolating residents should a resident in one of the seven twin bedded rooms test positive for the virus. the centre was at full occupancy and a bedroom had not been set aside for this purpose.

There was a comprehensive programme of training, and improvements were acknowledged since the previous inspection. All staff had attended up-to-date training in mandatory areas, such as manual handling, safeguarding vulnerable adults, responsive behaviors and fire safety. Additional training had been provided to staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE), in response to the COVID-19 pandemic.

Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All notifications required to be submitted to the Office of the Chief Inspector were submitted, within the required time frame. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner.

The annual audit schedule indicated regular audits were taking place and issues identified for improvement through the audit process were addressed. Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. A review of the policies indicated they were reviewed regularly. Amendments to policies in accordance with updated guidance relating to COVID-19 were detailed in a COVID-19 reference folder.

#### Regulation 14: Persons in charge

While there was an experienced nurse in the role of director of nursing, the person did not have the required managerial experience specified in the regulations for the role of person in charge. A notification was received confirming the recruitment of a person with the qualifications and experience required, this person had not commenced in the role on the day of the inspection.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. There were 36 residents residing in

the centre on the days of the inspection.

The inspector found good levels of supervision in communal areas throughout the inspection. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

For operational purposes the centre was divided into two sides, Side A and Side B. Staff area assigned to care for residents on one side each day but on occasion staff on one side will provide care to residents on the other side. Staff are also segregated according to the days of the week that they work. There are two teams of staff that do not usually work on the same days of the week.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix revealed that staff had undertaken mandatory training in areas such as safeguarding residents from abuse, manual handling, fire safety and responsive behaviour.

Relevant training in relation to infection control, required during the pandemic, had been delivered to staff. For example, staff had attended training on the use of PPE (personal protective equipment), hand-washing techniques and recognising the typical and atypical symptoms of COVID-19. Staff were seen to follow hand-washing guidelines and to wear the required level of PPE when engaging with residents.

Staff were kept up to date with latest developments and guidance in relation to COVID-19 at staff handover in the morning. There was also a safety pause each day at approximately 12 noon to discuss any issues with residents identified through the provision of personal care throughout the morning.

Judgment: Compliant

### Regulation 23: Governance and management

The centre is operated as part of the Mowlam Group of nursing homes. There was a clearly defined management structure that identified the lines of authority and accountability that extends from staff within the centre to the Chief Executive Officer. Governance arrangements and reporting structures were in place with roles and responsibilities clearly defined.

The director of nursing reports to a regional manager. The regional manager is present in the centre on a number of days each week and is also in daily contact via

telephone and email. While the director of nursing was an experienced nurse, she did not meet the regulations in terms of the number of years experience required in a management position to be appointed to the role of person in charge. A new person in charge had been recruited but had not yet commenced in the role. Additionally the post of clinical nurse manager was vacant on the date of the inspection.

Systems were in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected monthly and information gathered was used to improve quality care.

There was a comprehensive COVID-19 contingency plan in place, and to date no residents had contracted the virus. The contingency plan, however, did not adequately take into consideration that fourteen residents were accommodated in seven twin bedrooms and the centre was running at full occupancy. This limited the options available for isolating residents should a resident in one of the twin bedrooms test positive for the virus. Staff facilities were poor and are wholly inadequate in terms of space and cleanliness. In addition, adequate consideration had not been given to the need for separate facilities for staff caring for residents that test positive for COVID-19 in the event of an outbreak.

The annual audit schedule indicated that regular audits were taking place, and issues identified for improvement through the audit process were addressed.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a policy in place to manage complaints, and residents reported that they knew who to complain to if they needed to and were supported to do so. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements.

The inspector reviewed a sample of the recently logged complaints and found that overall they were well managed. Records indicated that complaints were investigated and the satisfaction, or otherwise, of the complainant was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were

available in the centre. These were reviewed recently and adapted accordingly to reflect changes in practices due to COVID-19.

Judgment: Compliant

## Quality and safety

Residents living in the centre confirmed to the inspector that they had a good quality of life and were complimentary of the care provided by staff. As found on previous inspections, many of the residents could self-advocate and had a significant degree of independence and control over their daily routine. Some improvements were required in relation to infection prevention and control and in care plan records.

Residents' healthcare needs were met to a good standard. There were three main GP practices providing medical cover to the centre. This was predominantly provided remotely during the pandemic but on-site visits for assessments and review were conducted when clinically indicated. Residents were assessed on admission using evidence based assessment tools and care plans were developed based on these assessments. While care plans were reviewed regularly and updated based on these reviews, some of the information in the care plans contained conflicting information as a result of out-of-date information not being removed. This could be confusing for staff that may not be familiar with the residents.

Allied health and specialist services were accessible remotely and there was evidence of referral and review. Advice from these professionals was incorporated in residents' care plans.

While the centre was generally bright, clean and in a good state of repair, improvements were required. An additional bathroom had been put in place since the previous inspection in response to findings on that inspection that there were insufficient sanitary facilities for the number of residents living in the centre. As found on previous inspections, storage space was an issue. Linen skips, when not in use, were stored in bathrooms. A chair scales was observed to be stored in a doorway leading to a linen store. An unused mattress and activity equipment were stored in staff changing rooms.

Improvements were required in relation to infection prevention and control. One of the bathrooms required attention as it was not clean and was used for drying residents laundry. There were also hoist slings store here that were not identified for use by an individual resident.

Issues identified for improvement in relation to fire safety at the last inspection had been addressed. Smoke and heat seals on fire doors were in good condition. Fire drills were conducted regularly and the drills included simulation of night time

scenario.

There was a programme of activities that was led by an activity coordinator. Residents were seen to be enthusiastically participating in activities on the days of the inspection. Residents were complimentary of staff and stated that they were responsive to their needs. there was a need to enhance WiFi coverage as it was not widely available throughout the centre.

### Regulation 26: Risk management

There was a risk management policy and associated risk register. The risk register had been updated to reflect COVID-19 pandemic, which featured as a high-rated risk on the risk register. The risk register included hazards and control measures to mitigate risks identified.

There were arrangements in place for the identification, recording and learning from serious incidents or adverse events involving residents. Residents had personal emergency evacuation plans to facilitate a safe evacuation should the need arise.

Judgment: Compliant

### Regulation 27: Infection control

There was systems in place for on-going monitoring of residents identify signs or symptoms of COVID-19. Staff who spoke with the inspector were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

There was appropriate infection prevention and control signs on display around the centre. Isolation areas were well signposted for staff entering this area. Residents were observed to be sitting side by side in the sitting room and in the dining room at meal times. While most residents sat in the same area of the sitting room each day and sat beside the same resident each day, there was a need to put in place a systematic approach to developing pods for residents so that, should a resident test positive, their close contacts would be easily identifiable and to minimise the number of residents considered to be close contacts. This was also true for the dining room and the pods developed for the sitting rooms should be used for dining purposes.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. There was good compliance with the recommended use of PPE observed by the inspector. Hand hygiene practice was observed to be good on the day of inspection.

While there were good cleaning processes in place which was documented in cleaning sign-off sheets and the centre was generally clean, some improvements were required and these are outlined in the list below. Staff who spoke with inspectors were knowledgeable of their roles and responsibilities regarding cleaning and decontamination of environmental and resident equipment.

Other findings on the day of inspection identified the following areas that required review and strengthening, these include the following:

- one bathroom did not appear to be part of the cleaning protocol and was visibly unclean with debris noted in the bathtub
- there was an empty urine bottle stored on top of a bathtub
- while it was identified for the inspector that each resident had a designated hoist sling, there were hoist slings store on hooks in the bathroom in an inappropriate manner and were not identified for use for any particular resident
- residents jumpers were drying on hangers in the bathroom
- a large waste bin in the bathroom was mis-labelled as infectious waste
- the large clinical waste bin stored in the yard was not locked and was not in an area secured from public access. Clinical waste bags were stored on the ground beside the bin as it was full
- staff temperatures were recorded once daily as opposed to the recommended two times
- staff facilities were in a temporary structure to the rear of the centre. They were inadequate and would not be suitable in the event of an outbreak due to their size and the need for separate facilities for staff caring for residents that tested positive. In addition:
  - the staff changing rooms were not clean and were used to store a variety of items such as activity equipment, incontinence wear, a mattress, and walking aids
  - the staff dining room was not suitable for staff to spend time as it was not clean and was cold.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed using evidence based assessment tools. Care plans were developed using these assessments as a baseline and were updated at a minimum of every four months but more frequently if there were changes in the resident's condition. Care plans were personalised and detailed and provided good guidance on the care to be delivered. However, when care plans were updated, previous guidance was not archived and some care plans contained conflicting information. Therefore it would be difficult for staff, particularly staff that may not have cared for the resident previously, to identify what was current

guidance and what was historical.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents received a high standard of evidence-based nursing care with the support of medical and allied health staff. Residents were predominantly under the care of GPs from three practices. While most reviews were conducted remotely during the pandemic, nursing staff confirmed that where an on-site visit was required, GPs visited the centre.

Residents were referred for external medical reviews when needed, for example, gerontology, Psychiatry of Old Age or Palliative services as required.

A physiotherapist visited the centre on a weekly basis and residents had access to dietetics and speech and language therapy remotely, as required. All residents who communicated with the inspector confirmed that they were satisfied with how their healthcare needs were met.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of on-going consultation with residents and their representatives. There was an adequate system in place for residents and relatives to maintain contact and for relatives to be updated should the status of any resident change. There were electronic tablets for use by residents to video call their relatives. While there was WiFi in the centre, coverage was limited and all residents that wished to use their own devices could not connect to the WiFi from their bedrooms.

There was a programme of activities and residents were observed to enthusiastically participate in activities on the day of the inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0031668

Date of inspection: 13/01/2021

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Clinical Nurse Manager (CNM) has taken charge of the nursing home while the new Director of Nursing has been waiting to take up the position of Person in Charge. The CNM is very familiar with the home, the staff and knows all the residents and their families well. The CNM is supported in the interim role of PIC by the regional Healthcare Manager, who provides supervision, advice and guidance as required.</p> <p>The newly appointed Person in Charge (PIC) has commenced in post on 25/01/2021. The PIC has the required managerial experience specified in the regulations for the role of Person in Charge.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the time of inspection, the management structure in the nursing home has been strengthened. The new PIC commenced in post on 25/01/21. The experienced nurse who was in post pending the start of the new PIC has reverted to the original role of Clinical Nurse Manager and will deputise for the PIC as required.</p> <p>The new PIC has the required post registration management qualification and experience needed for the role.</p> <p>To prepare the centre, in line with the COVID-19 contingency plan, should a resident in one of the twin bedrooms test positive for the virus, it has been agreed with the occupants of two single ensuite rooms in the identified isolation area that they would</p>	

temporarily transfer to a shared room if requested to do so by the PIC, in order to facilitate an appropriate isolation area in the nursing home. There is a separate entrance from the exterior to these rooms.

Regulation 27: Infection control

Not Compliant

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

Since the time of inspection, we have implemented a system where residents maintain their usual seating habits in the communal areas, and this has facilitated them being identified in pods while in the Sitting Room and Dining Room each day. This is to ensure that, should a resident test positive for COVID-19, their close contacts can be identified immediately to reduce the spread of the virus in the centre. A list of all residents' names for each pod are logged and maintained in the centre for immediate access. These pods are also discussed at the daily Safety Pause and residents themselves are familiar with their own designated seating areas and are aware that these seating plans will offer some protection in the event of anyone testing positive for Covid-19 in the nursing home.

The cleaning schedule/cleaning sign-off sheets have been updated to ensure that all bathrooms are included and checked. The bathroom at the time of inspection was immediately cleaned and the empty urine bottle stored appropriately.

- Individual Hoist Slings are now being stored correctly. The excess stock of slings has been removed.
- All personal laundry is outsourced.
- There is appropriate wall signage sign to reflect the location of general waste storage and disposal.
- The large external clinical waste bin is now locked and stored in a secure waste storage area, not accessible by the public. The clinical waste disposal company has increased the number of waste collection days from the nursing home to ensure that the bin does not reach maximum capacity, eliminating the issue of clinical waste bags being stored on the ground beside the bin.
- Staff temperatures are now recorded twice daily in accordance with the nursing home policy on infection prevention and control. Documentation of these recordings are monitored by the PIC to ensure consistency of twice daily checks.
- We plan to upgrade the current Staff facilities.
- The staff changing rooms were immediately cleaned on the day of the inspection, and items that were stored there were removed; some items have been disposed and the

remainder is stored in the appropriate rooms/areas.

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:

Care Plans have been reviewed by the Person in Charge and Clinical Nurse Manager: Staff Nurses have been trained in how to ensure that historical information is archived and that the care plans contain current information that will inform and guide care and practice, based on the individual resident's assessed care needs.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Wi-Fi throughout the centre has been reviewed and an internet booster will be installed to improve the wi-fi signal.

## 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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Substantially Compliant	Yellow	25/01/2021
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	31/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Not Compliant	Orange	30/06/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by 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	31/03/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/06/2021