



**Health  
Information  
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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:	Ballinderry Nursing Home
Name of provider:	Ballinderry Nursing Home Limited
Address of centre:	Kilconnell, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	12 May 2021
Centre ID:	OSV-0000318
Fieldwork ID:	MON-0032968

## About the designated centre

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

Ballinderry Nursing Home is located in a rural setting, a short drive from the village of Kilconnell and 13 kilometres from the town of Ballinasloe. It is a single storey over basement purpose built premises that is registered to accommodate 44 residents. The centre provides continuing care, convalescent and respite care to residents primarily over 65 years who may have low to maximum care needs. Residents have a choice of areas where they can spend time during the day. There are several sitting rooms, a dining room and outdoor garden space available for use by residents. Bedroom accommodation consists of 14 single and 15 double rooms. The centre aims to provide a quality of life for residents that is appropriate to their care needs and is stimulating and meaningful.

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

Number of residents on the date of inspection:	39
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 12 May 2021	09:30hrs to 17:00hrs	Mary Costelloe	Lead

## **What residents told us and what inspectors observed**

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that staff could not have been better at keeping them up-to-date regarding the restrictions and the COVID-19 pandemic. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

The observation and interaction between residents and staff was positive, engaging, patient and kind. Staff had strived to ensure that the normal routines and schedules of the centre had been disrupted as little as possible while trying to maintain social distancing in line with public health guidelines. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

On the morning of inspection, some residents were up and about, some were relaxing in the main reception area, others were viewing mass on the large screen televisions in the two main day rooms, some were reading the daily newspapers which were delivered each morning, others were having breakfast in the dining room and some were being served breakfast in their bedrooms. Residents spoken with told the inspector how they enjoyed viewing the daily mass on television and keeping up to date with news items in the daily newspapers.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator on duty who was seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed a range of activities including arts and crafts, word games, bingo, reminiscence, gardening, music and sing songs. They told the inspector how they particularly enjoyed the regular weekly live music sessions.

During the afternoon, the inspector observed residents enjoying and partaking in a gardening activity. Residents were supported to plant summer flowers in colourful containers. This activity stimulated a lively chat about gardening, flowers, the weather and past gardening interests.

Residents spoke of their delight that visits to the centre had been eased in line with

government guidance. While visits to the centre had been taking place in specifically designed and covered visiting pods which allowed outdoor visits to take place in shelter, visits were now taking place indoors. Residents could now meet with their visitors in a large bright conservatory which had its own separate entrance from outside the building. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled.

Residents had access to the enclosed garden areas, the doors to the garden areas were open. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. Some residents told the inspector how they enjoyed having a variety of fresh fruits and berries with yogurt for breakfast. The inspector observed that a variety of snacks and drinks were offered between meals times which included home baked breads and cakes. The inspector noted that modified diets were attractively presented. Residents were appropriately supported at mealtimes to eat at their own pace and were served in accordance with their choices. Residents mentioned how they could get what ever they liked, all they had to do was ask.

The building is a purpose built single storey nursing home. It was found to be warm, comfortably decorated and visibly clean. Residents were accommodated 14 single and 15 twin bedrooms. Some bedrooms had en suite toilet and shower facilities. There was an adequate number of toilets, assisted showers and a specialised bath for residents. There was a variety of communal day spaces including day rooms, dining rooms, conservatory, large reception area, smoking room and oratory. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about as they wished within the centre.

While the inspector noted that the centre provided a homely environment for residents, some improvements were required in respect of the premises and infection prevention and control. For example, some surfaces and finishes including torn and worn floor covering, some bedside lockers and chairs were poorly maintained and as such did not facilitate effective cleaning. There were no clinical hand wash facilities for staff provided in easily accessible locations on the bedroom corridors. The inspector saw that there were hand sanitizers at the entrance to the centre on the corridors and in the communal areas, these were seen to be used throughout the inspection by residents and staff. The inspector saw that systems were in place for the safe return of laundered personal clothing to residents.

Residents spoken with told the inspector how they liked their bedrooms as they were bright, clean and comfortable. The inspector observed that there were televisions in bedrooms and many residents had personalised their bedrooms with

their own family photographs, ornaments and plants.

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 inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on non-compliance's identified at the last inspection
- to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Ballinderry Nursing Home Ltd. It is a family run business with family members having key roles in the management and oversight of the business. The registered provider representative and another director of the company who is the operations manager are involved in the day to day operation of the centre.

There was a full-time person in charge who was supported in her role by the assistant director of nursing, administrator and other staff members including nurses, carers, activities coordinator, housekeeping, catering and maintenance staff. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

The management team met each other, residents and staff on a daily basis. The team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

Some of the issues identified at the last inspection dated April 2019 had been addressed however, urgent action was required in relation to some aspects of fire safety management. Following the inspection an urgent compliance plan letter was issued to the provider in relation to these issues which are discussed further under Regulation 28: Fire precautions. The compliance plan was responded to within the required time frame.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents. There were normally two nurses and six care staff on duty during the day time and one nurse and two care staff on duty at night time, however, shortfalls in staffing were observed on the rosters for both weekends following the inspection when the number of care staff was less than the daily allocation. Staffing rosters and documents required by the regulations in relation to staff required review. This is discussed further under Regulation 21: Records and Regulation 15: Staffing.

There was a training schedule in place and training was scheduled on an on-going basis. The person in charge advised that all staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Staff spoken with confirmed that they had received training. However, there was no training matrix and many training certificates were not available, therefore, the inspector could not accurately determine how many staff had completed mandatory training. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing personal protective equipment (PPE) in line with the national guidelines.

The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements. Recent audits had been completed in medicines management, hand hygiene, management of laundry and the annual review had been completed for 2020 identifying quality improvements completed.

The provider continued to consult with residents. While formal residents committee meetings had not recently taken place, the management team met with residents on a daily basis. Residents spoken with confirmed that they could raise any issues of concern and ask for anything they wanted.

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

## Regulation 15: Staffing

The weekend staffing rosters required review to ensure that the number and skill mix of staff was appropriate having regard to the assessed needs of residents. While the staffing numbers and skill mix were appropriate to meet the support requirements of residents on the day of inspection, shortfalls in staffing were observed on the rosters for both weekends following the inspection when the number of care staff was less than the weekday allocation.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

There was no training matrix and training certificates were not always available to evidence that training had been completed, therefore, the inspector could not accurately determine how many staff had completed mandatory training.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

Issues identified during the last inspection had been addressed, however, the address for the next of kin was not always recorded.

Judgment: Substantially compliant

## Regulation 21: Records

Some records as required by the regulations were not available.

- Files of recently recruited staff members were reviewed. Two written references, evidence of the persons identity and details of accredited training certificates were not available in some files reviewed.
- There was no training matrix and training certificates were not always available to evidence that training had been completed.
- The duty roster did not include the full names of staff, the specific roles of staff and did not identify the nurse in charge on all shifts.
- The address of the residents next of kin was not always recorded in the directory of residents.
- DNR (Do not resuscitate) orders were not always clearly documented ( some documentation reviewed did not indicate how the decision was made, date of decision, rationale for it and who was involved in the decision).

Judgment: Not compliant

## Regulation 23: Governance and management

Improvements were required to ensure effective oversight of fire safety management, care planning documentation, infection control, staff training, staffing rosters and records required by the regulations. Some of the issues relating to fire

safety management had been previously brought to the attention of the provider at the last inspection.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

Issues identified at the last inspection had been addressed, contracts of care reviewed had the room numbers included.

Judgment: Compliant

#### Regulation 3: Statement of purpose

The statement of purpose had been updated following the last inspection to include the information required by the regulations.

Judgment: Compliant

#### Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in a prominent location in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

## Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Residents' lives had been impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. There were no religious ceremonies taking place in-house and visiting restrictions in line with public health guidance were in place.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. 'Key to me' life stories were in place for residents which outlined their individual preferences and interests. There was a range of activities taking place including regular visits from musicians and singers.

There were no restrictions on residents' movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events.

While all staff and residents had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. However, care planning documentation required review, care plans did not always provide clear guidance on the care needs of residents. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always reflected in the nursing documentation. This is discussed further under Regulation 5: Individual assessment and care plan.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them.

While the management team had taken measures to safeguard residents from being harmed or suffering abuse, improvements were required to ensure additional safeguards were put in place to protect residents finances. This is discussed under Regulation 8: Protection. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case. Staff spoken with confirmed that they had received training in the protection

of vulnerable people.

The centre normally operated an open visiting policy but due to the Covid-19 pandemic visiting restrictions were in place in accordance with national guidance. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

Further oversight and urgent action was required in relation to some aspects of fire safety management as previously discussed under the capacity and capability section of the report. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced and fire exits were observed to be free of obstructions. Staff had received fire safety training including the safe evacuation of a resident, however, there was no recorded evidence of simulated full compartment evacuation drills conducted to take account of staffing levels and residents evacuation requirements. Further improvements required to fire safety management are discussed under Regulation 28: Fire precautions. Following the inspection an urgent compliance plan letter was issued to the provider. The provider was also requested to submit details of fire drill records simulating full compartment evacuation and a fire risk assessment completed by a fire safety engineer.

The building was purpose built and single storey in design. Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. Bedroom accommodation was provided in 14 single and 15 twin bedrooms. Some bedrooms had en suite toilet and shower facilities. While the building and equipment used by residents was found to be visibly clean, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. These are discussed further under regulation 27: Infection prevention and control.

The inspector noted that there were ample supplies of personal protective equipment (PPE) available, staff spoken with confirmed that they had completed training in infection prevention and control and hand hygiene. Staff were observed to be wearing surgical face masks as per the relevant guidance.

## Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had restricted visiting in accordance with national guidance.

Visiting was now being facilitated in line with the latest guidance COVID-19

Guidance on visitation to residential care facilities to reflect the importance of visiting for residents

Visits were being facilitated by appointment in the designated visiting area which had direct access from outdoors. Visits were facilitated seven days a week. Some residents met with visitors outdoors when the weather permitted. Residents spoken with stated that they were happy with the current arrangements. The person in charge advised the inspector that visiting arrangements would be kept under review and risk assessed appropriately.

Judgment: Compliant

### Regulation 17: Premises

While there was an on-going programme of maintenance taking place, the following areas were identified as requiring repair and maintenance.

- The floor covering to a number of bedrooms was torn and defective and required replacement.
- Some wooden surfaces such as bedside lockers were worn and defective.
- The coverings to some chairs used by residents were worn and torn.
- A covering to a chair used by staff was also torn and ripped.
- A waste outlet gulley from one of the shower rooms was rusted and required replacement.

Judgment: Substantially compliant

### Regulation 27: Infection control

A number of barriers to effective infection prevention and control were identified on the day of inspection.

For example;

- Systems in place for the storage, segregation and flow of soiled and clean bed linen, towels and personal clothing in the laundry room required review in order to reduce the risk of cross infection.
- There was a limited number of dedicated clinical hand wash sinks in the centre.
- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Urgent action was required in relation to the following fire safety issues which posed risk to residents.

- There was no recorded evidence of simulated full compartment evacuation drills conducted to take account of staffing levels and residents evacuation requirements.
- The personal evacuation plans of residents were not readily accessible to staff in the event of an emergency such as fire.
- The double fire doors to the corridor located beside bedroom 18 required review. The inspector was not assured about the effectiveness of fire containment which could result in uncontrolled fire and smoke spread. There were gaps noted between the fire doors when closed and the smoke brush had been painted over.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and noted many inconsistencies in the care planning documentation. Care plans did not always reflect the care, knowledge and good practices described by nursing staff.

- Care plans were not in place for all identified issues.
- Care plans were not always informative and person centered and therefore did not guide the care of the resident.
- Risk assessments were not always being used to inform the care plans. Some residents risk assessed as being at high risk of falls, at high risk of developing pressure ulcers and nutritionally at risk did not have corresponding care plans in place. This posed a risk to some residents as specific care interventions required were not documented to inform their care.
- There was no care plan in place to guide the care for a resident who presented with responsive behaviour. There was no mention in care plans reviewed of recent episodes of responsive behaviour, de-escalation techniques used and described by staff.
- There was no system in place to record evidence of the involvement of the resident and or their relative in the development and review of care plans.

Judgment: Not compliant

## Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics and physiotherapy. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Judgment: Compliant

## Regulation 8: Protection

Additional safeguards were required to ensure that all pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines to enhance the protection of residents money.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

'Key to me' assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Residents could partake in a variety of activities. Local musicians visited and entertained residents and staff also entertained residents with a live music session on a weekly basis. Details of access to advocacy services were displayed for residents.

Residents' religious rights continued to be facilitated during the pandemic. While the local priest had not celebrated Mass in the centre since the start of the pandemic, residents were facilitated to view religious ceremonies on the televisions. Residents were supported to recite the Rosary and receive Holy Communion. There was a small oratory provided where residents could spend time in quiet reflective prayer.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballinderry Nursing Home

## OSV-0000318

**Inspection ID: MON-0032968**

**Date of inspection: 12/05/2021**

### **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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to become compliant with Regulation 15;Staffing, two new staff members have been recruited to ensure that there are six care staff on duty on all days.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:  In order to become compliant with Regulation 16;Training and Staff Development all staff training certificates have been obtained and all information relating to same entered on the system "Strategic Thinking" so that a Training Matrix can be generated showing training due and training completed.Completed 11/06/2021	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents:  Directory of residents:In order to become compliant with Regulation 19;Directory of residents all addresses of the next of kin for each resident have been entered in the register. Completed 09/06/2021	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>In order to become compliant with Regulation 21;Records , all staff with items missing from their required documentation have been notified of same and requested to supply same without delay. All outstanding training certificates have been obtained and are now onfile in each staff members file. All training completed has been entered onto the system "Strategic Thinking" and a training matrix can be viewed or printed off.The duty roster has been amended to include the full name, job role and to identify the nurse in charge on all shifts.The residents directory has been reviewed and updated to ensure all next of kin addresses are included. The DNR status of residents is to be documented in the Advanced care directive of Epic care and a printed form signed by GP, this is being reviewed in conjunction with the residents GP and is to be completed by 30/06/2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to become compliant with Regulation 23;Governance and management fire safety in the home has been reviewed, a full compartment evacuation simulation is being carried out on a monthly basis.Care planning documentation has been reviewed and updated and an audit of same will be carried out three monthly.Monthly training and demonstration of effective handwashing has been commenced and same recorded.All staff training is recorded on the system"Strategic Thinking" to enable a training matrix to be viewed or printed.Rosters now include full name and job role, Nurse in charge on shift. Residents register now includes address for every next of kin.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In order to become compliant with Regulation 17;Premises Floor covering for 9 rooms has been ordered and is due to be fitted on 18/06/2021.Eight new bedside lockers have</p>	

been purchased and are due for delivery on 17/06/2021. Chairs that were torn , have been disposed of. Outlet cover replaced in shower room. To be completed by 21/06/2021.

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: In order to become compliant with Regulation 27; Infection Control the layout of the laundry room is under review. A plumber has been contacted with a view to moving the washing machine and Dryer to allow a clean flow of linen. Defective and torn items have been disposed of (completed). Expected date of completion of reorganisation of laundry room 30/07/2021	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire precautions: In order to come into compliance with regulation 28, fire precautions , the fire door on the east wing has been reviewed. The fire brushes have been replaced and the hinge and door release have been adjusted to ensure there is no gap. The resident personal evacuation plan has been reprinted for each individual resident and placed inside the wardrobe in each residents room, in addition to a copy of the plan in the red fire book in the reception under the fire alarm panel. Whole compartment evacuation simulations have been completed and will continue to be carried out monthly to ensure all staff are familiar with the process and to identify any possible improvements that can be made. A fire risk assessment is to be carried out by a fire engineer , contact has been made and we awaiting a date for same. Risk assessment will be forwarded as soon as completed.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

In order to become compliant with Regulation 5;Individual assessment and care plan ,every resident care plan and assessments are being reviewed and updated to better reflect the care given. In relation to the resident who presented with responsive behaviour , the residents care plan has now been updated to include the episodes of responsive behaviour and the de-escalation techniques used by staff. Care plans are being printed to allow for signature of resident/next of kin,to record their involvement in the process. To be completed by 30/06/2021.

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: In order to become compliant with Regulation 8;Protection ,the Proprietor is in ongoing discussion with the banking facilities with a view to setting up a more suitable account for residents who's pensions are paid directly to the nursing home.To be completed by 30/06/2021.	

## **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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	14/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	11/06/2021
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	21/06/2021
Regulation 19(3)	The directory shall	Substantially	Yellow	09/06/2021

	include the information specified in paragraph (3) of Schedule 3.	Compliant		
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.	Not Compliant	Orange	30/06/2021
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.	Not Compliant	Orange	14/06/2021
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.	Substantially Compliant	Yellow	30/07/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	17/05/2021

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	17/05/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/06/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2021