



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

Issued by the Chief Inspector

Name of designated centre:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	17 November 2020
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0031114

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Ballinahalla, Moycullen, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is single storey in design and accommodates up to 53 residents. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 November 2020	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

Throughout the day of this inspection, the majority of residents were observed to be up and about, relaxing in a variety of communal sitting areas, having their meals in the dining room, some walking independently about the centre and coming and going as they wished from their bedrooms. A small number of residents choose to remain in their bedrooms.

Residents spoke positively about the care and service provided and commented that they were comfortable and content living in the centre.

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. Residents appeared relaxed and content in the company of staff.

Staff were observed to be attentive to residents needs, they knew the residents well and engaged in meaningful conversations of interest and relevance to individual residents. The inspector noted that some staff conversed with residents in their native Irish language while a communication note pad was used to write notes to a resident who had difficulty with hearing.

During the day of inspection, some residents were observed reading the daily newspapers, some listening to their preferred music, many viewed the daily mass which was relayed on the large television screen in the main dayroom, others were observed knitting, doing embroidery and art and crafts. Residents commented that they enjoyed the variety of activities taking place but some mentioned that they missed the visiting musicians.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The inspector observed that residents were offered a choice at mealtimes and menus outlining a variety of options were displayed. Home made soups and home baking was offered to residents during the inspection.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. The inspector observed that there was a variety of daily newspapers provided for residents. Residents spoken with confirmed that they had been supported to remain in contact with their families throughout the pandemic by phone and by other social media applications.

While visiting had again been restricted in line with national guidance, visits to residents were considered on compassionate grounds and on an individual basis following risk assessment. During the inspection, some residents were observed

receiving window visits from family members and another resident received visitors in the designated indoor visiting room which was accessible directly from outside the building.

Residents had access to an enclosed garden courtyard area which was easily accessible. The doors to the enclosed garden area were open on the day of inspection.

The inspector saw that the centre was a bright and spacious building. The centre was clean and decorated in a style to ensure a comfortable and homely residence. There was ample space for the movement of any specialised or assistive equipment that a resident might require. Plenty of communal space was provided in a variety of settings.

The inspector noted that the external walls to the centre were in need of repainting, the courtyard garden area was not well maintained and the walls to some bedrooms were in need of repair and redecoration. This is discussed further in the body of the report.

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 issues raised 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 Mowlam Healthcare Services an unlimited company. The centre is part of the Mowlam group of nursing homes. The senior governance and management team including the regional health care manager and director of care services provide support to the person in charge who manages the day to day operation of the centre. The person in charge was also supported by the clinical nurse manager, nurses, care staff, activities coordinator, social care practitioners, catering, housekeeping, laundry, administration and maintenance staff.

The person in charge worked full time in the centre, the clinical nurse manager deputised in the absence of the person in charge. The management 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. There was an on call management system in place for out-of-hours.

This centre had a good history of compliance with the regulations. Issues identified at the last inspection dated January 2019 relating to assessment and care planning had been addressed.

The management team had systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. The management team met regularly to discuss and review the quality and safety of care in the centre. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision.

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. The inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

Infection control practices were of a good standard. The team had identified an area for isolation and cohorting of residents in the event of an outbreak. The area could accommodate four residents in single bedrooms. Three of the bedrooms had ensuite toilet and shower facilities. A separate entrance area, separate staff changing and staff toilet facilities had been identified.

A documented COVID-19 contingency plan was in place, the plan was discussed and reviewed at the weekly management team meetings. The risk register has been updated to reflect risks associated with the pandemic. The management team had established links with the public health team and Health Service Executive (HSE) lead for their area. The contingency plan outlined that separate staff would be allocated to care for residents in the event of an outbreak of COVID-19. The infection prevention and control committee represented by all grades of staff met regularly to discuss and review infection control practices in the centre.

There were no residents or staff with a diagnosis or presenting with symptoms of COVID-19 on the day of inspection. Fortnightly testing of staff for COVID-19 had been taking place and the results to date had not detected COVID-19. Staff had recently received training in the taking of swabs so that testing and results could be expedited.

Cautionary signage was seen throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene, in donning and doffing of personal protective equipment (PPE) and the use of face masks.

The management team ensured that safe and effective recruitment practices were in place. A sample of recently recruited staff files were reviewed and found to contain all documents as required by the regulations including Garda Síochána (police clearance) vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting in

place as a primary safeguarding measure.

The inspector assessed a total of 12 regulations, seven were found to be compliant and five substantially compliant.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents.

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally two nurses and seven care assistants during the morning time, two nurses and four care assistants during the afternoon and evening, with two nurses and two care assistants on duty at night time. The staffing compliment included, housekeeping, laundry, activities coordinator, social care practitioner, catering, maintenance and administration staff. The activities coordinator and social care practitioner provided direct care to residents in the morning time, the social care practitioner was on duty up to 22.00 hours daily.

The person in charge worked full time hours normally Monday to Friday. The clinical nurse manager worked in a supernumery management role for 15 hours per week.

The person in charge advised that staffing levels were kept under constant review, taking into account the dependency of residents, the evacuation needs of residents and the care needs of residents. She confirmed that recruitment of staff was on-going. There were five recently recruited staff including two nurses, one who completing orientation on the day of inspection.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff with the exception of recently recruited staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Training in fire safety and safeguarding was scheduled for recently

recruited staff. Nursing staff had completed medicines management training and some nurses had completed training on the pronouncement of death and taking swabs for COVID-19 testing. The activities coordinator and social care practitioners had completed training in Sonas (a therapeutic programme for persons with dementia).

The person in charge had completed 'train the trainer' in infection prevention and control hand hygiene, and people moving and handling which facilitated the training of staff in-house.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. As a result the ethos of person-centred care was evident in staff practices and attitudes.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. Regular audits and analysis were carried out in areas such as medicines management, infection prevention and control, falls, restrictive practice and health and safety. The results of audits and areas for improvement were discussed at the monthly management team meetings along with COVID-19 contingency arrangements, clinical audits, clinical risk, staff training, fire safety, complaints and actions required from issues raised at resident meetings. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

The person in charge confirmed that the senior management team were very supportive and available for advice at any time.

Further oversight was required in relation to the maintenance and upkeep of the building and internal courtyard. While the person in charge advised that maintenance and repainting works were planned earlier in the year, it had not taken place due to the pandemic.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect changes to staffing whole time equivalents (WTE's), for example an increase to the number of nursing WTE's and to reflect the restrictions in place and changes to some services as a result of the COVID-19 pandemic.

Judgment: Substantially compliant

Quality and safety

Residents' lives had been impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection.

Visitor restrictions were in place, there was no religious ceremonies taking place in-house, activities were limited to small groups and to those facilitated by staff in-house. Residents could not go on day trips or shopping trips as some residents used to do prior to the pandemic.

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

Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness should an outbreak of COVID-19 take place in the centre.

Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus.

Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents.

There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care

plans. Care plans were individualised, person centred and informative.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Further training was scheduled in December 2020.

Residents finances were managed in a clear and transparent manner. The provider had systems in place to ensure that pensions collected on behalf of residents were in line with Department of Social Protection guidelines.

The building was single storey in design. Bedroom accommodation was offered in single and twin rooms. Most bedrooms had toilet and shower ensuite facilities. There was an adequate number of toilet and showers available to meet the needs of residents. There was a variety of communal day spaces, including dining rooms, day rooms, conservatories, smoking room, oratory and residents had access to secure landscaped secure garden areas. While the centre was bright, spacious and nicely decorated, the external walls and internal garden courtyard required maintenance and repainting.

Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture as well as Braille for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide cues for people to assist them find their way around the centre and recognise the area they were looking for.

Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic, visiting restrictions were in place in line with national guidance and recommendations from the Health Protection Surveillance Centre.

Many residents continued to receive window visits. Visits were also considered on compassionate grounds and on an individual basis following a risk assessment.

Visiting was facilitated by appointment in a designated sitting room which could be accessed directly from outside the building. The area had been rearranged to ensure that it was appropriate to accommodate social distancing.

Judgment: Compliant

Regulation 17: Premises

While the centre was bright, spacious and nicely decorated, some parts of the building required maintenance and repair.

- The external walls to the centre which included the walls to the internal courtyard area required repainting.
- The rain water gutters in the internal courtyard required cleaning.
- The paving area in the internal courtyard area required cleaning due to accumulations of moss and dead leaves.
- The walls to some bedrooms required repair and repainting as they were scored and damaged in places.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. All staff in the centre had completed infection prevention and control training. Staff knowledge of infection prevention and control was good. Nursing management supervised staff to ensure that training was implemented in practice.

Nursing management staff guided the inspector through the infection prevention and control measures necessary on entering the centre to ensure the safety of all persons in the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering and temperature checks.

On the day of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on it's use. All staff were observed to be wearing surgical face masks as per the relevant guidance.

The inspector observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate. Clinical wash hand basins were located on each corridor, alcohol gel dispensers were observed to be available and in use throughout the building. The inspector observed good hand hygiene practices on the day of the inspection. Daily observations of hand hygiene were carried out by the nursing management team with good compliance indicated.

There was a separate staff changing area, staff changed into their uniforms prior to commencing and leaving work in the centre. The inspector observed that

the uniform policy was being adhered to.

Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Contracts were in place for the suitable disposal of clinical waste. There were adequate supplies of clinical waste bins as well as storage facilities available. There was a service contract in place for the bed pan washers to ensure they were maintained in good working order. The sluice room was found to be well equipped and maintained in an orderly and clean condition.

There was a well equipped laundry room which was maintained in a clean and orderly manner, however, arrangements for the segregation and flow of clean and soiled laundry in the laundry room required review to minimise the risk cross contamination.

The building and equipment used by residents was found to be visibly clean. There were two cleaning staff on duty. Housekeeping staff spoken with were knowledgeable regarding cleaning systems and use of chemicals. Systems were in place to ensure all areas of the centre were deep cleaned on an on-going routine basis. Regular hygiene and housekeeping audits were completed. There was enhanced cleaning of frequently touched hard surface areas, systems in place to ensure that they were cleaned regularly and cleaning responsibilities were clearly outlined. The management team and housekeeping supervisor continued to maintain oversight of cleaning process and procedures.

There were cleaning systems in place to ensure that all equipment used by residents such as hoists and wheelchairs were decontaminated after each use. The person in charge advised that individual slings were on order for residents who required the use of a hoist so that such equipment would not need to be shared and reduce the risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. A personal emergency evacuation plan was documented for each resident. Fire drills simulating both day and night time scenarios had taken place regularly and learning outcomes had been documented. The person in charge confirmed that she continued to assess the evacuation needs of residents prior to allocating bedroom accommodation. Since the last inspection the provider had a fire risk assessment of the building completed by a fire safety consultant. Some fire safety works had been completed and other works were in progress at the time of inspection. A new L1 fire alarm and new emergency lighting

system had been installed. Fire safety works were in progress in the attic area during the day of inspection and the person in charge advised that works to upgrading the hinges to fire doors and door guards were due to take place. The inspector requested a copy of the fire risk assessment and a letter from the fire safety engineer confirming that all works have been carried out to be submitted once complete.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. The care plans of current residents were up to date and contained all of the information required to guide care. Systems were in place to record evidence of consultation with residents and their families with regard to review of their care plans.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). All residents had been regularly reviewed by their GP and all had recently received the flu vaccination.

Residents had access to allied health services and visits by health care professionals. The physiotherapist visited weekly and the occupational therapist visited on a monthly basis. Regular visits from the chiropodist, psychiatry of later life team and speech and language therapist were also taking place. The dietitian was completing assessments remotely.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was in place for staff and all staff had undergone satisfactory Garda Vetting. 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. All long term staff had undergone updated vetting in 2019. A sample of staff

files reviewed confirmed this to be the case.

Staff continued to promote a restraint free environment. There were two residents using bed rails at the time of inspection, both at the residents own request. Risk assessments, care plans, resident consent and safety checks in line with national policy were documented in all cases.

The provider acted as a pension agent on behalf of a small number of residents. 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. Small amounts of money and valuables were kept for safe keeping on behalf of some residents. The inspector was satisfied that residents money was managed in a clear and transparent manner, with two signatures recorded for all transactions. Regular audits were carried out by the administration manager from head office.

All residents had a secure lockable storage area in their bedroom should they wish to store valuables securely.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. All residents who spoke with the inspector reported that they felt safe in the centre.

The inspector observed that the privacy and dignity of residents was well respected by staff. All residents had single or twin bedrooms. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents' religious rights continued to be facilitated during the pandemic. The local priest had visited during the pandemic and provided residents with a general blessing. Residents were facilitated to view national and local religious ceremonies on the television. Residents were supported to recite the daily rosary. A staff member facilitated a Sunday morning prayer service and administered Holy Communion. There was a small oratory provided where residents could spend time in quiet reflective prayer.

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.

Activity provision was managed by the activities coordinator and social care

practitioners. There was a weekly schedule of activities taking place which was displayed in the communal areas. A meaningful social participation assessment, life story and 'Key to me' had been completed for all residents which included details of past interests and hobbies. Staff were observed to use this information to engage meaningfully with residents.

Residents committee meetings continued to take place. The minutes of meetings were recorded. Issues discussed at a recent meeting included COVID-19 lock down, visiting arrangements, restrictions and activities. Residents had voiced that they would like a new SMART television so that they could view You tube videos and watch Netflix. The provider had responded and a new television had been recently installed. Staff told the inspector how many of the residents had enjoyed watching the wedding ceremony of a staff member which had taken place recently in another country.

Residents were observed to be moving about as they wished within the centre. There was a variety of communal day spaces where residents could sit and relax.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0031114

Date of inspection: 17/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure that the planned works that were postponed due to the pandemic will be resumed as soon as it is appropriate to do so.</p> <p>The PIC will oversee that the Maintenance Person maintains the internal courtyard with resident's safety in mind.</p> <p>The PIC will monitor the safety of the internal courtyard.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We will update the Statement of Purpose to reflect current nursing whole-time equivalent posts (WTEs).</p> <p>Any restrictions in place and changes to services as a result of the Pandemic will be reflected in the updated Statement of Purpose.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

We will ensure that the internal and external painting works, which are part of planned maintenance, will be completed when current Covid-19 restrictions have eased.
The rainwater gutters in the internal courtyard have been cleaned and the accumulated moss and dead leaves have been removed.
The PIC will ensure that this is monitored more closely by the Maintenance Person as part of scheduled checks.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
We will provide clear delineation for the segregation and flow of clean and soiled linen/clothing in the laundry room.
Individual slings have been purchased for residents who required the use of a hoist.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The PIC has submitted a copy of the fire risk assessment and once all works have been completed will submit a copy of the letter from the safety engineer confirming that all works have been carried out.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2021
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 standards for the prevention and control of healthcare	Substantially Compliant	Yellow	04/12/2020

	associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/01/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/12/2020