



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Kilrush District Hospital Limited
Name of provider:	Kilrush District Hospital Company Limited by Guarantee
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0000446
Fieldwork ID:	MON-0033651

## About the designated centre

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

Kilrush District Hospital is a nursing home that has been extended and reconfigured over the years. A two-storey purpose built extension was provided and the original buildings have been refurbished in recent years. It can accommodate up to 43 residents, male and female over the age of 18 years. It is located in the West Clare area, in the town of Kilrush. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. The centre does not accommodate persons presenting with extreme challenging behaviours or with tracheotomy tubes. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining and day rooms provided for residents use.

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

Number of residents on the date of inspection:	27
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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 25 August 2021	09:00hrs to 05:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. Residents spoke positively about the care and service provided and commented that they were comfortable and content living in the centre.

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 day rooms and in their bedroom areas.

This centre had a significant outbreak of COVID-19. During the outbreak the authority was notified of 11 residents and 10 staff members who had tested positive for COVID-19. Sadly 4 residents passed away. The outbreak was declared over on 15 March 2021. During the outbreak of COVID-19 the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in residents spending extended periods of time in their bedrooms. Some residents spoken with stated that the outbreak had been very worrying but they were relieved to have got through it and recovered from the virus.

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 main meals in the dining room, some walking independently about the centre, coming and going as they wished from their bedrooms and following their own routines. A small number of residents choose to remain in their bedrooms.

During the morning time, a number of residents were observed relaxing in the main day room viewing the daily mass which was relayed via video link from the local church. Residents told the inspector how they enjoyed viewing the daily mass, reciting the rosary in the evenings and receiving holy communion each Sunday. They told the inspector that the local priest was now visiting again and celebrated mass in the centre on alternative weeks.

Throughout the day, residents in the day room were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator on duty each day from 9 am to 8pm. They were seen to encourage participation and stimulate conversation. Residents were observed during the mid-morning time enjoying a chair exercise session, a game of skittles and ball throwing game in the afternoon.

There were photographs of residents displayed enjoying a variety of activities including the planting of flower pots. Residents reported that they had enjoyed drinks and ice creams while attending the summer BBQ. The centre has its own wheelchair accessible transport and some residents had enjoyed a recent day trip to

a local seaside resort.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. The inspector saw that a variety of snacks and drinks were offered between meals times. The inspector observed the lunch time experience. Lunch was served to most residents in the dining room, a small number of residents choose to have their meals in their bedrooms. The dining room was bright and decorated in a homely style. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. However, the inspector noted that there were no menus displayed and residents spoken with did not know in advance what was on offer for lunch. The meal time was observed to be rushed and task focused. Desserts were offered and served while residents were still eating their main course and plates were being removed and scraped while many residents were still eating.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. Residents could now meet with their visitors in the designated visiting areas. The inspector observed many visitor coming and going throughout the day of inspection. Residents and visitors spoken with commented that they were satisfied and happy with the visiting arrangements.

Residents had access to outdoor areas, patio, gardens and green house. The doors to the external areas were fitted with electronic key code pads. The inspector observed that some residents accessed the outdoor areas independently, however most residents required the support of a staff member to access the outdoor areas. On the day of inspection, a few residents were observed being supported to go for walks outside. There was no enclosed garden area that residents could access independently. The garden and patio areas were attractive with a variety of potted plants and shrubs. The green house was being prepared for planting and some residents enjoyed spending time there. There was a range of wooden furniture provided outdoors for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air and sunshine. Other residents stated that they did not enjoy going outside during the hot weather and preferred to stay indoors.

The centre which is two storey in design has been extended and reconfigured over the years. The original buildings dating back to the 1800's had been extended and extensive structural works including a two-storey purpose built extension was provided in recent years. Accommodation for 43 residents is provided in both single and twin bedrooms. All bedrooms have en suite toilet and shower facilities. The inspector noted that a glass shower cubicle had been provided to one bedroom since the last inspection. While this bedroom was vacant on the day of inspection, the shower location and design did not protect the safety, privacy and dignity of the intended resident. This is discussed further under Regulation 17: Premises.

There was a variety of communal day spaces including the main ground floor day room, dining rooms, front conservatory and reception area, private meeting room, first floor conservatory and outdoor smoking gazebo. The corridors in the newer

extension were wide and bright and allowed for freedom of movement.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and sluice facilities inspected appeared visibly clean with a few exceptions. The inspector noted that improvements were required in respect of some aspects of the premises and infection control. For example, some surface finishes including flooring, upholstery, furniture and equipment required upgrading and replacement in order to facilitate effective cleaning and enhance infection prevention and control. This is discussed further in the body of the report under Regulation 17: Premises and Regulation 28: Infection Control.

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 issues raised at the last inspection
- following notification to the Chief Inspector of an outbreak of COVID-19 in January 2021

The Chief Inspector had been notified of an outbreak COVID-19 in the centre in January 2021. Ten staff members and 11 residents had tested positive for COVID-19. Sadly four resident passed away. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health on 15 March 2021.

The issues identified at the last inspection dated 10 December 2019 had largely been addressed however, further assurances were still required in relation to fire safety management.

The registered provider is Kilrush District Hospital Ltd by guarantee. It has a board of directors and the chairman of the board is the nominated registered provider representative.

The organisation structures in place within the centre ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The nursing management team included the person in charge who was supported in her role by the clinical nurse manager. They both worked full-time in the centre. The clinical nurse manager deputised in the absence of the person in charge. Both were available to meet with residents, family members

and staff which allowed them to deal with any issues as they arose. The nursing management team were supported by the general manager, administrator and board chairman.

The management team continued to meet on a monthly basis to discuss and review the quality and safety of care in the centre. There was a monthly audit schedule in place. Regular audits were completed in areas such as medicines management, incidents, complaints, infection control and health and safety. Audits were found to be informative and areas for improvement were clearly documented. The results from audits were discussed at the monthly management team meetings and used to bring about improvements to the service. A comprehensive annual review on the quality and safety of care had been completed for 2020, feedback from residents' committee meetings and resident quality improvement questionnaires were also used to inform the review. A quality improvement plan for 2021 was included and some improvements identified had been implemented. A summary review of the Covid-19 outbreak had been completed however, the person in charge advised that she was in the process of completing a more comprehensive review.

In general, there were good governance arrangements, a clear management structure and systems to review the safety and quality of care in place. However, while these arrangements generally worked well to oversee the quality of care, it was of concern that the systems in place had not identified issues relating to fire safety that were identified during the course of this inspection and discussed further under Regulation 28: Fire precautions. Further oversight was required in relation to fire safety management, infection prevention and control, staffing, some aspects of the premises, care planning and assessment and the dining experience.

On the day of inspection, staffing numbers and skill mix were appropriate to meet the support requirements of the 27 residents in line with the statement of purpose with the exception of housekeeping staff. While there was normally four staff members allocated to cleaning duties Monday to Friday, these arrangements required review to ensure that the centre was being adequately cleaned to the required standard during the afternoons, evenings and at weekends. This is discussed further under Regulation 15: Staffing and Regulation 28: Infection control.

The management team had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gárda Síochána vetting disclosures.

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. Staff spoken with confirmed that they had completed all mandatory training. Individual training certificates confirming this training were available in the sample of staff files reviewed.

The inspector was satisfied that complaints when received were managed in line with the centre complaints policy. There were no open complaints at the time of inspection.



## Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She demonstrated very good clinical knowledge and knew the individual needs of each resident.

Judgment: Compliant

## Regulation 15: Staffing

The arrangements in place for the allocation of cleaning staff required review to ensure that all parts of the centre were being cleaned to the required standard throughout the day and at weekends. There were normally four cleaning staff on duty from 10.00 to 14.00 Monday to Friday. There were no housekeeping staff on duty for the remainder of the weekdays and there was only one cleaner on duty for 3 hours daily at the weekends.

Judgment: Substantially 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. Staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Staff had completed recent training in falls management, training in restraint management and dementia care was scheduled. Nursing staff had completed medicines management training and some nurses had completed training on the pronouncement of death. The activities coordinator had completed training in Sonas (a therapeutic programme for persons with dementia).

Judgment: Compliant

## Regulation 23: Governance and management

In general, there were good governance arrangements, a clear management structure and systems to review the safety and quality of care in place. However, while these arrangements generally worked well to oversee the quality of care, it was of concern that the systems in place had not identified the issues relating to fire safety that were identified during the course of this inspection. Further oversight was required in relation to fire safety management, infection prevention and control, staffing, some aspects of the premises, care planning and assessment and the dining experience.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

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

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

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment: Compliant

### Quality and safety

The inspector found that the care and support residents received was of a good quality. 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. There was a range of activities taking place including day trips and regular visits from the local priest.

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 national 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 residents and the majority of staff 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. While there were care plans in place for all identified issues, some inconsistencies in the care planning documentation was noted. This is discussed further under Regulation 5: Individual assessment and care plan. 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.

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. All residents who spoke with the inspector reported that they felt safe in the centre.

Staff continued to promote a restraint- free environment, guided by national policy. There was a small number of bedrails in use for some residents, these were only used following consultation, consent and risk assessment.

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. However, the quality of the dining experience could be enhanced and is discussed further under Regulation 9: Residents' rights.

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.

While the centre generally appeared 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.

During the inspection, a number of fire safety issues of concern were noted and brought to the attention of the management team. These issues are discussed further under Regulation 28: Fire Precautions. While there was evidence of daily and weekly fire safety checks, it was of concern that these checks had not identified that some compartment fire doors were not closing properly. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff and some residents had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. All residents had an personal emergency evacuation plan in place. While regular fire drills had

been completed in 2020 and recent training had included training on the evacuation of residents, there was no recent drill simulating a night time scenario of a full compartment evacuation.

### 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 seven days a week. Some residents continued to meet 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 programme of maintenance taking place, the following areas were identified as requiring repair and maintenance.

- The floor covering to the day and dining rooms was torn and defective and required replacement.
- Some wooden surfaces such as bedside lockers and chest of drawers were worn and defective.
- The coverings to some chairs used by residents were worn and torn.
- The wheels to some equipment used by residents were rusted and required replacing.
- The walls and paintwork to some bedrooms required repainting.

The design and location of the glass shower cubicle provided to one bedroom since the last inspection was unsuitable. It was inadequately ventilated, unstable and not provided with a safe non slip shower tray.

Judgment: Substantially compliant

## Regulation 27: Infection control

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

- There were no cleaners on duty in the afternoons and evenings.
- There was only one cleaner on duty for three hours at weekends.
- Defective and worn surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.
- Rusted wheels to some equipment used by residents such as shower chairs and commodes could not be effectively cleaned and decontaminated.
- A wooden ramp provided for access to one of the showers was not painted or sealed and therefore could not be effectively cleaned and decontaminated.
- The en suite bathroom to one bedroom was not clean and showed an obvious lack of thorough cleaning.
- There was inappropriate use of gloves by some staff when there was no indication for their use, for example when assisting residents with their meals.
- There was no wall mounted hand sanitiser located on one of the bedroom corridor areas.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

During the inspection, a number of issues of concern were noted which posed a risk to residents in the event of fire. These issues were brought to the attention of the management team who agreed to review fire precautions and provide a fire risk assessment from a fire safety consultant.

- Several compartment fire doors were not closing properly which could result in uncontrolled fire and smoke spread throughout the premises.
- Some brush smoke seals on fire doors were painted over rendering them ineffective.
- There was no fire stopping evident around some ducting and pipework in the older section of the building.
- The fire alarm system was not fully addressable and some zones were large which posed a risk. Recent fire training had identified a lengthy delay in locating the source of the fire in one of the larger zones.
- There was no service certificate for the emergency lighting system.
- Some bedroom doors were not provided with self closing devices and one bedroom door was wedged open.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and noted some inconsistencies in the care planning documentation.

Some care plans were not informative and therefore did not guide the care of the resident.

For example:

- A nutrition care plan had not been updated to reflect recent recommendations by the dietitian.
- An impaired skin integrity care plan lacked guidance regarding pressure relieving equipment in use as described by staff.
- The care plan of a resident at high risk of falls did not outline the strategies used and described by staff to reduce the risk of falls.
- Some recreation and social care plans reviewed were not informative, person centered or reflective of the individual residents interests.

Judgment: Substantially 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. All residents had recently been reviewed by their GP. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics and physiotherapy.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed safeguarding training. 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 continued to promote a restraint free environment. There were three residents using bed rails at the time of inspection. Risk assessments, care plans, resident consent and safety checks in line with national policy were documented in all cases.

The provider representative advised that they no longer acted as a pension agent on behalf of any resident and no money was kept for safe keeping on behalf of residents.

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.

The inspector observed that the privacy and dignity of residents was generally 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. A glass shower cubicle had been provided to one bedroom since the last inspection. While this bedroom was vacant on the day of inspection, the shower location and design did not protect the safety, privacy and dignity of the intended resident.

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.

Residents committee meetings continued to take place. The minutes of meetings were recorded. Issues discussed at a recent meeting included menus and activities.

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.

The inspector noted that while residents were offered choice at lunch time, the quality of the dining experience could be enhanced. There were no menus displayed and residents spoken with did not know in advance what was on offer at meal times. The meal time was observed to be rushed and task focused. Desserts were offered and served while residents were still eating their main course. Plates were being removed and scraped while many residents were still eating.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed in the centre.

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	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kilrush District Hospital Limited OSV-0000446

Inspection ID: MON-0033651

Date of inspection: 25/08/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Hygiene/Housekeeping Staff Rota has been updated accordingly as follows:            - Monday to Friday 2 Staff members – 9am to 4pm            1 Staff member – 9.30am to 1.30pm            1 Staff member – 10am to 2pm            - Weekends: 1 Staff member – 10am to 2pm            1 Staff member – 1pm to 5pm            Proposed time scale: Completed with immediate effect</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> <ul style="list-style-type: none"> <li>• Extensive Fire Safety checks have been carried out by our Fire Safety Consultant/Engineer in particular the older part of the building – ie. attic space and suspended ceilings. The fire safety consultant has confirmed that all the attic space in the older part of the building has been sub divided by extending division walls at first floor level up through the attic to meet with the underside of the roof covering. He also confirmed that all pipework has been fire stopped as it passes through fire resisting construction.</li> </ul> <p>Proposed time scale: Completed with immediate effect</p> <ul style="list-style-type: none"> <li>• An updated maintenance schedule has been put in place to include daily fire safety checks throughout the building.</li> </ul> <p>Proposed time scale: Completed with immediate effect</p>	

- A complete fire risk assessment is being carried out in the whole building by our Fire Consultant/Engineer on 27th September 2021 and 1st October 2021. It is estimated to take 2 days to complete this and a report will then be issued.

Proposed time scale: 14/10/2021

- Additional hours have been added to our Hygiene/Housekeeping staffing rota. These are listed in detail under Regulation 15: Staffing.

Proposed time scale: Completed with immediate effect

- We have appointed an upholstery company to replace coverings on all chairs that need to be brought up to standard.

Proposed time scale: 12/11/2021

- We have appointed a company to carry out replacement of the flooring in our Dining room and Day room. Other areas of our nursing home have also been identified as needing repair and replacement which will be included in this time scale.

Proposed time scale: 10/12/2021

- New bedside lockers and a chest of drawers have been ordered to replace existing worn and defective furniture and bring the bedrooms up to standard.

Proposed time scale: 29/10/2021

- All care plans have been reviewed and changes have been reflected as per the Residents condition.

Proposed time scale: Completed with immediate effect

- During mealtimes, the Residents are served in an unhurried fashion. Dinners are served at the appropriate time and desserts are not placed on the tables until the Residents finish their meal. Gloves are not worn by any staff members during dining times. Menus are located on each table daily.

Proposed time scale: Completed with immediate effect

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- We have appointed a company to carry out replacement of the flooring in our Dining room and Day room. Other areas of our nursing home have also been identified as needing repair and replacement which will be included in this time scale.

Proposed time scale: 10/12/2021

- New bedside lockers and a chest of drawers have been ordered to replace existing worn and defective furniture and bring the bedrooms up to standard.

Proposed time scale: 29/10/2021

- We have appointed an upholstery company to replace coverings on all chairs that need to be brought up to standard. Proposed time scale: 12/11/2021
- We have requested a quotation regarding ordering new commodes as replacements. Proposed time scale: 29/10/2021
- Painting has been carried out by our maintenance staff as required. A painting schedule has also been put in place. Proposed time scale: Completed with immediate effect

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

- Cleaning Staff have been allocated extra hours daily as listed in detail under Regulation 15: Staffing above. Proposed time scale: Completed with immediate effect
- We have appointed a company to carry out replacement of the flooring in our Dining room and Day room. Other areas of our nursing home have also been identified as needing repair and replacement which will be included in this time scale. Proposed time scale: 10/12/2021
- New bedside lockers and a chest of drawers have been ordered to replace existing worn and defective furniture and bring the bedrooms up to standard. Proposed time scale: 29/10/2021
- We have requested a quotation regarding ordering new commodes as replacements. Proposed time scale: 29/10/2021
- The wooden ramp which provides safe access to the ensuite shower in Room 24 has been sealed. Proposed time scale: Completed with immediate effect
- The ensuite in Room no. 30 has been deep cleaned. A quotation has been sought in relation to works that will be carried out in order to bring this ensuite up to standard. Proposed time scale: 03/12/2021
- Staff have been advised that gloves are not to be worn by any staff members during dining times. Proposed time scale: Completed with immediate effect
- New wall mounted hand sanitiser units have been purchased for the corridor areas

upstairs.

Proposed time scale: Completed with immediate effect

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A complete fire risk assessment is being carried out in the whole building by our Fire Consultant/Engineer on 27th September 2021 and 1st October 2021. It is estimated to take 2 days to complete this and a report will then be issued. Proposed time scale: 14/10/2021

- Fire Compartment doors in the older part of the building have been checked by our Fire Consultant/Engineer and will be brought up to the necessary standards. Some of these doors will have to be replaced. Proposed time scale: 29/10/2021
- Brush Seals on some of the bedroom doors which have been inadvertently painted over are being replaced. Proposed time scale: 15/10/2021
- Extensive Fire Safety checks have been carried out by our Fire Safety Consultant/Engineer in particular the older part of the building. The Fire Safety Consultant/Engineer has confirmed that all pipework has been fire stopped as it passes through fire resisting construction. Proposed time scale: Completed with immediate effect
- Our Fire Detection & Alarm System company have confirmed that our Fire Alarm System is Zoned and addressable to individual rooms when the fire alarm is activated. Proposed time scale: Completed with immediate effect
- We will ensure that evacuation drills will be conducted on a regular basis in our nursing home and will also include night time conditions at least once every quarter. Proposed time scale: Completed with immediate effect
- We appointed an electrical company to assess the older part of the building in relation to the emergency lighting system. We have recently received a quotation. Our Fire Safety Consultant/Engineer is liaising with this electrical company and works will commence as soon as possible to replace, rewire and upgrade the emergency lighting system and install a central testing unit for same. The central testing unit is operational in the newer part of the building. A service certificate will be issued on completion of these works. Proposed time scale: 29/10/2021
- Self-closing devices will be replaced on the bedroom doors where necessary. Proposed time scale: 29/10/2021
- One of our Residents likes to keep his bedroom door open and puts his slipper on the floor between the jamb and the door. We have spoken to this Resident and explained the implications of his bedroom door not closing in the event of a fire. He is now happy to keep his bedroom door slightly open with no slipper obstructing the closure in the event of a fire. Proposed time scale: Completed with immediate effect

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans have been reviewed. Lack of information on some care plans has been addressed. Discussed with the multidisciplinary team to participate in care planning for social care. Guidelines are given to all nurses to write the person-centred care plan. Nurses have also been advised to outline the changes of the residents' condition to reflect the care plans. •</p> <p>Proposed time scale: 10/10/2021</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The glass shower cubicle in bedroom no. 25 is going to be relocated in an enclosed ensuite. We have requested a quotation from a local builder/tradesman to carry out this work. This room is currently vacant.</li> </ul> <p>Proposed time scale: 17/12/2021</p> <ul style="list-style-type: none"> <li>• During mealtimes, the Residents are served in an unhurried fashion. Dinners are served at the appropriate time and desserts are not placed on the tables until the Resident's finish their dinner. Plates are not being scraped in the dining room with minimal noise while stacking plates and pushing trollies to the washup area.</li> </ul> <p>Proposed time scale: Completed with immediate effect</p>	

## 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	26/08/2021
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	10/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	10/12/2021



	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	10/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	14/10/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/10/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	14/10/2021
Regulation 5(3)	The person in	Substantially	Yellow	10/10/2021

	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.	Compliant		
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	26/08/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	17/12/2021