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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:	Our Lady's Manor Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Dublin Road, Edgeworthstown, Longford
Type of inspection:	Unannounced
Date of inspection:	23 May 2023
Centre ID:	OSV-0004632
Fieldwork ID:	MON-0037543

## About the designated centre

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

Our Lady's Manor Nursing Home can accommodate up to 61 residents of all dependency levels. It provides 24 hour nursing care for older persons with physical or intellectual disabilities, dementia, acquired brain injury and palliative care on long-term, short-term, convalescence and respite basis. Residents are accommodated over three floor levels in 34 single bedrooms, 12 double room and one triple room, some of which have en suite facilities. The main reception, a variety of communal areas and a large oratory are located on the ground floor. The grounds are landscaped and include a garden for residents and a large private vegetable garden. The building, which was originally a convent, had been converted and undergone extension and modification over the years to improve facilities for residents. The designated centre is situated in Edgeworthstown, 12 km away from Longford, and is conveniently serviced by nearby restaurants, public houses, libraries and community halls. Free parking facilities are available on site.

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

Number of residents on the date of inspection:	51
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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 23 May 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead
Tuesday 23 May 2023	09:00hrs to 17:00hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

Overall, residents were generally content living in the designated centre and felt that their needs were met for the most part by staff who worked hard to care for them. While feedback from residents regarding their quality of life in the centre was very positive, a number of residents were unhappy with the food provided in the centre and in particular the lack of choice available at breakfast time.

On arrival to the centre the inspectors met with the person in charge. Following an introductory meeting, the inspectors completed a walkabout of the centre. This gave the inspectors an opportunity to meet with staff and residents and observe life in the centre. The designated centre is located on the outskirts of Edgeworthstown and residents are accommodated over three floors.

During the walkabout of the centre, many residents were observed seated in the communal sitting rooms while some residents were being assisted to get up from bed. Residents appeared to be well dressed and were neat and tidy in appearance. Inspectors observed many positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind, empathetic and respectful in their interactions with residents. There was visiting happening throughout the day with no restrictions in place. A number of visitors spoke with inspectors and their feedback was positive regarding the care their relatives were receiving.

Residents told inspectors that they would like more choice at breakfast and that they were not aware that they could ask for something different. One resident asked the inspectors if other nursing homes offer a choice at breakfast as they "would like a boiled egg now and again". A number of residents told inspectors that they have the "same thing every day" and that they "always have porridge and brown bread". The person in charge told inspectors that residents are asked for a list of their preferences on admission, however inspectors did not find any evidence that these choices were regularly reviewed with the residents, in case they would like to change their options.

Some residents told inspectors that the food is not always hot. The menu for the day was not displayed in all dining rooms and a number of residents told the inspectors that they did not know what was for lunch that day. Residents were asked to choose what they would like for lunch each morning but some residents who spoke with the inspectors on the day could not remember what they had ordered for lunch that morning.

One resident told inspectors that they are unable to go out on trips as the centre's bus had broken down and the interim bus is not equipped to carry wheelchair passengers. This was discussed with the provider at the feedback meeting who reported that the bus was now repaired and available for residents to use.

There were two activities coordinators working on the day of the inspection.

Inspectors observed residents taking part in both group activities and one to one activities. This included music, fitness exercises provided by an external provider and sensory activities in the centre's sensory room. Inspectors observed a resident playing guitar for other residents in one of the communal rooms and the residents appeared to be enjoying this. The resident who provided the music confirmed that this was something they enjoyed doing and that they played for the other residents most days.

Residents were given the opportunity to access television, radio and the newspaper. Many residents' bedrooms were personalised with photographs and personal belongings. Residents in some twin and three bedded rooms were required to share a television, which did not facilitate individual residents to choose what they wanted to watch on television. One resident told the inspectors that the resident they share their room with does not like noise so they rarely turn on the television even though they would have liked to watch some of their preferred programmes whilst they were in their bedroom.

Inspectors reviewed minutes of residents' meetings and found that there was evidence of consultation with residents about the day to day running of the centre, however there was nothing noted in the follow up meetings to inform residents whether their suggestions had been addressed.

While the centre was comfortable and nicely decorated, some aspects of the environment were not in a good state of repair. Some doors and wooden surfaces were scuffed and had damaged paintwork, which prevented them from being effectively cleaned. A number of residents' wardrobes showed signs of wear and damage and required replacing. Furthermore inspectors observed that some outside spaces were not well maintained including an external fire exit route which was unsafe due to uneven ground and the area was unkempt.

While there were some improvements required in relation to infection prevention and control and the oversight of cleaning, for the most part, the centre was clean and there were adequate cleaning arrangements in place.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall the centre was well managed for the benefit of the residents who lived there. There was an open and supportive culture which promoted person-centred care and residents were supported to lead their best lives. More focus and effort was still required in some areas to ensure that residents were able to make informed choices in line with their capacities and that these choices were upheld.

This was particularly important in relation to menu choices and easy access to safe outside space. In addition, the oversight of day-to-day fire safety and environmental risks was not well managed and required improvement.

This was an unannounced inspection carried out by inspectors of social services to review compliance with the regulations and to follow up on actions taken since the last inspection in April 2022.

Newbrook Nursing Home Unlimited Company is the registered provider for this designated centre. There was a clearly defined management structure in place that were responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consisted of a person in charge who was supported in their day-to-day role by a regional quality manager. A team of nursing staff provided clinical support along with health care assistants, household, catering and maintenance staff making up the full complement of the staff team.

There were arrangements in place to provide regular management oversight of the service provided. However, inspectors found that the oversight of some non-clinical areas required improvement. For example, some fire safety risks identified on inspection had not been identified and addressed by the provider.

Inspectors reviewed a sample of staff files and found that they contained all of the information required by Schedule 2 of the regulations. The provider had ensured that there was adequate staffing resources with the appropriate skill mix available to meet residents' needs.

All staff working in the centre had received up-to-date mandatory training which included fire safety training and safeguarding training. However, inspectors found that supervision of staff required improvement. This is discussed further under Regulation 16: Training and staff development.

The registered provider had established and maintained a directory of residents which included the necessary information, as outlined in Schedule 3 of the Regulations. The centres' statement of purpose was available for review and contained all relevant information, as required by Regulation 3.

Inspectors reviewed the designated centre's insurance certificate which included all the requirements of Regulation 22.

The records set out in Schedules 2, 3 and 4, were available for review by the inspector and were found to be in line with Regulation 21: Records.

Inspectors found that an incident which had occurred in the centre had not been reported in writing to the Chief Inspector, as required under Regulation 31: Notification of Incidents.

## Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate, having regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles and as a result, the inspectors found the following;

- Daily fire checks were not completed until the afternoon on the day of the inspection. Senior staff informed the inspectors that these checks were allocated to a carer on each shift to be completed at the start of each shift.
- One resident was left waiting to go back to bed for a long period after lunch although care staff had been asked on two occasions to by nursing staff to help the resident back to bed.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The designated centre had a directory of residents in place which was in line with the requirements of Regulation 19.

Judgment: Compliant

### Regulation 21: Records

Records in the centre were kept in accordance with Schedule 2,3 and 4 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider had up-to-date insurance cover in place which covered resident's

personal effects and public indemnity.

Judgment: Compliant

### Regulation 23: Governance and management

There were comprehensive quality management systems in place however improvements were required in relation to the oversight of some non-clinical areas of the service. For example;

- The fire safety risks discussed under Regulation 28 had not been identified and had not been entered onto the risk register and as a result there was no plan in place to address same.
- A hoist was not working and although the issue was recorded in the maintenance book there was no follow up as to when the hoist would be repaired. Furthermore there was no system in place to monitor how long equipment was out of use and staff were not able to tell the inspectors when the hoist would be repaired.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

Whilst the majority of notifications were submitted within the time-frames, the centre had not notified the Chief Inspector of a safe-guarding incident as required by the regulations. There was no evidence that appropriate actions were taken at the time and that the incident had been investigated.

Judgment: Not compliant

## Quality and safety

Overall, the findings on the day of inspection were that, for the most part, the provider was delivering good care to residents, in line with their assessed needs. However, improvements were required to ensure that the social care needs of all residents were met, and that the rights of all residents were upheld.

Residents who were able to speak with the inspectors were mostly happy with the care and services provided in this centre and gave positive feedback about the designated centre and the staff caring for them. However, improvements were required in the areas of care planning, food and nutrition, residents' rights, premises, infection prevention and control, and fire safety.

Inspectors observed visiting taking place throughout the day of the inspection and there were appropriate private areas for residents to host their visitors. A comprehensive residents guide was available for review, and this was found to contain all the necessary information for residents living in the centre, as required under Regulation 20: Information for residents.

The inspectors reviewed a sample of resident files and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements. However, the documentation of nursing assessment and care planning required review to ensure that the assessments and care plans were up-to-date and provided accurate information for staff to follow when giving care.

Residents' health care needs were met, and residents had unrestricted access to their General Practitioner (GP). Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy, as needed.

Inspectors found that the person in charge had not ensured that residents were offered appropriate choice at mealtimes. Many residents were unaware that they could request another choice and some residents were not aware what they were having for lunch on the day of the inspection.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. However, inspectors identified a number of areas requiring improvement. For example, a fire exit was unsafe as uneven flooring in this area was identified as a trip hazard. Some door frames and wall surfaces were in need of repair. Additionally, while there were a number of designated storage rooms in the centre, inspectors observed that items were not stored appropriately. This is discussed further under Regulation 17: Premises.

Infection prevention and control measures were in place and monitored by the

person in charge. There was evidence of good practices in relation to infection control for the most part. However, further action was required in order to ensure that the provider was in full compliance with the requirements of Regulation 27 and that residents were protected from contracting a health-care associated infection. This is discussed further under Regulation 27: Infection Control

Inspectors found that for the most part, the rights of residents were upheld in the centre. There were no restrictions on residents meeting their visitors. Residents had access to religious services and were supported to practice their religious faiths in the centre. Inspectors found that mass took place in the centre six days per week. Residents had access to local and national newspapers, television and radio. However, the provision of one television set in twin and triple bedrooms, along with the location of the television in some rooms did not afford each resident personal choice regarding their television viewing and listening. While most residents were supported to participate in a variety of social activities that met their interest and capabilities, inspectors found that poor social care assessment and care planning resulted in one resident not being adequately supported to attend the activities of their choice.

While residents has access to their personal belongings, the inspectors found that some bedrooms required reconfiguring to ensure that residents could easily access their wardrobes. Residents' meetings were regularly convened, however, there was lack of evidence that resident's suggestions or concerns had been addressed or acted upon.

The provider had failed to ensure that adequate precautions were in place against the risk of fire and inspectors found significant risks, which included access to adequate means of escape in the event of a fire in the centre, and sufficient oversight of fire safety checks.

While medication was well managed in the centre for the most part, inspectors found that one prescription had not been signed by the resident's general practitioner.

### Regulation 10: Communication difficulties

Inspectors were not assured that all residents living with dementia and who had communication difficulties, were supported to communicate and make choices in regards to the food they were offered. This was evidenced by the fact that pictorial food menus were only available on one floor of the centre.

Judgment: Substantially compliant

### Regulation 11: Visits

Visits were observed to be taking place, in line with national guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to their personal property, however one bedroom required reconfiguration in order to ensure that the resident had ease of access to their wardrobe.

Judgment: Substantially compliant

### Regulation 17: Premises

The registered provider failed to ensure that the premises conformed to the matters set out in Schedule 6 of the regulations. This was evidenced by:

- There was a hole and two damp patches in the ceiling of one resident's bedroom. The resident told inspectors that this causes leaking into the bedroom in wet weather.
- Some door frames and door surfaces throughout the centre required repair.
- The walls in some areas of the centre were chipped and unsightly.
- The wardrobes in a number of resident bedrooms were visibly damaged.. Boxes of Personal Protective Equipment (PPE) were stored on the floor of the housekeeping room. This restricted the effective cleaning of the area.
- The pathway outside a fire exit door leading to assembly point 3 was uneven meaning it was a trip hazard for residents and which which may impede egress during a fire evacuation.
- The layout of one twin bedroom that was vacant at the time of the inspection did not meet the requirements of the regulations as there was not enough space between the beds for each resident to have their bedside locker and a comfortable chair to sit out on beside their bed. Furthermore, there was no privacy curtain around the first bed in this room.
- A standing aid hoist was broken. Maintenance records showed that the hoist was reported as broken on 3rd February 2023 and had been out of use since then. As a result staff were having to leave their unit to collect and borrow a hoist from another unit.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Residents were not adequately supported to make choices in relation to their meal time options. This was evidenced by:

- Some residents were not aware what they were having for dinner on the day of the inspection.
- There was a pictorial menu available on the lower ground floor for residents, however there was no menu with the daily choices available displayed for the in other areas of the centre.
- Residents chose their meals for dinner in the morning and many residents could not remember what the choices were.
- Residents told inspectors that they received the same food for breakfast each day. Those residents were unaware that they could request another option for breakfast.
- The person in charge informed the inspector that a list of breakfast preferences is taken on date of admission, however this list is not revised unless a resident asks.
- One resident told inspectors that they had waited overnight for a glass for their drinking water and inspectors observed that the glass supplied was dirty.

Judgment: Not compliant

## Regulation 20: Information for residents

A comprehensive residents' guide was available to review and included all the requirements of regulation 20.

Judgment: Compliant

## Regulation 27: Infection control

A number of infection prevention and control measures had been implemented, but further actions were necessary to ensure residents were protected from risk of infection and in line with national standards. For example;

- A number of slings were observed to be stored on grab rails which increased the risk of transmission of a healthcare associated infection.
- A number of doors and door frames required repair as they were scuffed or the paintwork was chipped, which hindered effective cleaning.
- A used catheter bag was found on a grab rail in a communal toilet.as above

- There were insufficient clinical handwash sinks outside of the resident's bedrooms for staff to use.
- There was no paper hand towels and hand sanitiser dispenser available in the clinical room.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider did not ensure that there were adequate precautions against the risk of fire in place. This was evidenced by;

- The provider did not have the final certificate in place to confirm that all fire safety improvement works that had been completed in the designated centre were completed to the required standards on the day of the inspection. However this was obtained and provided for review following the inspection.
- The door to the tea room beside the chapel was not confirmed to be a fire door. However, this room contained several high risk electrical items such as a kettle and an iron which were in regular use by the volunteers who maintained the chapel. Furthermore, there was no evidence or record that these items were included in the annual electrical testing carried out in the centre.

The provider did not ensure that there were adequate means of escape including emergency lighting. For example;

- The running man sign at the final fire exit door from the sun room was not lighting on the day of the inspection.
- There were no written instructions beside the final exit door from the sun room to alert staff to the need to push the green button to open the exit door. There was also a red break glass box with a key in place and staff were not able to explain if or why the key mechanism as well as a number coded lock were all required to open this door in a fire emergency. This was in place in another final fire exit door on this unit. Again, there were no clear instructions in place for staff to follow in the event of an emergency.
- One final fire exit on the first floor led to a set of steep steps which would impede evacuation to the assembly point at the top of the steps. There was an alternative route for staff to use, however, if staff followed the running man signs to the wrong door their evacuation would be impeded. This required review.
- The external fire escape route from the sun room was poorly maintained and did not provide a safe exit for residents and staff attempting to reach the fire assembly point in this area.
- There was not insufficient external lighting in this area to ensure that the external routes from two final fire exit doors to the fire assembly point could

be safely accessed.

The provider did not ensure that the in-house fire safety checks were completed in a timely manner and to the required standards. For example;

- The daily fire checks including a check that fire exits were not blocked and that all emergency lighting was working had not been completed on the day of the inspection until the inspectors brought it to the attention of senior staff
- Records showed that the weekly fire alarm test had not been completed since 9th May 2023.
- The procedures to be followed in the event of a fire emergency were not displayed in prominent locations around the designated centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

One resident's medication had changed from liquid to tablet form the previous week and this prescription change had not been signed by the resident's General Practitioner (GP) within the timeframes outlined in the centre's own medication transcribing procedures.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure each resident's health and social care needs were identified and were sufficiently detailed to guide care delivery. This was evidenced by:

- Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. For example, a number of resident's social care plans did not reflect their current arrangements
- Care plans were not updated appropriately to ensure that outdated information which was no longer relevant had been removed. This made it difficult to ascertain which information was the most up- to- date.
- Some of the care plans reviewed were not adequately detailed to guide care delivery in relation to residents' preferences or needs.
- There was no evidence of updated assessments of social care needs for residents, particularly those residents under the age of 65, who wanted to access services in the local community.
- Upon reviewing wound care, the inspectors found that the inspectors found

that wound assessment were not completed at each dressing change. This made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Judgment: Not compliant

### Regulation 6: Health care

There were adequate arrangements in place for residents to access their general practitioner (GP) when required or requested. There was evidence that residents were supported to access allied health and social care professionals for additional expertise such as dietitian, physiotherapy and chiropody.

Judgment: Compliant

### Regulation 9: Residents' rights

- Inspectors reviewed minutes of residents meeting and found that while suggestions had been made by residents, there was no action plan to address the concerns and this was not followed up at the next residents' meeting.
- Residents located in a twin bedroom shared one television. Provision of one television in these bedrooms did not ensure that each resident had choice of television viewing and listening. Furthermore the location of the television in some bedrooms did not ensure that both residents could view the television comfortably or that both residents could view the television if one resident had their bed screens closed.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Our Lady's Manor Nursing Home OSV-0004632

Inspection ID: MON-0037543

Date of inspection: 24/05/2023

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Daily fire checks are now being allocated to the senior nurse on duty and they are being done twice daily in the morning before 08:00 and in the evening before 20:00.</p> <p>Roles, responsibilities and reporting structure are clearly set out in the Statement of Purpose, employee contracts, communication policy and delegation and supervision policy. We are reviewing the implementation of these policies to ensure that staff are appropriately supervised.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An independent review of the fire safety has been carried out which verifies that the safety improvement works meet the required standards. This report is dated 25th July 2023 and is attached to this action plan.</p> <p>There is a clear system in place to ensure that equipment is maintained. We engage a contractor to maintain our hoists and other equipment. The attached document shows that the relevant hoist was inspected on 19th May 2023 and required a bar clip. It was fixed on 26th June 2023. The same hoist had a missing bar clip reported as a fault on the 3rd February 2023. This was fixed on the 10th February 2023. These are evidenced by the attached maintenance records.</p>	

<p>The Centre has six hoists for an average occupancy of fifty two residents which allows for sufficient hoists even in the event that one hoist is inoperable.</p>	
<p>Regulation 31: Notification of incidents</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The alleged safeguarding incident has now been notified to the Chief Inspector. It was investigated at the time and logged as an incident on Xyea. However it was not notified as required at that time. The PIC is aware that incidents between residents may be a safeguarding issue and consequently are reportable.</p>	
<p>Regulation 10: Communication difficulties</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Pictorial menus are now available throughout the Centre.</p>	
<p>Regulation 12: Personal possessions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A review of all twin rooms has been carried out and some changes will be made to the layout of the rooms.</p>	
<p>Regulation 17: Premises</p>	<p>Not Compliant</p>

Outline how you are going to come into compliance with Regulation 17: Premises:  
There is an ongoing system of repair and maintenance in the Centre. Specifically:

1. The ceiling in bedroom 223 is being repaired.
2. Walls, doors and door frames are being repaired and replaced as necessary.
3. A schedule of wardrobes to be replaced was drawn up and these will be replaced over the coming months.
4. Some of the paving slabs are being re-laid.
5. The layout of the twin room has been reviewed. On the day of the inspection the privacy curtain was being laundered and is now back in the bedroom.
6. A review of all other twin rooms has been carried out and some changes will be made to the layout of these rooms.
7. PPE is no longer stored on the floor of the housekeeping room.
8. There is a clear system in place to ensure that equipment is maintained. We engage a contractor to maintain our hoists and other equipment. The attached document shows that the relevant hoist was inspected on 19th May 2023 and required a bar clip. It was fixed on 26th June 2023. The same hoist had a missing bar clip reported as a fault on the 3rd February 2023. This was fixed on the 10th February 2023. These are evidenced by the attached maintenance records. In any event the Centre has six hoists to ensure an adequate number even if one is broken. The hoists are charged in the basement which is why a staff member went there to collect a hoist.

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Care staff will inform residents in the morning what is on the menu for that day. If a resident wanted an alternative then the chef will prepare that.

A pictorial menu will be displayed on all floors in the Centre.

Residents will be reminded of what choice they made for dinner and if they want an alternative that could be provided.

All residents have been informed that they can request another option for breakfast. This is discussed on admission with all new residents that they have a choice of menu for all meals.

Some glasses had become etched from the dishwasher. These glasses have now been replaced.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Each resident has a hook on the back of bedroom doors to store their individual slings. These are now being used, not grabrails. CNM, staff nurses and senior HCAs to ensure that nothing is stored on grabrails.</p> <p>Walls, doors and door frames are being repaired and replaced as necessary.</p> <p>Some clinical sinks have been installed and a plan is in place for further installations.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An independent review of the fire safety has been carried out which verifies that the safety improvement works meet the required standards. This report is dated 25th July 2023 and is attached to this action plan.</p> <p>An updated fire risk assessment has been carried out by an external fire engineer. That report has been provided to the Chief Inspector.</p> <p>Daily fire checks are now being allocated to the senior nurse on duty and they are being done twice daily in the morning before 08:00 and in the evening before 20:00.</p> <p>The weekly fire alarm test is being carried out by the Maintenance Team.</p> <p>A review of where "procedures to be followed in the event of a fire" are displayed has been carried out. Additional information is now displayed around the Centre.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The prescription change was signed on the day of the inspection. A medication audit will be carried out to identify any gaps.</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  All care plans have been audited and updated as necessary. We have engaged a tissue viability nurse to provide further training and support for the nurses in the Centre.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  We have reviewed the minutes of the residents' meetings and developed an action plan to address any concerns / suggestions made by the residents.</p> <p>A review of all twin rooms has been carried out and some changes will be made to the layout of the rooms.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	26/07/2023
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/08/2023

Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/07/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	26/07/2023
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	31/08/2023
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	30/09/2023

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2023
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	30/09/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	26/07/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	26/07/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products	Substantially Compliant	Yellow	26/07/2023

	are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	26/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	26/07/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	30/09/2023

	may communicate freely and in particular have access to radio, television, newspapers and other media.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	26/07/2023