



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

Issued by the Chief Inspector

Name of designated centre:	St. Gobnait's Nursing Home
Name of provider:	St. Gobnait's Nursing Home Limited
Address of centre:	Drewscourt, Ballyagran, Killmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	10 October 2022
Centre ID:	OSV-0005668
Fieldwork ID:	MON-0037794

About the designated centre

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

St. Gobnait's in Ballyagran, Limerick provides 24 hour nursing care primarily for male and female residents over the age of 65 years. The maximum capacity is 20 residents and we provide respite care as well as long-term residential care. Residents ranging from low-level dependency to max-level dependency are catered for. We also cater for persons with intellectual, physical and sensory disabilities and those with varying levels of dementia who require nursing care. Admissions to St. Gobnait's are arranged following a pre-admission needs assessment. Mass is held weekly on a Friday and a Eucharistic Minister attends the home on Sunday. Services and activities available to residents are: a hairdresser, chiropody, physiotherapy, speech and language therapy, arts and crafts, a sensory garden, etc. Residents are continually consulted with regarding the operation of the Home. We at St. Gobnait's operate an open visiting policy with the exception of meal times to minimise disruption to our residents. Visitors are asked to sign our visitors book. We fully support families/ friends who wish to take residents out on day trips and encourage this practice where feasible. For distant relatives we have a Skype facility. Residents care plans are person-centred and are reviewed on a 3 monthly basis. A holistic approach is taken in relation to the resident's care. The accommodation consists of the following: ten single rooms and five twin rooms. There are three bath/ shower rooms. St Gobnait's Nursing Home organisational structure is very much person-centred with the resident being at the hub of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Monday 10 October 2022	09:15hrs to 17:15hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

The inspector observed that residents were supported to enjoy a good quality of life by a team of staff who were seen to be kind, polite and caring. There was a friendly and relaxed atmosphere throughout the centre. The overall feedback from residents who spoke with the inspector was that they were well cared for by the staff who knew them well and provided them with the help and support they needed.

The inspector was met by the nurse in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and met with ten residents who described their experience of living in the centre. Residents told the inspector that life in the centre was 'like being back at home'. One residents told the inspector that this was 'not a nursing home, it was just a home' and they described how staff and their environment made them feel 'comfortable and safe living here'. Residents told the inspector that staff felt like family and made them feel valued, respected and that their 'voice and opinion mattered'.

Residents described how staff provided care and support that respected their dignity and privacy. Residents told the inspector that staff encouraged them to maintain their independence with daily activities such as bathing and getting dressed in the morning but described how staff would wait outside their bedroom door in case they required some assistance. Residents told the inspector that they would not have to wait long for assistance from staff. Some residents were unable to express their views about the quality of the service they received. However, the inspector observed that those residents appeared relaxed and content in their environment. Staff were observed sitting with those residents in communal areas and supporting them to engage in activities and provided residents with assistance with snacks and refreshments.

The inspector observed that the centre was brightly decorated, well-lit and warm. Residents were observed independently walking around the centre, supported by appropriately placed handrails. Some residents were observed spending time in their bedroom listening to the radio and were later observed attending activities in the communal areas that they enjoyed. The centre provided accommodation to twenty residents in both single and shared bedroom accommodation. Residents could independently access the secured gardens that were maintained to a high standard. There were sheltered seating areas that residents were observed to use and enjoy. Staff were observed checking on residents who were outside and offering snacks, refreshments and blankets if they wished. The inspector observed that the provider had repaired issues previously identified with the floor coverings and seals along corridors and in bedrooms. This was observed to support effective cleaning of those areas and the quality of environmental hygiene. Some areas of the premises were observed to be cluttered. Equipment used by residents was inappropriately stored in communal bathrooms and this was observed to impede access to toilet and sink facilities.

Residents were complimentary of their accommodation and they were encouraged to personalise their bedrooms with personal items of significance. However, the layout of some shared bedrooms meant that not all residents occupying the bedroom had a chair to sit out on or equal private space when privacy screens were drawn. The inspector was informed that plans were in place to address this issue. Residents were satisfied with the storage facilities provided for their personal possessions. The inspector observed that a number of residents did not have call bell access in their bedrooms. Residents personal clothing was laundered by an external service provider. Residents reported their satisfaction with this service. Bed linen and towels were laundered on-site in a small laundry room in an out building. The laundry area was observed to be untidy and the equipment and environment was not clean on inspection.

The residents dining experience was observed to be a social and unhurried occasion. Residents were complimentary of the quality and quantity of food they received. Residents told the inspector that they looked forward to their lunch because the choice of meals resembled what they would have cooked when at home. Residents were provided with a choice at each meal and could also choose to have something off the menu such as a salad or fry if they wished. Staff were present during mealtimes to provide discreet assistance and support if required.

Throughout the inspection, the communal dayroom was observed to be hub of activity and social engagement. Residents were observed chatting with one another and staff. Activities observed on the day included music and bingo. Residents told the inspector that they had taken a number of trips to local amenities and described the most recent outing to a hotel for afternoon tea and drinks. Residents told the inspector that the person in charge met with them weekly where they were kept informed of changes to the service and could express their feedback or concerns they may have. Residents told the inspector that they had access to radio, television and newspapers if they wished. Residents were looking forward to meeting the new parish Priest and recommencing religious service in the centre.

Residents could receive visitors at scheduled visiting times and were supported to maintain contact with their family and friends through the telephone if they wished. Residents were also facilitated to go on outings with the relatives.

The following sections of this report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

Overall, the inspector found that the service had management systems in place that were implemented by an established management structure to ensure effective oversight of the quality and safety of the service provided to residents. While the provider had taken action to address some of the issues identified on the previous

inspection, the actions taken were not sufficient to achieve full regulatory compliance. Further action was required to strengthen the management oversight of risk, infection prevention and control, the maintenance of the premises, fire precautions and residents assessments and care plans.

This was an unannounced risk inspection carried out over one day by an inspector of social services to monitor compliance with the with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions taken by the provider to address the findings of the last inspection of the centre in January 2022.

The designated centre is a privately owned and family run service that was managed by the registered provider, St. Gobnait's Nursing Home Limited. The registered provider had an established governance and management structure in place where lines of accountability and responsibility were clearly defined. The management structure consists of the person in charge, who is also the representative of the company, and they are supported in their role by a person participating in management. The nurse in charge deputised for the person in charge and person participating in management in their absence and facilitated the inspection.

The quality and safety of the service was monitored through established management systems to support the management team to identify risks and deficits in the service. Since the previous inspection, a revised audit schedule had been implemented to monitor key aspects of the service such as the quality of care and supporting documentation, the environment and health and safety. The inspector reviewed a sample of completed clinical audits and found that some audit tools were not effective in supporting the management team to identify risks. For example, audits of falls reflected full compliance in falls management but had failed to identify that the management of falls was not consistently in line with the established procedure. Consequently, no quality improvement plan could be developed. There was evidence of effective communication with staff to ensure staff had appropriate knowledge with regard to potential risks to residents and their changing care needs. The management team had implemented a suite of standard operating procedures specific to conditions associated with the care of the older person to provide guidance for staff on meeting those care needs.

Risk management systems were underpinned by the risk management policy. Risks, with the potential to impact on residents' safety and welfare, were recorded in the centres risk register that detailed the controls and actions in place to reduce the risk of harm to residents. However, the inspector found that the identification and monitoring of risks, such as the risk of inadequate fire detection, was not robust to ensure that significant risks were identified and appropriately actioned to mitigate the risk of harm to residents. Adverse incidents and events involving residents were recorded in an accident and incident register. There was evidence of improvement action plans being developed following incidents involving residents to prevent recurrence.

Record-keeping systems were paper based and there was effective oversight of

those systems. Records required to be maintained in respect of Schedule 2 and 3 of the regulations were made available for review. The inspector found that a sample of staff personnel files reviewed contained the information as required by the regulations.

The provider had ensured each resident in the centre admitted for long term care had a contract of care in place, which detailed the terms on which the resident shall reside in the centre. However, services not covered by the nursing home support scheme, for which there was an additional service charge to residents, were not listed in the contract of care, which is a regulatory requirement.

The centre had sufficient staffing resources to ensure the effective delivery of care to residents in line with the centre's statement of purpose. There was a registered nurse on duty at all times who was supported by a team of healthcare staff. The service was also supported by housekeeping, catering and administration staff.

A review of staff training records evidenced that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions. Staff were appropriately supervised and supported by the management team.

Regulation 15: Staffing

The staffing number and skill mix were appropriate to meet the needs of the residents in line with the statement of purpose. There were satisfactory levels of healthcare staff on duty to support the nursing staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to access training appropriate to their role.

Arrangements were in place to appropriately supervise staff through daily management support, induction and performance reviews.

Judgment: Compliant

Regulation 21: Records

Information governance arrangements were in place to ensure secure record-keeping and file management systems were in place. Records in accordance with Schedule 2, 3 and 4 were available for inspection.

A sample of staff personnel files were reviewed by the inspector and there were securely stored and well maintained. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Nursing records were maintained on a paper based system that was made available for the inspector to review. Daily health and social care needs were documented for each resident.

Judgment: Compliant

Regulation 23: Governance and management

Action was required with regard to the management systems and oversight of aspects of the quality and safety of the service. This was evidenced by;

- The systems to monitor, evaluate and improve the quality of the service did not identify risks and deficits in some aspects of the service. For example;
 - Completed clinical and environmental audits with regard to falls management, call bells and maintenance of the premises and residents equipment were not effective in identifying deficits in the service and risks. Consequently, a quality improvement action plan could not be developed.
- The system to manage and review risks were not robust. For example;
 - Identification of risks was poor and not in line with the centre's own risk management policy. For example, the absence of fire detection in areas of the premises had not been identified and therefore no action had been taken to mitigate the risk.
 - Risks were not categorised according to their priority, reviewed or updated to assess the effectiveness of the controls in place.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care did not meet the requirements of the regulations. For example, residents were charged an additional service charge, however, the contract of care did not clearly outline what services were included in this fee.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place. There were no complaints received in 2022. However, a review of complaints received in 2021 evidenced that complaints were managed in line with the centre's policy and in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Through the inspectors observations and discussions with residents and staff, the inspector was satisfied that residents received an appropriate standard of person-centred health and social care to residents that promoted their rights and provided a safe and comfortable environment for residents to live in. While improvements were found with regard to the physical environment to support effective infection prevention and control measures, further action was required to ensure compliance with the regulation in respect of the premises, fire precautions, infection prevention and control and residents assessments and care plans.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire fighting equipment were available for review. Systems were in place to monitor means of escape to ensure they were unobstructed and monitoring of the fire alarm panel. The evacuation procedure had been revised to include manual closure of bedroom doors by staff in the event of a fire emergency and this was reflected in fire evacuation drill records. However, further action was required ensure residents safety in the event of a fire emergency. For example, while there was a sprinkler system in the external central heating area, there was no system in place for staff to monitor external areas of fire risk such as the laundry area and central heating area where fire detection was absent. Further findings are discussed under Regulation 28, Fire precautions.

A sample of residents nursing notes records were reviewed by the inspector. The inspector found that while all residents' health and social needs were assessed through validated assessment tools, the results of the assessments and person-centred care interventions for medical care needs were not consistently incorporated into the residents care plans such as the appropriate support and management of residents with diabetes. A review of care plans found that they were reviewed in consultation with the residents and, where appropriate, their relatives at intervals

not exceeding four months.

Residents were supported to retain their own general practitioner (GP) if they wished. Residents were reviewed by their GP as required or requested. Systems were in place to refer residents to allied health and social care professionals for additional assessment and expert advice. There was evidence that that recommendations made by professionals was implemented and reviewed to ensure best outcomes for residents.

Arrangements were in place to monitor residents' nutritional status and residents at risk of malnutrition. There were clear pathways to follow should a residents be identified as at risk of malnutrition. This included monitoring of weight and nutritional intake and referral to dietetic services for further support and expertise.

Systems were in place to monitor and reduce restrictive practices in the centre. A restrictive practice register was maintained in the centre that monitored the use of chemical and physical restraint. Risk assessment were completed for residents that required, or requested, the use of bedrails. Risk assessments detailed the analysis of potential risks to residents regarding the use of bedrails and the alternative trialled.

The centre was found to be clean to an acceptable standard in all areas occupied by residents. Alcohol hand sanitisers were placed throughout the centre and there were two dedicated hand wash sinks located on corridors and in communal areas for staff to use. Housekeeping staff demonstrated an appropriate knowledge of the cleaning procedure. Monitoring of infection prevention and control was supported through audits of the physical and clinical environment, cleaning records and analysis of staff practices such as the wearing of personal protective equipment and hand hygiene. However, the management and storage of items and equipment in communal bathrooms and in the sluice room compromised effective infection prevention and control through increasing the risk of cross contamination of clean items. Further findings are described under Regulation 27, Infection control.

There were opportunities for residents to consult with management and staff on how the centre was run. A resident satisfaction survey was carried out in 2021. There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

The provider had arrangements in place for residents to receive visitors.

Regulation 11: Visits

The inspector found that residents were facilitated to receive visitors in designated visiting areas and in the privacy of their bedrooms.

Judgment: Compliant

Regulation 17: Premises

While there was an ongoing programme of maintenance, there were areas of the premises that required action to comply with Schedule 6 of the regulations. For example;

- There was inadequate storage facilities for equipment used by residents. For example, hoists, slings, linen trolleys and mobility aids were inappropriately stored in communal bathrooms and bedrooms making the area inaccessible to residents and creating a trip hazard.
- A number of bedrooms did not have a call bells available for residents occupying those rooms.
- Some equipment used by residents was in a poor state of repair such as a visibly damaged hoist sling and shower guard.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents told the inspector that they contributed to the development of the menu in the centre and they enjoyed a choice of foods at each meal sitting. A review of resident questionnaires also confirmed residents were satisfied with the meals provided in the centre.

Menus were clearly displayed and updated daily with the meal choices on offer. Residents confirmed that they could request other meals such as salads, cold plates and sandwiches if they preferred something that was not on the menu. Residents told the inspector that snacks and drinks were available to them throughout the day.

Residents dietary needs were recorded in their care plans and details the dietary requirements of residents such as those who required modified consistency diets and diabetic diets.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk

management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident. There was an up-to-date plan in place to respond to major emergencies, including COVID-19.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements under Regulation 27 to ensure that procedures, consistent with the HIQA National Standards for Infection Control in Community Services are implemented. For example;

- The management and storage of equipment used by residents did not ensure that the risk of cross infection was minimised. Hoist slings, mobility aids and other equipment such as clean linen trolleys were stored in communal bathrooms posing a risk of cross infection.
- Residents personal items, such as razors and toiletries, were inappropriately stored in communal bathrooms which increased the risk of cross infection to residents.
- The laundry room did not allow for the segregation and flow of clean and soiled laundry to minimise the risk cross contamination. This area was not cleaned to an acceptable standard and hand hygiene facilities were not available in the laundry.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to comply with fire precautions in the centre. The was evidenced by;

- Some residents personal emergency evacuation plans did not contain essential information such as the method to transfer residents from their bed to their prescribed mobility aid during during evacuation. This created a risk of delaying the timely evacuation of residents in the event of a fire emergency.
- Means of escape were obstructed with mobility aids and linen trolleys at periods during the inspection.
- Weekly testing of the fire alarm systems was not consistently completed as

evidenced by gaps in the fire register.

- There were two areas of the centre that did not have appropriate fire detection or systems in place to monitor and manage both areas of potential fire risk.
- There were gaps in areas where services were penetrating the ceiling. For example, there were gaps around pipes that entered the attic space in the sluice that had not been appropriately fire stopped or sealed to prevent or contain the spread of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents care plans found that they did not contain the necessary information to guide the safe and effective deliver of care to residents. For example;

- The care plans in place to support residents with the management of diabetes were not reflective of the residents medical care needs. Consequently, the care plan did not guide the staff on the appropriate monitoring of the residents.
- Some residents at risk of falls did not have an appropriate assessment of risk completed following a falls incident. As a result, the care plan did not reflect the residents increased risk of falls or the interventions necessary to support the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied healthcare support to meet their needs. Residents had timely access to their general practitioner (GP) and were provide with access to allied health and social care professionals such as dietetic services, speech and language, tissue viability nursing expertise as required. There was evidence that the recommendations of health and social care professionals was implemented to ensure best outcome for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was promoted in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed for their appropriateness.

Staff demonstrated an awareness of how to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspectors found that the staff made satisfactory efforts to ensure the residents' rights were upheld and residents were support to exercise choice in many aspects of their daily lives. Staff were observed to engage in positive, person-centred interactions with residents.

Residents were supported to maintain links with their community and to enjoy local amenities. There was an activity schedule in place. Residents were observed to be socially engaged throughout the day of the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Gobnait's Nursing Home OSV-0005668

Inspection ID: MON-0037794

Date of inspection: 10/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Ensure that our auditing system is centre specific. Reconfigure same to ensure that risks and deficits in relation to service provision are identified more clearly so that a quality improvement action plan may be put in place. • Redo our risk register to ensure that it is in line with our risk management policy. Going forward, all risks will be colour coded to highlight level of priority. Ensure that all necessary controls are put in place to address risks and actions identified to mitigate same. • Monitor and evaluate auditing system to ensure that controls that have been put in place are effective and, if not, what may be changed to correct same. • Consult with our Fire Safety Company to carry out any necessary works to ensure compliance with regulations. A daily checklist will be in place to ensure that identified areas are safe until necessary works can be carried out. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • Outline what our service charge includes in all contracts of care. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Identify suitable storage area for residents mobility equipment and laundry trolley with immediate effect. • Call bells have been replaced in bedroom • Purchase new slings where necessary and ensure that any defects noticed on slings during are logged on the checklist. Management will review same on a weekly basis. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Ensure that the linen trolley and mobility aids are not stored in communal bathrooms with immediate effect. • Residents personal items have been removed from communal bathrooms and placed in cupboards in their own bathrooms. • The laundry has had a deep clean and going forward will be included on the daily cleaning schedule. We have also reviewed our laundry area to ensure that there is a dirty-to-clean flow system in place with red lines marked on the floor to identify sections. • Radiators that were identified as rusty have been painted. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Update Personal Emergency Evacuation Plans for all residents. • Ensure that fire exits remain unobstructed at all times with immediate effect. • Ensure that the Fire Register is completed on a weekly basis with immediate effect. • Contact our Fire Safety Company to address areas that require fire detection systems and appropriate fire sealant. Until the Fire Safety Company can call ensure that the boiler house is risk assessed checked twice daily and a log kept of same identifying any issues detected. 	

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> <ul style="list-style-type: none">• A new Diabetes Care Plan has been developed since inspection. Going forward, management will review 5 care plans per week ensuring that information is accurate and up-to date.• Review risk assessments in relation to falls and update accordingly.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	12/10/2022
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	29/11/2022
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	29/11/2022

	the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
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	12/10/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/11/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	29/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	29/11/2022

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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