



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

Issued by the Chief Inspector

Name of designated centre:	Nephin Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	132 - 134 Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	24 October 2022
Centre ID:	OSV-0005880
Fieldwork ID:	MON-0038242

About the designated centre

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

Nephin House is a purpose built facility and has a combination of single and shared accommodation over three floors. The centre can accommodate 62 residents, both male and female over the age of 18 years. There is an enclosed garden area located to the rear of the building which is accessible from the large dining room. Nephin House is situated on the busy Navan Road, and a variety of bus routes stop close by. Prior to admission to Nephin House, the resident is fully assessed by the director of nursing. A range of activities are provided which encourage residents to keep mobile and take an interest in life. Outings to the nearby community parks can be arranged. Full time nursing care is provided, for residents with needs that range from mild dependency to full dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 24 October 2022	08:05hrs to 17:00hrs	Margaret Keaveney	Lead
Monday 24 October 2022	08:05hrs to 17:00hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Nephin Nursing Home and their rights were respected in how they spent their days. Residents who spoke with inspectors expressed great satisfaction with the staff, the food, bedroom accommodation and the services provided to them.

Throughout the day of the inspection, inspectors observed that staff adhered to COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed. The receptionist was responsible for the visitor sign in book, and implementing COVID-19 precautions such as temperature check and mask wearing.

Following a short opening meeting with the person in charge, inspectors were accompanied on a tour of the premises. The centre was seen to be bright, clean and pleasantly decorated throughout, with the entrance hall and communal areas beautifully decked out for the upcoming Halloween festivities. Residents' art work was displayed throughout the centre, and picture collages showed the various events and celebrations that residents had enjoyed throughout the year, including Mother's Day 2022, Nurses Day 2022 and Bealtaine.

The design and layout of the home promoted free movement, with appropriately placed handrails along corridors and clear directional signage in place to key areas of the centre. Residents' accommodation and living spaces were laid out over three floors. Residents had named each floor after well-known Dublin streets. The floors were serviced by two lifts and all areas were easily accessible to residents. Access to the second floor was via key pad locked doors, to promote the welfare of residents who had poor safety awareness. Some residents on the floor were provided with the keypad code and so were free to move around the centre as they wished. There was also a basement floor, in which the oratory and visitors room were located. However, these rooms were not available for resident's use as they were assigned as staff break rooms.

Bedroom accommodation comprised of 56 single and 3 twin bedrooms, all of which were ensuite and provided the residents with privacy and dignity. Inspectors saw that there was sufficient secure storage in the bedrooms for residents' possession and valuables, and that each room had a television for entertainment. Inspectors observed that residents were supported to personalise their bedrooms, with items such as photographs, ornaments and prints, to help them feel comfortable and at ease in the centre. Inspectors spoke to 12 residents, all of whom expressed great satisfaction with their bedroom accommodation.

There were a number of spaces for residents to relax in, including bright and pleasantly decorated day/dining rooms on each floor. There was also a comfortable room on the ground floor available for residents and visitors to meet in , and to

make and enjoy tea and coffee refreshments throughout the day. Day/dining rooms were comfortably furnished with an adequate amount of seating, and were nicely decorated with wall art and house plants. There were also TVs, board games and books easily available for residents' use, as they wished. Large floor to ceiling windows in the day room/dining rooms on the first and second floors offered residents pleasant views over the surrounding neighbourhood. However, inspectors observed that the layout of seating, in lines along the walls, in these two rooms did not encourage social interactions and prohibited some residents from comfortably viewing the televisions in the rooms.

A well maintained garden was situated to the rear of the centre and was easily accessible to residents. There were wide paths for residents to safely mobilise along and to view the planting. There was set of garden furniture for residents and visitors use in the garden. There was also a smoking hut situated in the garden. Inspectors alerted the person in charge that the bin in the hut required immediate attention as it was overflowing with combustible paper rubbish, which posed a fire risk. Other fire safety risks were identified in the hut, which are discussed later in this report.

Feedback from residents on the staff was overwhelmingly positive. One resident informed inspectors that staff were 'brilliant', while others commented that they were 'outstanding' and 'very hardworking and would do anything for you'. Inspectors observed that staff greeted residents by name and were familiar with their interests, like and dislikes, and residents were seen to be relaxed in the company of staff. Inspectors also observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering. Residents were also familiar with the name of the person in charge and assistant director of nursing, and said that they were approachable if they had any issues or concerns.

Mealtimes were seen to be a busy but social occasion. Residents mostly expressed a high level of satisfaction with the food provided, and a review of a recent resident survey verified this. One resident told inspectors that 'the food is lovely', while another stated that the porridge was 'delicious' and that they greatly looked forward to it each morning. Inspectors were informed that some changes had been made to the menu based on the survey results. All residents spoken with confirmed that a choice of food was on offer at all mealtimes, and staff were observed to assist residents, in need of support during mealtimes, in a kind and patient manner.

Residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the arts and crafts. Two activity co-ordinators organised and encouraged resident participation in events. An activities schedule was on display on each floor, and inspectors observed that residents could choose to partake in board games, bingo, quiz games, movie evenings, singing and dancing. Each month residents celebrated a particular theme, such as Spring or Halloween. Newspapers were delivered daily for residents' enjoyment, and televisions and music systems were provided in the communal areas. Inspectors were informed that a planned outing to the Botanic gardens had been cancelled due to transport issues, but that residents were frequently accompanied by staff to a

number of nearby churches.

Inspectors spoke directly to six staff. Staff that were questioned on the safeguarding procedure were aware of how to appropriately respond to a safeguarding incident and all said the safety of the resident was their priority in any given event.

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. The floors were serviced by two lifts and all areas were easily accessible to residents. Access to the second floor was via key pads locked doors

Capacity and capability

Overall, inspectors found that residents living in the centre received a good standard of care that met their assessed needs. There were systems in place to ensure that residents had access to healthcare and that residents lived as independently as possible. However, improvements were required to ensure that there were robust management systems in place to monitor and review staff training, care planning, the configuration of double occupancy rooms, infection control, and to ensure a safe and effective service was provided to residents.

Nepin Nursing Home is operated by Willoway Nursing Home Limited who is the registered provider. There is an established governance and management structure in place in the centre. The person in charge worked full time and was supported with operational issues by an assistant director of nursing, the registered provider representative and an experienced senior management team. They were also supported by a team of nurses, healthcare assistants, activities co-ordinators, and catering and domestic staff in providing appropriate care to residents.

The group's senior management team met with the person in charge monthly, through a suite of meetings, to review the quality and safety of the service. Reports on areas such as key clinical parameters, staffing levels, the facilities, infection prevention and control and complaints were generated by the person in charge and provided to the registered provider. However, inspectors found that a schedule of auditing was not used to guide the management team in monitoring the service. This resulted in some key areas of the service not being monitored and in some audits being completed infrequently. Therefore, inspectors were not assured that the registered provider had identified all areas of the service requiring action. An assistant director of nursing (ADON) had been recently appointed to the centre and showed the inspectors that they were in the process of introducing new audit templates to cover all areas of the clinical care being provided to residents.

The registered provider had completed audits on some aspects of the service including care planning, medication management and infection prevention and

control. Although completed audits were analysed and had identified areas as needing improvement with some action plans developed, the audits had not highlight areas identified by the inspectors as requiring action. For example, infection control issues in the treatment room and residents access to appropriate communal space. There was also limited evidence that some action plans had been adequately completed to bring about the required service improvements. This is further discussed under regulation 5: Individual assessment and care planning. Inspectors also observed that a number of key areas of clinical care were not being monitored such as skin integrity and falls.

An annual review of the service had been completed for 2021, and residents were consulted on the service being provided to them through resident meetings and surveys. However, a review of resident meeting minutes for July 2022 showed that residents had requested to meet with the senior management team and to avail of external outings, neither of which had happened by the day of the inspection.

Staffing levels were monitored to take into account the changing needs and dependencies of the residents. From a review of rosters and observations throughout the day, inspectors were assured that there were sufficient nursing and care staff to meet the assessed needs of residents. Two activities staff were rostered over seven days of the week to meet the recreational needs of residents. On the day of the inspection, there were sufficient cleaning staff in the centre.

From observations and a review of documentation, there was an induction programme in place for all staff, to ensure that they were well supported to provide appropriate care to residents. Training records showed that there were gaps in staff mandatory training, which could impact on the care being provided to residents. Refresher courses in mandatory fire safety training, safeguarding and manual handling training were out of date for a significant number of staff. It was noted however, that a manual handling course had been cancelled externally in September and that another date was planned for November 2022.

Inspectors reviewed three contracts for the provision of services and found that two clearly specified the terms and conditions of the residency. The third contract was for a resident living in a twin room but their contract was for a single occupancy bedroom. This was discussed with the management team and assurances were provided that terms of the residents' contract from single to shared room occupancy would not change unless agreed to by the resident.

The centre's statement of purpose did not accurately describe the service being provided to residents. It had not been revised to reflect changes in the use of resident facilities or in the staffing model in the centre.

Regulation 15: Staffing

A minimum of two staff nurses were on duty in the centre at all times and inspectors were assured that appropriate numbers of skilled staff were available to meet the

assessed needs of residents as described in the centre's statement of purpose. Each member of staff was aware of their roles and responsibilities regarding providing person-centred care and timely assistance to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that a significant number of staff were not up to date with their mandatory training, in areas such as fire safety (22%), moving and handling (35%) and training in safeguarding vulnerable adults from abuse (24%). This could impact on the safety of residents living in the centre and on the quality of care delivered to them.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements to the oversight systems in the centre were required, in order to ensure that safe, appropriate and consistent care was being delivered to residents in the centre. For example:

- The registered provider did not have systems in place to ensure that the facilities, available to residents, met their needs. For example, due to changes in the use of resident communal spaces in the basement, there was insufficient communal space available to residents, which had not been identified by the registered provider.
- The registered provider had not informed the Chief Inspector of Social Services of changes in the facilities within the designated centre, which is a breach of their registration condition 1. For example, the oratory and a visitors room were not in use as staff break rooms.
- Inspectors saw that key areas of the clinical care being provided to residents were not being monitored, which could result in ineffective care being provided to residents. For example, information on pressure ulcers was not being gathered and analysed. Therefore, the management team had not identified that a care plan for a resident with a pressure ulcer had not been developed.
- There was no senior management oversight to ensure that cleaning schedules were completed. Inspectors were informed that nurses were responsible for the oversight of cleaning on each floor. A review of cleaning schedules evidenced significant gaps, particularly with regard to deep cleaning. Also some completed cleaning sign off sheets were not dated which did not provide assurances that cleaning was adequately completed to

protect residents from the risk of infection.

- There was no oversight system in place to ensure that when a resident was referred to a care or health support service that such referrals were actioned and completed. A review of residents' records showed that on two occasions, one month after a referral had been recommended, the referral had not been made.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The sample of resident contracts reviewed met the regulatory requirements, and clearly laid out the services offered to residents, including charges and any additional fees.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose available on the day of the inspection did not accurately reflect the facilities available to residents. For example;

- Inspectors observed that the registered provider had converted a number of communal spaces from resident use to staff use. For example;
 - the oratory was being used as a storage area and staff area
 - a room allocated to residents and their visitors was also used as a staff area
- A change in the senior nursing management structure was also not reflected in the current statement of purpose. The registered provider now employed an assistant director of nursing and one clinical nurse manager to support the person in charge. However, the statement of purpose stated that two clinical nurse managers supported the person in charge.

Judgment: Substantially compliant

Quality and safety

Overall, the residents in the centre were receiving good clinical care from staff, and had a choice of how they spent their days. However, improvements were required

within individual assessment and care planning, premises and infection control processes.

Inspectors reviewed a sample of care plans to follow up on information submitted to the Chief Inspector of Social Services. In the sample of resident records reviewed, inspectors observed that there was care planning documentation available for each resident and that a pre-admission assessment had been completed prior to their admission, to ensure that the centre could meet the residents' needs. However, a number of plans required improvement to reflect the assessed needs of residents and to allow staff to provide appropriate care for residents. For example, one resident had two care plans on the management of constipation which did not contain similar care guidance. While for another resident with a pressure ulcer, there was no plan in place to guide staff on how to manage their care.

There were clear policies and procedures in place for the prevention of and responding to allegations of abuse. Records showed that all staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with inspectors were clear about their responsibility to keep residents safe and knew how to report any concerns or allegations in relation to abuse. The registered provider provided assurances that all staff working in the centre had Garda vetting in place.

Residents had access to fresh drinking water, and drinks and snacks were provided at regular intervals through the day. At lunch and tea time there was a second choice of meal on the menu, and residents specific dietary needs were met.

Overall, inspectors found that the premises provided a safe environment for residents. It was kept in a good state of repair, and was clean, warm and suitably decorated. However, inspectors identified issues with the use of communal space within the premises that was not in accordance with the statement of purpose. This is further discussed under Regulation 17 Premises below.

The registered provider had adequately resourced the designated centre with sufficient cleaning staff and equipment and supplies of personal protective equipment (PPE). Cleaning staff spoken with demonstrated a good knowledge of cleaning processes and had a system of colour-coded cleaning cloths in place, with appropriate separation of clean and unclean items during cleaning processes. Other infection prevention and control practices had been implemented to manage or prevent infection in the centre, such as the use of transmission-based precautions for residents and the monitoring of staff and visitors for signs and symptoms of COVID-19. However, some improvements were required to ensure that infection prevention and control practices in the centre were effective. These are further discussed under Regulation 27 below.

Regulation 17: Premises

Action was required on the premises to ensure that it promoted a comfortable living

environment for all residents. For example,

- The oratory and a visitors rooms on the basement floor were not available to residents for use as communal areas or as private spaces. On the day of the inspection, both rooms were in use as staff rooms. Therefore, the registered provider was not providing adequate communal space for the recreational and social needs of the number of residents living in the centre.
- Inspectors reviewed the floor space allocated to residents in three double occupancy bedrooms and saw that a number of these floor spaces measured less than 7.4m². Although on the day of the inspection each of these bedrooms was occupied by a single resident, the configuration of the floor spaces did not afford each resident adequate private space when fully occupied.
- Inspectors observed that the smoking hut in the garden was not suitably equipped to protect residents in need of assistance or in the event of a fire. There was no call bell or firefighting equipment in the vicinity of the hut.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times. Residents expressed overall satisfaction with food and nutrition.

Judgment: Compliant

Regulation 27: Infection control

Improvement was required in the following areas:

- There was no clear flow in the laundry room of the clean and dirty linen. This practice could result in the spread of infection.
- There was inappropriate storage of items in a sluice room and in a cleaners room, such as a cleaning trolley and a chair support cushion in the sluice room and a visibly dirty toilet seat raiser in the cleaners room. This practice poses the risk of cross-contamination.
- Inspectors observed that personal hygiene items, such as shampoo and shower gel, were unlabelled in communal bathrooms, which created a risk of cross-infection from one resident to another.
- Sharps bins in the treatment room did not have the temporary closure

mechanism engaged when not in use. This posed a risk that staff could be inadvertently exposed to contaminated items stored within them.

- The clinical hand wash sink in the treatment room was visibly dirty, and on request there was no cleaning schedule for this room. This could result in cross-infection for staff when performing hand hygiene.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, improvements were required to ensure that resident's received the care and supports required to maximise their quality of life. For example:

- A number of care plans were not personalised. For example;
 - For one resident at risk of abuse, known safety interventions were not documented in their care plan records.
 - The guidance for staff on caring for one resident with a hearing impairment was not summarised in their care plans. One care plan titled 'Other' referred to their hearing impairment, while their 'Communications' care plan did not refer to it. This could lead to inappropriate support being provided to the resident by staff.
- There was no care plan in place to guide staff on caring for a resident with a pressure ulcer. Although the resident had been reviewed by the tissue viability nurse some months prior to the inspection, their care advice was not documented in care plan records, and there was evidence that the full care advice was not being followed.
- Inspectors saw that care plans to meet the assessed needs of residents were not developed, for all residents reviewed, within 48 hours of admission as required by the regulation.
- Inspectors also observed that a number of care plans had not been reviewed within the timelines set out in the regulation.

Judgment: Not compliant

Regulation 8: Protection

There was a policy in place to guide staff on safeguarding vulnerable residents from abuse, and staff spoken with were clear on the procedure to be followed to protect residents from abuse and on how to manage any allegations of abuse.

There were other adequate measures in place to protect residents; including staff

training and appropriate processes to manage residents' pensions.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nephin Nursing Home OSV-0005880

Inspection ID: MON-0038242

Date of inspection: 24/10/2022

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 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> <ul style="list-style-type: none"> - A full review has been undertaken of the training matrix and all staff are currently undertaking any mandatory training required. Any training provided by external providers has dates scheduled for the earliest available dates. This will be completed by January 12th 2023. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - A full review has been undertaken on resident access to communal and shared spaces within the home. The oratory has been returned to it’s specified use as an oratory and not a staff breakroom. The visitor’s room is accessible and for use by any resident who may wish to do so either alone or with visitors. This was completed in November 2022. - A full review will be undertaken on the monitoring of clinical information such as pressure ulcers through increased audits and analysis of findings. Increased audits will be conducted by the management team in relation to the follow up of referrals and care planning. A clear process is being developed to ensure any changes in resident needs are captured in a timely manner, the management team is updated and any necessary referrals will be sent and followed up by the management team. This will be completed by March 31st 2023. - A full review of the referral process will be undertaken to ensure that all referrals and associated documentation are updated and in place. This process will also be agreed with 	

members of the MDT to ensure adherence. This will be completed by January 31st 2023.

- Increased oversight of cleaning schedules have been put in place with additional checks completed daily by household coordinator to identify any potential gaps. This was completed by December 7th 2022. Ongoing recruitment is underway to address any potential staffing shortages in housekeeping team.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- All communal spaces within the centre have been reviewed and are in place in line with the Statement of Purpose This was completed November 2022.
- The Statement of Purpose has been updated to accurately reflect the governance structure within the centre. This was completed November 2022.

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

- All communal spaces within the centre have been reviewed and are in place in line with the Statement of Purpose ensuring there is adequate communal space within the centre for all residents. This was completed in November 2022.
- A full review of double rooms within the centre is currently underway with the configuration of each space being considered to ensure adequate private space for all residents. This will be completed by March 31st 2023. Currently these rooms only have one resident residing in them.
- A full review has been undertaken of the smoking area and it's vicinity to appropriate fire safety equipment. Additional fire safety equipment has been ordered to place to the entrance closest to the smoking area. An external doorbell has been placed in the garden for use in the event of a resident needing assistance while in the garden. This was completed December 2022.

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

control:

- The process for segregation of clean and dirty linen was reviewed on the day of inspection and clear signage and processes implemented to ensure safe practices for the segregation of linen. This will be monitored on an ongoing basis through regular audit and review. This will be completed January 31st 2022.
- There is ongoing communication with staff to ensure that personal hygiene products belonging to each resident are not stored in communal bathrooms. This is supported by ongoing daily review by the management team. This was completed November 2022.
- The inappropriate storage of items in sluice rooms and cleaners rooms has been reviewed and the practice discontinued. This is communicated to all staff and monitored on a daily basis by the management team. This was completed November 2022.
- Informal education sessions will be delivered to all staff to ensure adherence to safe sharps practices within the homes including the closing of sharps bins correctly when not in use. This will be monitored through regular audit in the centre. This will be completed January 31st 2022.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- full review will be undertaken of the processes for the completion of assessments and appropriate care plan development within the timeframe stipulated in the regulation. This will include ongoing education for staff, regular audit and review by the management team with all findings fed back to the team in a timely manner. This will be completed by January 31st 2022.

-As discussed under Regulation 23 increased audits will be conducted by the management team in relation to the follow up of referrals and care planning. A clear process is being developed to ensure any changes in resident needs are captured in a timely manner, the management team is updated and any necessary referrals will be sent and followed up by the management team. This will be completed by March 31st 2023.

-A full review of the audit schedule and any corrective actions will be undertaken with ongoing feedback provided to all staff in a timely manner. This will be completed by March 31st 2023.

-A planned review is being undertaken on the documentation used in the home for care planning to promote person centred care planning and documentation. This will be completed by March 31st 2023.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/01/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/11/2022
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	31/01/2023

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.	Not Compliant	Orange	31/03/2023
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	31/01/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/01/2023
Regulation 5(3)	The person in	Substantially	Yellow	31/01/2023

	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 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.	Substantially Compliant	Yellow	31/03/2023