



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Cara Nursing Home
Name of provider:	Shannore Management Ltd
Address of centre:	Redemption Road, Blackpool, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	18 October 2023
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0039143

## About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoined day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

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

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 18 October 2023	09:00hrs to 17:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to enable residents have a good quality of life. The inspector met with many residents during the inspection and spoke with seven residents in more detail to gain insights into their experience of living in the centre. Residents gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre.

The inspector was guided through the centre's risk management procedures, which included a signing in process and hand hygiene. An opening meeting was held with the person in charge and a walk-about the centre was completed. There were 25 residents residing in Mount Cara Nursing Home at the time of inspection.

This was a single-storey building. The main entrance was wheelchair accessible and led to a small porch; the reception office and the parlour were located beyond the porch. The parlour was a smaller sitting room used by residents to meet with their visitors, if they preferred a quiet room and privacy. Registration certification, current insurance certificate and complaints procedure were displayed within the lobby. Below the complaints procedure, there was a secure box to facilitate residents and visitors to leave their feedback. Also available at reception was a copy of the statement of purpose, residents' guide, inspection reports and leaflets with information on flu vaccines. The main fire alarm system was in the reception area and secondary fire panels were located on corridors off the foyer. Leading from the reception was the large foyer which had a high glass dome making the space bright and airy. Residents were seen here throughout the day meeting up with their friends, chatting and reading the newspaper. Offices of the nursing staff and the clinical room were here. Communal rooms were within easy access of the main foyer and included the dining room, lounge day rooms, oratory and toilet facilities. Residents' bedroom accommodation was along two adjoining corridors to the right of the foyer area. There were two bathrooms available to resident with specialist baths facilitating residents to enjoy Jacuzzi-type baths.

The main day room was a large bright room which led into another large room via an archway; both rooms had a large flat screen TV. There was ample space and comfortable seating for residents; pressure-relieving cushions were seen on several chairs in day rooms and in the foyer for residents' comfort. There were large tables for group art and craft activities, and smaller tables alongside residents for their individual use. Off these day rooms there was a smaller conservatory with seating, and access to the garden. These rooms along with the main foyer were decorated for Halloween. The smokers' room was located beyond the small conservatory with outdoor exit access to the enclosed garden. This room had a wall mounted electric cigarette lighter which negated the requirement for matches or lighters. One of the residents spoken with here showed the inspector the new call bell located on the wall, to enable residents and staff call for assistance if required.

Other communal space available to residents included the sun room which was located along the left corridor off the foyer. This was a lovely bright room with comfortable seating and small resting tables for residents to place their beverage, book or newspaper. There was a patio door exit to the outdoor patio area which led to the garden and walkways around the building. The courtyard in the centre of the building was visible from one corridor, and was seen to be used by staff for drying laundry.

The hairdressers room was along the back corridor and the hairdresser visited the centre on a fortnightly basis. This room was decorated with lots of photographs of Hollywood superstars of the 50s and 60s such as Marilyn Monroe, Audrey Hepburn and Gregory Peck. Orientation signage was displayed around the building to allay confusion and disorientation. There were lots of photographs displayed of residents enjoying parties and activities.

The oratory was a lovely peaceful room located off the main foyer. One resident spoken with explained that she came to the oratory a few times a days; her first visit was after breakfast in the morning and said her 'guardian angel' prayer which set her up for the day and then called at different times throughout the day, as she loved the room and found it very peaceful.

Some residents spoken with said that they had breakfast in their bedrooms and others were seen coming to the dining room for their breakfast throughout the morning. The dining room had tea, coffee and toast making facilities which enabled residents to make their own if they chose. There were two toasters, one for gluten free bread and the other for standard bread. Menu choice was displayed by the dining room entrance. The inspector spoke with residents while waiting to be served their main meal. Resident reported that the quality of food was good. Normal socialisation was observed between residents, and residents and staff. In general, residents were served together at tables in line with normal dining and there was minimal waiting time for residents to be served. Meals were pleasantly served and looked appetising.

Residents were observed to enjoy the live music session in the afternoon. Staff supervised the dayroom and encouraged residents to sing along and participate in the music entertainment. The gentleman played the guitar and sang, and his granddaughter accompanied him and residents were delighted with her singing and dancing. There were no staff identified with responsibility for activities in the morning and residents were seen to sit around with little engagement during the morning time.

All bedrooms were single occupancy and were of adequate size and layout and could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe space for storage and hanging their clothes. All bedrooms had handwash sinks as part of their vanity unit; some of the vanity units were seen to be chipped exposing wood underneath. Bedroom doors had residents' names displayed. Also on bedroom doors was signage with reminders to staff to knock before entering bedrooms. Staff were seen to knock before entering residents'

bedrooms and announce themselves to residents in a friendly manner. Call bells were fitted in bedrooms, bathrooms and communal rooms. Communal shower, toilet and bath facilities were located within easy access of communal areas and bedrooms. Assistive equipment such as pressure-relieving mattresses were in place for the comfort of residents.

The centre was visibly clean and household staff spoken with were knowledgeable regarding cleaning regimes. Some hand hygiene gel dispensers were broken and the household staff explained they were all being replaced and were awaiting their delivery. Most staff were seen to comply with infection control best practice, however, one staff was observed to carry and hold soiled clothing and a commode insert against their uniform without the appropriate personal protective equipment (PPE).

Cleaning trolleys had lockable storage to ensure cleaning solutions could be appropriately secured. There was ample space to facilitate storage of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was serviced and emergency evacuation plans were displayed with primary evacuation routes detailed. Fire smoke detectors were located in rooms such as bedrooms, storage rooms, laundry and communal rooms. All internal fire doors on corridors were checked and aligned correctly.

The laundry was secure to prevent unauthorised access. There was a separate hand-wash sink for staff. The clean and dirty side of the laundry was clearly marked to assist staff in adhering to best practice regarding movement between the sides. Linen stores were well stocked with sheets, pillow cases, blankets and pillows.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to staff complement, fire safety precautions, availability of the dining room for breakfast, statement of purpose regarding deputising arrangements for periods when the person in charge was absent from the centre, and aspects of infection control. Further attention was necessary regarding regulations relating to the records maintained in relation to staff files, Schedule 5 policies and procedures (this was a

repeat finding), the annual review, features of care documentation, and aspects of infection control.

Mount Cara was a residential care setting operated by Shannore Management Limited. It was registered to accommodate 26 residents. The governance structure comprised the nominated person representing the registered provider, the person in charge who reported to the nominated person, and deputising arrangements for the person in charge. The person in charge was supported on site by nursing, care staff, catering and household staff.

The registered provider had applied to renew the registration of Mt Cara Nursing Home. The appropriate fees were paid and specified documentation submitted as part of the application. The statement of purpose and floor plans were updated prior to the inspection to ensure compliance with regulatory requirements.

Quality and safety of care and quality of life was monitored through audits and maintaining weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, antibiotic usage were examples of the range of KPIs monitored. These along with the results of monthly audits informed the monthly quality management meetings. There was a set agenda for the quality meetings with clinical, HR, external reports, health and safety items; quality of life items included complaints, feedback from residents meetings, accidents and incidents for example.

There were no volunteers to Mt Cara nursing home. There were adequate staff to the size and layout of the centre, and the current dependency levels of residents in the centre. The person in charge assured the inspector that there was ongoing monitoring and oversight of the staff complement with ongoing recruitment to ensure the duty roster was maintained for eventualities such as holiday and sick leave. However, responsibility for activities was not allocated to staff for occasions when the activities person was not on duty and residents were seen to sit in day rooms with little staff engagement during the morning time. The training matrix was examined and showed that mandatory training was up to date for all staff. A sample of staff files were reviewed and these required further attention to ensure they had the required information as specified in Schedule 2.

The annual review was examined, and while it had a lot of information relating to key performance indicators to reflect quality of care, it required further review to ensure it was in developed in line with regulatory requirements and that it reflected the social engagement, activities and community involvement reported on inspection, for example, local school choirs attending the centre and festival celebrations.

## Registration Regulation 4: Application for registration or renewal of registration

The registered provider, Shannore Management Limited, had applied to renew the registration of Mt Cara Nursing Home. The prescribed documentation was submitted



and fees were paid. There was no change to information previously supplied for registration purposes.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a registered nurse, working full-time in post and had the necessary experience and qualifications as required in the regulations. She actively engaged in the governance and operational management of the service, and positively engaged with the regulator.

Judgment: Compliant

### Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of residents. There was on-going recruitment to ensure the duty roster was maintained. The planned and worked duty roster were available.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were examined and action was required to ensure the requirement as specified in Schedule 2 were in place:

- one file did not have a comprehensive employment history
- one file had one written reference and a statement of employment rather than a second written reference
- there was a discrepancy about one staff members work experience.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Action was required regarding some of the governance and management systems in the centre to ensure the service was effectively monitored:

- while there was a service and care risk register in place, the risks identified were not updated to reflect the current risk, for example, risks associated with COVID-19 and current HPSC guidance
- the risk register had the risk of violence and aggression with controls to minimise the associated risk, however, the other specified risks (as detailed in Regulation 26) were not enumerated or expanded upon
- the annual review did not reflect the quality of life experience of residents; it was not prepared in consultation with residents and their families in accordance with regulatory requirements.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. They were signed and dated and had the fees to be charged along with possible additional fees that can be charged. Details of bedroom numbers and single occupancy were detailed in the contracts.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in compliance with the requirements as specified in Schedule 1 of the regulations. This included deputising arrangements for times when the person in charge was absent from the centre.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers to this service. Nonetheless, the person in charge was aware of the regulatory requirements should volunteers wish to support this service in the future.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications were submitted in line with regulatory requirements. The person in charge was knowledgeable regarding her responsibilities relating to notifying the Chief Inspector.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure, displayed at reception, was updated to reflect the change in legislation in 2022. The complaints' log reviewed showed that issues were recorded appropriately and followed up by the person in charge. Action plans were put in place following discussion with relevant staff to prevent similar issues recurring, such as labelling clothes in the laundry or changes to menu choice for example. General issues were also raised at residents meetings to provide assurances that their concerns were taken on board.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Action was necessary to ensure Schedule 5 policies and procedures were in line with current legislation to assure that staff had access to current material to inform a high standard of evidence-based care:

- vetting of volunteers policy referenced obsolete regulations
- staff training and development policy referenced a different designated centre; regarding training – the information related to medication management training only and other training such as mandatory training was not detailed
- complaints policy did not reflect 2022 statutory instrument
- policy relating to provision of information to residents did not include information relating to the residents' guide as specified in the regulations
- policy relating to the creation of, access to, retention of, maintenance of and destruction of records referenced Schedule 2 records, however, Schedule 3 and 4 records were not detailed as specified in the regulations
- policy relating to transcription of medication did not reflect whether transcribing occurred in the centre.

Judgment: Substantially compliant

## Quality and safety

The inspector observed that, in general, care and support given to residents was respectful; staff were familiar with residents preferences and choices and facilitated these in a friendly manner.

Overall, residents' healthcare needs were met to a good standard. There were effective systems in place for the review of healthcare needs of residents. The service operated an electronic medical management system and GPs had their own log-in access. Residents' medications were reviewed as part of consultation with their GP; records showed there was ongoing monitoring of and responses to medication to ensure best outcomes for residents. Residents had access to specialist services such as psychiatry and community psychiatry, palliative care, tissue viability, speech and language, geriatrician, dietitian and optician. Records showed that there was no delays in residents being reviewed following referral to specialist and allied healthcare services. Good clinical oversight was demonstrated regarding restrictive practices. A chemical restraint register was also maintained and this information fed into their clinical governance meetings.

When residents were temporarily absent in another healthcare setting, the person in charge ensured that comprehensive information was submitted to the receiving centre. Records reviewed showed that pre-admission assessments were undertaken by the person in charge to ensure that the service could provide appropriate care to the person being admitted. A daily narrative for night and day duty was maintained for residents. Care plan documentation reviewed showed mixed findings. Comprehensive assessments were completed in the sample of care documentation reviewed. Some care plans were person-centred with resident-specific information to guide and inform individualised care, however, some did not provide resident-specific information. Other issues identified regarding care-planning documentation were further discussed under Regulation 5, Individual assessment and care plan.

The nurse spoken with described best practice regarding medication management. Associated administration charts seen were comprehensively maintained. Medication requiring controlled management were securely maintained in line with professional guidelines.

Minutes of residents' meetings showed good discussion regarding life in the centre and residents' feedback was sought regarding all aspects of care. Issues highlighted were followed up by the person in charge and actions taken to remedy shortfalls as well as changed to menu choices as requested. This was observed on inspection. For example, in the last minutes, one resident said they would like mushroom soup for a change, and on the day of inspection, residents were served mushroom soup and they were delighted with it. While there was an activities programme displayed,

this was not comprehensively adhered with as staff were not allocated to activities when the activities person was not on duty.

Current maintenance certificates were available for equipment. In relation to fire precautions, appropriate certification was in place for emergency lighting and fire fighting equipment such as fire extinguishers. Emergency floor plans displayed throughout the centre with clear evacuation routes displayed. Details of daily fire checks were available to the inspector and these were comprehensively maintained. Personal emergency evacuation plans were in place for all residents. While fire drills and simulated evacuations occurred, records seen did not provide assurances that these would be completed in a timely manner.

The regime regarding flushing of infrequently used taps and showers to mitigate the risk of legionella was updated following the findings of the last inspection. Current records had the water outlets identified to be flushed every Monday. Some issues were identified regarding infection control, and these were further discussed under Regulation 28, Infection control.

### Regulation 11: Visits

There was an open visiting policy in the centre in line with the updated guidance issued by the Health Protection Surveillance centre (HPSC) relating to pandemic precautions. There was a parlour room at reception for residents to meet with visitors in private if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to a double wardrobe, beside locker, and drawers as part of their vanity unit in their bedrooms to store and display their personal belongings and mementos.

Judgment: Compliant

### Regulation 17: Premises

There was good communal space in the centre with two large days rooms adjoined by an archway, small conservatory, large sun room and large foyer. The smoking

room was located near the conservatory and had an exit to the external patio. Toilet, shower and bath facilities were located near communal rooms and bedrooms.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents gave positive feedback about the meals and quality of food served. Medications were no longer given during the main meal, rather they were administered either before or after the main meal, in keeping with a normal serving facilitating a positive dining experience.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was displayed at reception and contained the specified requirements as detailed in the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Transfer letters accompanied residents upon transfer to another service and copies of these letters were maintained on site and demonstrated that comprehensive information was provided to the receiving centre to enable care to be provided in line with the current assessed needs, wishes and preferences of the resident. Where relevant, the infectious history and multi-drug resistant organism (MDRO) history was included in the transfer information. Reports reviewed showed comprehensive information was received upon residents transfer back in to the centre to ensure the resident could be cared for in accordance with their changed needs and medical management.

Judgment: Compliant

### Regulation 26: Risk management

While the risk management policy was available to staff and detailed the specified risks as required in the regulations, it referenced the availability of a corporate risk register and a second second risk register regarding service and care provision, however, the corporate risk register was not available on inspection to review.

Judgment: Substantially compliant

### Regulation 27: Infection control

The following issues relating to infection control were identified as requiring action:

- one staff, not wearing the appropriate personal protective equipment (PPE), was seen to hold unclean clothing and a commode insert against their uniform following personal care delivery and carry the items to the sluice room
- a clinical waste bin was placed inappropriately outside a resident's bedroom door rather than inside the bedroom door as part of necessary standard precautions
- some hand hygiene gel dispensers were broken which resulted in some corridors being without facilities for staff to complete hand hygiene following point-of-care delivery
- while there were handwash sinks in the secure sluice rooms and clinical treatment rooms, there were no easily accessible hand-wash hubs near points-of-care delivery to enable staff complete hand washing
- it could not be assured that the deep cleaning regime was adhered with as there was several gaps seen in cleaning records maintained
- a schedule for cleaning bedroom curtains was not in place
- some furniture such as vanity units in residents' bedrooms were worn and chipped so effective cleaning could not be assured.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following concerns were identified relating to fire safety and required action:

- simulated evacuation records were reviewed; these had little detail of the evacuation details regarding response times to be assured that evacuations could be completed in a timely manner, including evacuation of the largest compartment of 10 residents. As time-lines and response times were not recorded, it could not be determined whether staff were improving in their practice to be assured of evacuation arrangements.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The nurse spoken with regarding medicines described best practice. Medication administration charts were comprehensively maintained and medications requiring controlled management were securely maintained and managed in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plan documentation reviewed showed mixed findings. Occasionally, the medical history did not inform the care planning process. While care plans were updated regarding residents' resuscitation status, the obsolete decision was not removed from the care plan and neither resuscitation decisions were dated. Consequently it could not be determined which resuscitation status was valid.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to GP services and specialist services such as psychiatry and community psychiatry, palliative care, tissue viability, speech and language, geriatrician, dietitian and optician. Records showed that there was no delays in residents being reviewed following referral to specialist and allied healthcare services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Good oversight of restrictive practices was demonstrated. A restrictive practice record was maintained which included a separate record of chemical restraint prescribed and used. The person in charge liaised with residents' GP on a regular basis to ensure best outcomes for residents regarding as required PRN medications.



Judgment: Compliant

### Regulation 8: Protection

The service was not a pension agent for any resident. Staff training was up to date for safeguarding and resident reported they could raise concerns to staff and issues would be followed up. Throughout the inspection, observation showed that the person in charge and staff knew residents well and residents interacted with staff and the person in charge in a relaxed and comfortable manner.

Judgment: Compliant

### Regulation 9: Residents' rights

While there was an activities programme displayed, this was not comprehensively adhered with as staff were not allocated to activities when the activities person was not on duty. On the morning of inspection, residents in the one of the day rooms sat in silence as no one had asked would they like music or the television on.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mount Cara Nursing Home OSV-0000747

Inspection ID: MON-0039143

Date of inspection: 18/10/2023

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Going forward PIC will ensure robust procedures in place for recruiting to ensure all relevant documents available as per schedule 2 including a full employment history and two written references.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Risk register is updated with specified risks as detailed in regulation26 The annual review for this and coming years will be reflecting the quality-of-life experience of the residents and accordance with the regulatory requirements.	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  
 All Schedule 5 policies and procedures are now in line with current legislation, and going forward PIC will ensure they are updated as required

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:  
 The Risk Register has been updated to reflect the Centre, Service and Care Provision.

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 PIC has spoken and explained the correct usage of PPE to all staff.  
 The Clinical waste bin kept outside the room was removed on the day of inspection.  
 IPC precautions will be followed at all times. PIC will monitor.  
 Hand hygiene gel dispensers are replaced and more frequently available at point of care.  
 Deep clean regime will continue with no gaps, cleaning schedule for curtains now in place. PIC will monitor.  
 We have purchased clinical hand wash unit, same will be installed.  
 Any damaged furniture will be repaired or replaced to ensure correct cleaning.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 From now onwards simulated evacuation records will be kept more detailed including time lines and response times.

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:  Residents care plans are reviewed and updated to reflect Residents changed conditions.  Not applicable data has been voided.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  PIC will ensure Activity co Ordinator is available in the morning and in her absence, staff will be allocated to ensure residents are asked about their preferences.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	23/11/2023
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	23/11/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	01/02/2024

Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	23/11/2023
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	01/03/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	23/11/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals	Substantially Compliant	Yellow	23/11/2023



	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(3)	The person in 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.	Substantially Compliant	Yellow	23/11/2023
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.	Substantially Compliant	Yellow	23/11/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	23/11/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	23/11/2023

	accordance with their interests and capacities.			
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