



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

Issued by the Chief Inspector

Name of designated centre:	Archersrath Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Archersrath, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0039401

About the designated centre

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

Archersrath Nursing home is situated in an rural setting near Kilkenny city. The centre is purpose built and has been extended over time and now has accommodation for 61 residents. The centre accommodates residents over the age of 18 years, both male and female for long term care residential care, respite, convalescence, dementia and palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, chiropody, dental, audiography and ophthalmic services. The centre caters for residents of varying levels of dependency from low to maximum including residents with dementia. The services are organised over one floor and bedroom accommodation consists of five twin rooms and 51 single rooms, all en-suite. Communal rooms include dining rooms, four day rooms, smoking room, hairdressing/therapy room and spacious front reception area. There are internal courtyards which are accessible by residents. The centre employs approximately 60 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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 8 March 2023	09:00hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, visitors and staff, Archersrath Nursing Home was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

On arrival the inspector carried out the necessary infection prevention and control precautions, such as hand hygiene and application of a face mask procedure. After an opening meeting with the person in charge and clinical nurse manager, the inspector was accompanied by the person in charge on a tour of the premises. Alcohol hand gels and PPE (personal protective equipment) were readily available throughout the centre to promote good hand hygiene. Staff were observed wearing the correct PPE and frequently performing hand hygiene.

The centre was registered to accommodate 61 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The centre comprised of a single storey building with 51 single bedrooms and five twin rooms. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Residents' bedrooms were clean, mostly tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure relieving specialist mattresses, falls prevention alert devices, and cushions were seen in residents' bedrooms.

There was a choice of communal spaces. For example, three day rooms, a dining room, a dining hall, a living room, oratory, and visitor's room. Armchairs were available in all communal areas. Day rooms had fireplaces and large televisions and had ample space in which residents' could read the newspaper, listen to music or partake in activities. The corridors were sufficiently wide to accommodate walking aids and wheelchairs.

Residents' had access to enclosed garden areas, the doors to the garden areas were open and the gardens were easily accessible. The garden areas had level walkways, seating for residents and had large raised beds with well established daffodils in full bloom.

The inspector spoke with a total of ten residents in detail, over the course of the day and the feedback was very positive. Residents who the inspector spoke with said that staff were very good to them and treated them well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed. The inspector also spent time in communal areas observing resident and staff interaction

and found that staff were kind and caring towards residents at all times.

Visitors were observed attending the centre on the day of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. The inspector was informed that there was no booking system for visits. Residents whom the inspector spoke with confirmed that their relatives and friends could visits anytime.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was excellent. The daily menu was conveniently displayed near the entrance door to the dining rooms and a choice of two options was available for the main meal. Water dispensers were available for residents on corridor areas. Many residents told the inspectors that they had a choice of having breakfast in the dining rooms or their bedroom. The inspectors observed the dining experience at dinner time. The dinner time meal was appetising and well presented and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

Residents' spoken with said they were very happy with the activities programme in the centre. The weekly activities programme was displayed in the day rooms. The inspector observed residents partaking in group activities of guessing games and an exercise class. For residents who could not attend group activities, one to one activities were provided such as reflexology, hand massage and manicures. The inspector observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, jigsaws and games were available to residents. Residents told the inspector that they enjoyed live music sessions which took place in the centre most Fridays and had recently had a visit from a therapy dog. The centre had a hairdressing salon and the hairdresser attended the centre weekly. One resident told the inspector that they had enjoyed a shopping trip to Carlow and was planning another trip in the coming months. The centre had one dedicated activity staff member and a social care practitioner who organised and provided a programme of activities with residents.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents felt that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical care needs.

The next two sections of this report will present findings in relation to governance

and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in March 2022, and improvements were found in Regulation 16: training and staff development, Regulation 21: records, Regulation 23: governance and management, Regulation 32: notification of absence and Regulation 9: residents rights. On this inspection, the inspector found that actions were required by the registered provider to address areas of Regulation 5: individual assessment and care plan, Regulation 12: personal possessions, Regulation 17: premises, Regulation 23: governance and management, Regulation 27: infection prevention and control, and Regulation 28: fire precaution.

Mowlam Healthcare Services Unlimited Company is the registered provider for Archersrath Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had three directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and healthcare assistants, activities co-ordinators, a social practitioner, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a healthcare manager and had access to facilities available within the Mowlam Healthcare group, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

There was good oversight of staff training and supervision of training in the centre. The person in charge was supported by the groups training academy to ensure staff were kept up to date with training. Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, dementia training, and infection prevention and control. Staff were supervised by the person in charge and the clinical nurse manager.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality of care. The centre had made improvements to its auditing system since the last inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, falls, infection prevention and control, medication management and restrictive practice. Audits were objective and identified improvements. Records of governance and local staff meetings showed evidence of actions required from audits were completed which provided a structure to drive improvement. Regular governance meeting and staff meeting agenda items

included key performance indicators (KPI's), training, fire safety, COVID-19 planning, and clinical risks. There was evidence of monthly quality improvement plan progress reports with action plans for improvements which were time bound. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2022 was submitted following the inspection. It set out the improvements completed in 2022 and improvement plans for 2023. However, improvements were required in the management of post falls procedures which is discussed further in this report under Regulation 23: governance and management.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found that one was not managed in accordance with the centre's policies.

Policies and procedures as required in Schedule 5 were updated, and were in date, and were reviewed in accordance with the regulations. Policies had been signed by staff to show that they had read and understood them.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were a minimum of two registered nurses on duty in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control, safe guarding, fire safety and dementia care. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example;

- The system for assessment of residents post a fall required review as one incident of a fall was not managed in accordance with the centre's policies.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer's attended the centre to enhance the quality of life of residents. Volunteers were supervised and had Garda vetting disclosures in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Archersrath Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulation 12: personal possessions, Regulations17: premises, Regulation 27: infection prevention and control, and Regulation 28 fire precautions.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, physiotherapy, dietitian and speech and language, as required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported

and encouraged to access these.

A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas, visitors room or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre was not an agent for any residents pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home. Further improvements in relation to the residents' personal possessions are discussed further under Regulation 12.

Apart from improvements required to lockable storage space for some residents, organisation of storage areas and reconfiguration of a number of twin rooms, the premises was meeting the requirement of the regulations and appropriate to the needs of residents. Improvements had been made to the premises since the previous inspection, some corridors and bedrooms had been repainted, the hairdressing room had been refurbished and appropriately length privacy curtains had been fitted in twin rooms. The centre was bright, clean and general tidy. The centre was cleaned to a high standard, alcohol hand gel was available in all bedrooms. Bedrooms were personalised and residents in shared rooms had privacy curtains. Overall the premises mostly supported the privacy and comfort of residents in the centre. However; improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk register contained site specific risks such as risks associated with individual residents and centre specific risks, for example; risk of residents developing pressure sores, risk of absconding, and risks associated with storage.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the day of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules and regular weekly cleaning programme

were available in the centre. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings and on monthly quality improvement plan progress reports. IPC audits included, the environment, hand hygiene, and COVID-19 were evident, and actions required were discussed at the centres management meetings. The centre had established an infection prevention control committee since the last inspection. There was an up to date IPC policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

The centre had automated door closures to most of the bedroom and compartment doors. All fire doors were checked on the day of inspection and all were in working order. Fire training was completed annually by staff. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment and of a night time stimulated drill taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was a smoking room available for residents but on the day of inspection there were no residents who smoked. However; fire safety procedures required improvement, this is discussed further in the report under Regulation 28.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. The centre had recruited an activities co-ordinator in the weeks prior to the previous inspection and had recruited a social care practitioner to support the residents to enjoy meaningful activities. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to a SAGE advocate. The advocacy service details were displayed in the reception area and activities planner was displayed in the day room areas in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Roman Catholic and Church of Ireland clergy visited residents' in the

centre regularly. Mass took place in the centre weekly and communion was offered to residents weekly. Residents had access to a oratory room in the centre.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to sign the visitors log. There was a checklist to ensure that visitors had appropriate PPE and had completed hand hygiene procedure on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Actions were required to reconfigure the layout of some of the multi-occupancy twin rooms as some residents were unable to maintain control over their clothes. For example:

- Wardrobes and lockers were located outside the residents floor space in rooms 23, 24, 25 and 26. As wardrobes and lockers were located out side the residents floor space, residents had to exit their private floor space or enter another residents private space to access their clothing.

Judgment: Substantially compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Residents en suite bathrooms in twin rooms did not have suitable storage for personal items.
- A review of the centres call bells was required as call bells were missing from bedrooms 34 and 40.
- Resident bedrooms 9, 27 and 65 did not have lockable storage space.
- Storage rooms, sluice rooms, linen rooms and the housekeepers room required review as all of these rooms had miscellaneous items stored in them on the day of inspection. Some store rooms had linen and manual handling stored together and other storage rooms had incontinence wear and manual handling hoists stored together. This posed a safety risk to staff working and

residents living in the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre. Specific information on additional fees was detailed in individuals' contract for the provision of services.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the mattress and cushions stored in the store room adjacent to room four was required as the mattress and cushions were visibly dirty and were tore.
- The communal bathroom required review as items such as bags, PPE and linen skips were stored in this room. This posed a risk of cross- infection for residents who used these rooms.
- Sharps bin containers stored in the treatment room did not have temporary closures in place.
- Boxes were stored on floor in the treatment room. This posed a risk of cross contamination and was not safe as the floor under these boxes could not be cleaned effectively.
- The inspector was informed by two staff members that the contents of

commodes, bedpans or urinals were manually decanted into residents' toilets prior to being placed in the bedpan washer for decontamination. This practice could result in an increase environmental contamination and cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- A review of the centre's bedroom doors was required as not all bedroom doors had automated door closures. Bedroom 2, 5, 8, 15, 37, 40, 62, and 64 did not have automated door closers. Bedroom doors 15, 62, and 64 were held open by chairs which posed a risk to the safety of residents as the evacuation route through the doors was obstructed.
- Enhanced oversight of staff practices was required to ensure that the means of escape were unobstructed at all times, as the inspector had to request removal of obstructing items such as trolleys from the corridor outside the centre's laundry room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Two care plans viewed by the inspector contained out of date information. Changes had not been updated to a care plan following a resident who had a fall, and changes to care following a resident who had absconded. Care plans required more detail, such as the care of residents mobility and hygiene needs.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted the service provision and was directed by the needs of the residents.

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 14: Persons in charge	Compliant
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	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0039401

Date of inspection: 08/03/2023

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 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"> • The system for assessment of residents following a fall has been reviewed. We will manage all incidents of falls in accordance with the centre's policy and procedure. The Person in Charge (PIC) will monitor compliance with this. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Wardrobes and lockers in Rooms 23, 24, 25 and 26 will be located within each individual resident's floor space, and this will ensure that each resident will have their own clothing within their own living space and will not encroach on their fellow resident's space to access their personal belongings. 	
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"> • Suitable individual storage units will be provided for personal items in residents' en suite bathrooms so that each resident will have their own storage space. 	

- Following a review of the call bell system throughout the nursing home, the call bells in rooms 38 & 40 have been replaced.
- Bedrooms 9, 27 and 65 now have lockable storage.
- We have commenced a review of the configuration of storage rooms, sluice rooms, linen rooms and the housekeeper's room. Storage of items will be reconfigured to eliminate risks of cross contamination and to ensure a safe environment for residents and safe working practices for staff.

Regulation 27: Infection control

Substantially Compliant

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

- A review of mattresses and cushions has been undertaken and all worn and damaged items have been discarded.
- All items inappropriately stored in the bathroom have been removed and the PIC will ensure compliance with appropriate storage of equipment in the home.
- Sharps bins now have temporary closures in place. Refresher sharps training will be provided for staff on 31/05/2023.
- Boxes have been removed from the floor in the treatment room and all staff advised not to store boxes on the floor. The PIC will monitor staff compliance.
- The contents of commodes, bedpans and urinals are emptied directly into the bedpan washer. All staff have been advised of the correct use of the bedpan washer and the risks associated with decanting commodes.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A review of bedroom doors has taken place. We will install automated door closing mechanisms where appropriate based on a risk assessment by the PIC. We will undertake daily checks to ensure doors are not being held open by wedges or other objects.
- The nurse in charge will check all exit points twice daily to ensure that all means of escape are not obstructed.

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">• We will review all care plans. Care plan audits are scheduled every quarter, each nurse will meet with the PIC or ADON each quarter for clinical/reflective practice, which will enhance oversight of care planning. All care plans will contain more details in relation to the current care needs of each individual resident.	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	07/04/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2023
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	Substantially Compliant	Yellow	30/04/2023

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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