



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

Issued by the Chief Inspector

Name of designated centre:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	14 March 2024
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0039870

About the designated centre

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

Ballincurrig Care Centre is a part of the Silver Stream Healthcare Group and the registered provider is Ballincurrig Care Centre Limited. The centre is located in the rural setting of Ballincurrig, a short distance from the town of Midleton, Co. Cork. It is registered to accommodate a maximum of 57 residents. It is a single storey building and bedroom accommodation comprises 43 single bedrooms and seven twin bedrooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional bath and toilet facilities are available throughout the centre. Communal areas comprise the main day room, the quiet conservatory, sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and large dining room. Residents have free access to the main enclosed large courtyard as well as the well-maintained gardens with walkways around the house. Ballincurrig Care Centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Thursday 14 March 2024	09:00hrs to 17:20hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by an inspector of social services. From the observations of the inspector and discussions with residents, it was evident that staff and management supported residents to have a good quality of life. The inspector met with many of the residents living in the centre and spoke with seven residents in more detail to gain an insight into their experience of living in the centre. Overall, feedback from residents was generally positive regarding the care provided to them. The inspector observed that action was required to ensure residents' safety was promoted at all times in particular in relation to infection control practices in the centre.

Following an opening meeting, to outline the plan for inspection, the person in charge accompanied the inspector on a walk around the premises. The inspector saw that the centre was a hive of activity, with residents being assisted with personal care by care staff. A local general practitioner (GP) was also in the centre reviewing residents as required.

Ballincurrig Care Centre is a single storey building, located in the rural setting of Ballincurrig in East Cork. The centre is registered for 57 residents and has 43 single rooms and seven twin rooms all with ensuite shower, toilet and handwash basin facilities. The inspector saw that external grounds in the centre were well maintained and residents could freely access the internal courtyard gardens in the centre. There was a number of communal spaces including the dining room and dayroom, craft and games room, a tranquility room and a visitors' room. These rooms were nicely decorated and provided warm, homely spaces for residents.

Many residents' bedrooms were decorated with residents' personal photographs, possessions and memorabilia. One resident's room wall displayed beautiful artwork that they told the inspector they created while living in the centre. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms. However, a number of residents' bedrooms were missing chairs for both residents and visitors use. The inspector saw that carpets in a number of residents' bedrooms were stained and some were worn. Furniture such as wardrobes and lockers and paint on the walls in some bedrooms also required attention. One bedroom could not be used as there was a malodour arising from the shower drain. The resident living in this bedroom was moved to another room while waiting for the repairs to be completed. The inspector was informed that the maintenance team were awaiting a part to fix it since November. As found in previous inspections, flooring in some of the ensuite toilets was cracked and a number of shower drains were stained. This is outlined further in the quality and safety section of the report.

The inspector saw, that while there were conveniently located alcohol-based product dispensers along corridors, clinical hand wash sinks were limited in the centre to the treatment room and the sluice rooms. None of these sinks met recommended

guidance. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and two sluice rooms for the reprocessing of bedpans, urinals and commodes. One of the sluice room door entry points was narrow and obstructed with staff lockers, which made it difficult to enter the sluice room, especially if bringing equipment such as commodes.

The inspector saw that residents were offered a choice of soup or hot and cold drinks and snacks during the morning drinks round. The inspector observed the lunch time meal and saw that residents had a choice of main course. The main dining room had picture menus displayed and tables were nicely decorated with tablecloths and flowers. Residents who required assistance were provided with this in a respectful and unhurried manner. Feedback from residents with regard to food choices and quality was good. Residents chatted together and with staff during the meal and it appeared to be a sociable dining experience.

The inspector observed residents and staff interactions throughout the inspection which were seen to be respectful, unhurried and friendly. Care staff appeared to know residents well. Many of the residents who spoke with the inspector, praised the kindness and dedication of staff who cared for them. One resident told the inspector "you couldn't find better." Residents were observed to be content and relaxed throughout the day in the communal areas, or in their bedrooms in the centre. Two residents told the inspector that they loved to walk around the grounds during the day to pass the time. Residents who spoke with the inspector outlined that they could choose how to spend their day and when to get up and go to bed. Residents appeared to be well dressed, according to their preference. The hairdresser was in the centre's salon during the morning. A number of residents were getting their hair done and chatting with the hairdresser.

An activities programme was provided seven days a week and this included baking, flower arranging, zumba exercise classes, bingo, imagination gym and arts and crafts. Information regarding the schedule was displayed on notice boards, with brightly coloured pictures near the communal areas, to inform residents of upcoming events. Two external musicians also attended the centre each week. Two activity staff were responsible for the activity schedule and one staff member was rostered on the day of inspection. From discussions with the activity staff it was evident that they knew residents well and their preferences regarding activities.

During the day, the inspector observed residents engaging in a variety of these activities. One of the activity staff led a newspaper discussion with residents in the morning, followed by a lively exercise and ball game. A local volunteer attended and prayed the rosary with residents in the afternoon. Following this, a large group of residents were having great banter preparing decorations for St. Patrick's day celebrations and predicting winners for the ongoing Cheltenham races. After the residents' evening meal, a musician, who appeared well known to residents, arrived to provide musical entertainment for the evening.

Residents views on the running of the centre were sought through surveys and regular residents' meetings, that were facilitated by an external advocate. Feedback from survey findings were generally positive. Residents were supported to go on

outings with their families where possible. Visitors were welcomed in the centre and many visitors were seen coming and going on the day of inspection from morning until evening. Residents and visitors told the inspector that there was no restrictions on visiting in the centre.

The next two sections of the 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

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Notifications received from the centre in relation to two consecutive outbreaks of norovirus was also followed up. The inspector found that action was required to strengthen the management systems, to ensure effective oversight of infection control procedures in the centre.

Ballincurrig Care Centre is a designated centre for older persons, operated by Ballincurrig Care Centre Limited, who is the registered provider. The provider company comprises of three directors, who are also involved in the operation of other designated centres in the country. The provider is represented by a director of the company. There is a clearly defined overarching management structure in place with identified lines of authority and accountability. The centre had a full time person in charge, who had recently returned to the centre following a period of planned leave. The provider ensured that this role had been filled by personnel who met the requirements of the regulations and appropriate notifications had been submitted to the office of the Chief Inspector in line with the regulations.

The person appointed as assistant director of nursing had recently resigned from this position. The provider informed the inspector that plans were in progress to fill this position. The centre had two clinical nurse managers who worked over the seven days of the week, supernumerary to the nursing roster to supervise staff and support the person in charge. The person in charge was supported in their role by a group Director of Clinical Governance & Quality, who was also appointed as person participating in management for the centre. Further support was provided from a clinical governance manager, facilities manager and human resources.

The inspector found that the number and skill mix of staff was appropriate to meet the needs of the 50 residents living in the centre on the day of inspection. Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person training. All staff had received, or had scheduled training in the coming weeks, to ensure they had up-to-date mandatory training specific to their roles.

There were effective lines of communication between staff and management in the

centre. Regular quality and governance meetings were held between the management of the centre and the provider's senior management team. Monthly meetings were attended by the director of nursing from the centres in the group to enable sharing of information and practices across the centres. The person in charge held regular meetings with nursing, care, catering and activity staff to communicate, within the teams, working in the centre.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a schedule of clinical and environmental audits and weekly monitoring and trending of quality of care indicators such as residents' nutritional needs, skin integrity, restrictive practices, dependency levels, incidents such as falls, and complaints. Records of residents with multi-drug resistant organisms were also monitored by the person in charge. However, the inspector found that oversight of infection control practices needed strengthening as outlined under Regulation 23; governance and management.

From a review of the incident log maintained electronically at the centre, incidents were notified to the Chief Inspector in line with legislation. Notifications relating to outbreaks of infection had been notified as required. Following the most recent outbreak of norovirus, the person in charge had completed an outbreak investigation report to ascertain if any recommendations or improvements could be put in place. A visit from the public health team was facilitated in the centre on 5 March 2024 where issues that may have impacted on the management of the outbreak were raised. Issues of concern regarding equipment cleaning of hoists, slings, bedpans and urinals were raised as well as a lack of PPE stations in the sluice rooms. The person in charge actioned the findings in relation to cleaning of equipment by the time of the inspection. Other issues raised by the public health team included access to clinical handwash sinks, carpets requiring replacement, lack of PPE stations in the sluice rooms. Following the visit, the provider enrolled one of the clinical nurse managers on an upcoming link nurse infection control course as advised by public health.

There was a complaints policy for the centre that had been updated in line with the changes to the regulations in 2023. The person in charge investigated and responded to the complaints raised by residents and their relatives in the centre in line with the centre's policy. From a review of a sample of complaints, a number of complaints regarding maintenance of aspects of residents bedrooms such as carpets and paintwork had been raised by relatives and residents.

Requested records were made available to the inspector during the inspection and were seen to be securely stored in the centre.

A comprehensive annual review of the quality and safety of care provided in 2023 had been completed by the provider.

Regulation 15: Staffing

The inspector found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 50 residents living in the centre at the time of the inspection, with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. A training record of staffing training completed was maintained and monitored to ensure that staff remained up-to-date with relevant training as required.

Judgment: Compliant

Regulation 21: Records

The inspector found that records were stored securely. Records as set out in Schedules 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

Management systems as required under Regulation 23(c) required strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored, specifically in relation to oversight of infection control practices in the centre as outlined under Regulation 27 and premises issues outlined under Regulation 17 .

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the

Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, resident's health and social care needs were delivered to a good standard of evidenced-based care and residents were supported to have a good quality of life. Action was required in relation to infection control, fire precautions, premises and care planning. These will be detailed under the relevant regulations.

Each resident had a comprehensive assessment of their health and social care needs prior to admission, to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which reflected their assessed needs. The inspector found that overall, care plans were sufficiently detailed to direct care for staff, however action was required to ensure care plans were consistently updated when residents' condition changed as outlined under Regulation 5; Individual assessment and care plan.

A review of residents' records found that residents had timely access to a general practitioner (GP) as requested or required. A general practitioner was onsite, reviewing residents, during the morning of the inspection. The recommendations of health and social care professionals was observed to be implemented. For example, advice received from a tissue viability specialist on the management of wounds was implemented, which resulted in improved wound healing. Residents' care preferences for their end of life were discussed with them and recorded in their care plan.

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of residents. Care plans included details of non-

pharmacological interventions to support the resident to manage responsive behaviours. Interactions between staff and residents was observed to be person-centred and non-restrictive. The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the level of restrictive practices in the centre.

In general, the premises met the collective and individual needs of residents, in line with the statement of purpose. However, the inspector saw that some of the furniture such as wardrobes and lockers in residents' bedrooms was worn, as well as paintwork on a number of bedroom walls required attention. These are repeat findings as outlined under Regulation 17; Premises.

The previous assistant director of nursing had acted as the centre's infection control lead. In their absence, a clinical nurse manager had enrolled on an upcoming link nurse course for infection control, to step into this role for the centre. The inspector saw that records and care plans were maintained for residents known to be colonised with multi-drug resistant organisms. However, the management and care of a number of residents with a recent history of *Clostridioides difficile* infection was impacted by the lack of clinical hand wash sinks in the centre as staff are required to wash their hands with soap and water when providing care to these residents. There was two consecutive outbreaks of norovirus in the centre in January and February 2024 which impacted a number of residents. A number of carpets in the centre were observed to be stained and not effectively cleaned, which may impact on infection control practices in the centre. These and other findings are outlined under regulation 27 infection control.

Risk management systems were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks which may impact on the safety and welfare of residents. A risk register was maintained and regularly reviewed and included potential risks to residents' safety.

Residents had access to an independent advocacy service. There were regular residents' meetings held, which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that these were facilitated by an external advocate and relevant topics were discussed. A relatives meetings had also been recently held in the centre. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. The inspector saw records available, indicated that quarterly and annual testing of the fire alarm and emergency lighting was in place. Fire-fighting equipment was serviced annually. On the day of inspection, an external competent fire consultant was on site conducting a fire safety risk assessment of the centre on behalf of the provider. The facilities manager for the group was also in the centre. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Annual fire training was in place for staff. The provider was progressing with the compliance plan from the previous inspection. Action required

in relation to fire precautions are outlined under to Regulation 28 Fire Precautions.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was not restrictive and the inspector saw lots of visitors coming and going during the day.

Judgment: Compliant

Regulation 12: Personal possessions

The provider ensured that there were systems in place to ensure residents' clothes and linen were laundered. Residents' Bedrooms had lockable storage for residents' belongings.

Judgment: Compliant

Regulation 13: End of life

Residents' care preferences for their end of life were discussed with them and recorded in their care plan. There was evidence of general practitioner and specialised palliative care services involved in residents' care at end of life. Residents' spiritual preferences were recorded.

Judgment: Compliant

Regulation 17: Premises

There were a number of areas of the premises that required action to meet the requirements of Schedule 6 of the regulations.

- Paintwork on lockers and wardrobes in a number of bedrooms was worn and chipped and required repair, this was a repeat finding
- Paintwork on a number of bedroom walls was chipped and marked
- A number of bedrooms were missing chairs for residents and visitors use
- Carpets in a number of bedrooms were visibly stained and some were malodourous

- Flooring behind toilets in a number of ensuite bathrooms was cracked and worn
- One bedroom and ensuite could not be used as there was a malodour arising from the shower drain and was awaiting repair.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed two residents' records and saw that relevant information about the resident was provided to the receiving hospital, where the resident was temporarily absent from a designated centre. Upon residents' return to the designated centre, the person in charge ensured that all relevant information was obtained from the discharging hospital as required in the regulation.

Judgment: Compliant

Regulation 26: Risk management

The registered provider ensured that the risk management policy for the centre met the requirements of regulation. The inspector saw that a risk register was maintained with regarding to the clinical and non-clinical risks in the centre and this was reviewed regularly.

Judgment: Compliant

Regulation 27: Infection control

Equipment and the environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by

- A number of carpets in residents' bedrooms were visibly stained and did not appear to be effectively cleaned
- The outlet from two urinary catheter bags were observed to be in contact with the floor in residents' bedrooms
- A bed bumper in a resident's bedroom was worn and cracked and could not be effectively cleaned
- an oxygen mask was stored uncovered in a resident's bedroom.
- The entrance to one of the sluice rooms was difficult to access especially if bringing equipment into the sluice for cleaning.

- Accessibility to and the number of clinical hand wash sinks in the centre was limited and those in place did not comply with current recommended specifications. This may impact on effective hand hygiene practices for staff, especially as a number of residents had recent gastro-intestinal illness and others had recent Clostridioides difficile infections.

Judgment: Not compliant

Regulation 28: Fire precautions

Action had been taken by the provider to address the majority of the findings of the previous inspection, and although work was ongoing in relation to the emergency lighting and exit lighting for the centre this was not completed.

A loose tumescent strip observed on a cross fire door was replaced by maintenance staff on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, Action was required in relation to recording of care plans as evidenced by the following;

- Some information in care plans was generic and had not been updated to meet a resident's specific care requirement for example, while a MUST score was recorded correctly in the residents assessment, it was recorded to as xx in a residents care plan
- A resident's care plan was not updated with their changing needs and did not include that subcutaneous fluids were in place.

These may result in errors in care.

Judgment: Substantially compliant

Regulation 6: Health care

There was appropriate measures in place for the monitoring of residents healthcare needs and residents had timely access to medical and other health care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). It was evident to the inspector that the provider was aiming to promote a restraint free environment, with reductions seen in the use of restrictive practices, since the previous inspection. Residents had risk assessments completed by nursing staff prior to any use of restrictive practices and alternatives to these were in use. Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents had access to opportunities to participated in activities in accordance with their interests and capabilities. A varied activity schedule was available for residents and was supported by two activity staff employed in the centre and external activity providers such as musicians, a dance instructor, and exercise classes. Residents had access to newspapers, radios and televisions. The inspector found that staff promoted residents' rights in the centre. Residents had access to independent advocacy services and were supported by the management team to access these services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0039870

Date of inspection: 14/03/2024

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> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • To strengthen the management systems as required under Regulation 23(c) to ensure the service provided is safe, appropriate, consistent and effectively monitored, specifically in relation to oversight of infection control practices in the centre as outlined under regulation 27 and Premises issues outlined under Regulation 17, the following is now in place : Facilities Governance reviews with DCGQR PPIM, PIC and Estates and Engineering Manager for the group. This will review any compliance issues and agree a timely plan to address and action. • The Home Maintenance Operative will report immediately any issues on a local level and action if able. • From mid May the Group will have its own facilities support team, comprising of Electrical Services Technician, Mechanical Services Technician, Lead Carpenter. that will support the centre in actioning any non compliances found. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Paintwork noted on lockers and wardrobes in a number of bedrooms that was worn and chipped and required repair will be replaced or repaired as per maintenance schedule now in place. 	

- Paintwork noted on a number of bedroom walls that is was chipped and marked will be addressed by our painting contactor. With works now scheduled to commence on resident rooms 10,11,20,29,28,2 before the end of April 2024 and continue on an ongoing basis until all painting works have been satisfactorily completed.
- Chairs are been ordered for the rooms missing chairs for residents and visitors.
- A schedule is now in place to replace carpets in the number of bedrooms that were seen to be visibly stained and malodourous.
- A schedule of flooring replacement is now in place and will begin with numer of toilets/Bathrooms identified during inspection that were worn and cracked. Room schedule underway is currently in progress as of 18th April with the next rooms identified ans next highest priority. This work will continue on an ongoing basis and accelerated where possible.
- The one bedroom and ensuite identified on the day of inspection is now repaired and back in use.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- To address the number of carpets in residents’ bedrooms that were visibly stained and did not appear to be effectively cleaned, we have met with our cleaning contractors to ensure each room is cleaned to an effective IPC standard. External audits are to be completed to ensure compliance. These will be completed by a member of the RPR team.
- The outlet from two urinary catheter bags were observed to be in contact with the floor in residents' bedrooms, this was addressed and actioned on the day by the nursing staff and PIC.
- A bed bumper in a resident’s bedroom was worn and cracked and could not be effectively cleaned. This was removed on the day and the nursing and PIC have reviewed all bumper in use to ensure they are not compromised.
- The oxygen mask that was stored uncovered in a resident's bedroom was actioned on the day of inspection. The PIC and the nurses now review and ensure this practice is maintained.
- The entrance to one of the sluice rooms that was difficult to access especially if bringing equipment into the sluice for cleaning is now clear. The home MO will review when on duty.
- A plan has been agreed and there will be clinical sinks in place. This will ensure accessibility to a number of clinical hand wash sinks in the centre was limited and those in place did not comply with current recommended specifications.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Action continues to be taken by the provider to address the majority of the findings of the previous inspection, and although work was ongoing in relation to the emergency lighting and exit lighting for the centre this is in progress and currently being actioned. 	
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: To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All care plans are currently under review by the CNMs and staff nurses with support from the clinical RPR support team, this will ensure that information in the care plans is not generic and will be updated to meet all resident's specific care requirements identified. • Care plan training has commenced to ensure that xx is which is a default setting in the computerised care planning system that is in use in the center is not used by the nursing staff and is picked up during the care plan audit if used. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/01/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/01/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2024
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	30/09/2024