



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

Issued by the Chief Inspector

Name of designated centre:	Heatherlee Nursing Home
Name of provider:	Mary O'Brien
Address of centre:	Lawlor's Cross, Tralee Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0000237
Fieldwork ID:	MON-0034742

About the designated centre

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

Healthlee Nursing Home is situated five miles outside Killarney town, at Lawlors Cross. The centre is owned and operated since the late 1990s by Mary O'Brien who is a Registered Nurse and the named person in charge. The centre aims to promote quality of life and maintain a level of independence through a professional and friendly services. It focuses on the delivery of person centred care, support and treatment in a secure and professional environment. The overall aim is to support dependent people who can no longer live at home independently, in a caring environment with the highest professional standards of nursing care. The accommodation at Healthlee Nursing Home is suitable for a maximum of 22 residents. It is a single story facility with a frontal courtyard availing of natural light. It comprises of six single and eight twin bedrooms. There are designated seating areas available for residents. The centre has a spacious sitting room, dining rooms and visitors rooms for residents. There is also a secure backyard garden and ample parking for visitors and staff. Healthlee Nursing Home is intended to care for individuals requiring long or short term nursing or personal care. The residents are predominantly over the age of 50 and have varying dependencies. The centre offers long term care, respite and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 November 2021	09:15hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The Inspector found that residents living in Heatherlee Nursing Home received good healthcare and support, from a team of dedicated staff, who respected their individual choice and preferences. Residents appeared to be content living in the centre and residents who spoke with the Inspector were satisfied with the quality of their lives. A large number of residents in the centre were living with a cognitive impairment (75%), and were unable to fully express their opinions to the Inspector. These residents appeared to be content and relaxed in the company of staff, when observed throughout the day. There was a calm relaxed atmosphere in the centre, with residents seen moving about the centre attending to their routines. Overall, residents' well being and welfare was being maintained to a high standard.

This unannounced inspection was carried out during the COVID-19 pandemic. On arrival to the centre the Inspector was guided through the centres infection control procedures by the person in charge, which were comprehensive and included hand hygiene, temperature and symptom checks for COVID-19, prior to entering the designated centre. At the time of inspection, there were no residents or staff in the centre suspected or confirmed with COVID-19.

Following an opening meeting, the Inspector walked through the centre with the person in charge. Heatherlee Nursing Home is a 22 bedded nursing home located in a rural setting, a few miles outside Killarney town, in County Kerry. The building is a bungalow, with a small car park to the front. Residents are accommodated in a mixture of single (five) and twin (eight) rooms, over one floor. The Inspector saw that some bedrooms were personalised with residents own items such as quilts, family pictures and memorabilia. The bedrooms to the back of the premises overlooked a field, where a horse was grazing. Bathrooms are shared between residents, and there were an appropriate amount of bathroom facilities in the centre, to cater for residents needs. The Inspector saw that the centre was visibly very clean and well maintained. It was decorated nicely with pictures on the walls of animals and the countryside, and was overall very homely.

In the morning, the Inspector met with six residents who were up, dressed and sitting in the centres living room. It was apparent from talking to these residents that the majority of them were living with some level of cognitive impairment. These residents appeared to be comfortable, were in appropriate seating, were well groomed and wearing nice accessories and well co-ordinated outfits.

The Inspector met with the majority of the 20 residents present on the day of the inspection, and spoke in detail with three residents. Overall, residents spoken with reported to having a good quality of life in a homely environment, with care provided by friendly, kind and caring staff. Residents were extremely complimentary about staff, one resident told the Inspector that staff were "so good to us here". Another resident told the Inspector "anything you ask staff they will help you with". Residents confirmed that they knew the staff well and that they were kind, caring

and attentive. Residents detailed how staff supported them to maintain contact with their relatives during the pandemic which included window visits, social media and regular telephone and video calls. It was evident that the pandemic had a profound effect on both residents and staff and they supported one another through this difficult time. Residents told the Inspector they were delighted to be able to see their family again, since indoor visiting to the centre was now taking place.

The Inspector also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. There was a relaxed atmosphere within the centre. The Inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The Inspector saw that staff were respectful and courteous towards residents. It was evident that staff knew the residents well. Staff spoken with were passionate about care of the residents, one describing how they "were like a small family in Heatherlee" and how enjoyable it was getting to know each resident. Throughout the day, the observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff. The person in charge was seen to be involved in the care of residents and was a visible presence on the floor throughout the day. Residents greeted her by name and said she was very approachable, and they would ask if they needed anything.

There was adequate communal space in the centre which included a sitting room, dining room and visiting room. There was also an enclosed garden off the sitting room, to the side of the premises, with nice flowers and seating. One resident was observed going outside for a walk independently during the day. A number of other residents were observed in the sitting room during the day as they watched television, read the newspaper, did puzzles or read books.

The Inspector observed staff adhering to effective infection prevention and control measures throughout the day of this inspection. This included regular hand washing, effective use of personal protective equipment, access to alcohol hand rub and the maintenance of social distancing. There were two hand hygiene sinks on the corridors, to further enhance their infection prevention programme.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. The Inspector saw that residents were offered a choice at mealtimes. Staff were observed to engage positively with residents during lunch, offering choice and appropriate encouragement, while other staff sat with residents who required assistance with their meal.

The activities coordinator was on leave on the day of this inspection. As a result, all staff in the centre shared responsibility for providing social stimulation for residents. The Inspector observed a music session, with a resident playing the accordion for fellow residents, a ball game, two reminiscence videos being played, mass and one to ones with residents. The Inspector was assured that there was sufficient engagement to meet the social needs of the residents, for the duration of the activity coordinator's absence. Interactions between staff and residents were

observed to be meaningful and positive.

Visitors who spoke with the Inspector said that they were happy with care being given and that staff were very attentive, kind and caring. They said that their relative felt very safe and that there was good communication with them from the staff, about any changes in the running of the centre or a change in their relatives' condition. The provider facilitated visits in a safe manner for both residents and their visitors. Face-to-face indoor visits were seen to take place on the inspection day. Staff were seen to organise residents to be ready for their scheduled visits.

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

This was good service, with a team of staff who worked hard together to ensure that the care and services were safe and appropriate for the residents who lived in Heatherlee Nursing Home. However, this inspection found that the management structure required review and strengthening, to ensure it was robust enough to operate if the person in charge was to be absent, or the centre was to experience an outbreak of COVID-19. Improvements were also required pertaining to fire precautions, infection prevention and control and care planning.

Heatherlee Nursing Home is owned and operated by Mary O' Brien, a sole trader, who is the registered provider and the person in charge. She has responsibility for the day-to-day running of the centre, works full time in the centre and is on call at the weekends. She is supported in this role by an assistant director of nursing, an administrator, a staff team of nurses, health care staff, housekeeping and catering staff. Although there was a clearly defined management structure identified in the centres statement of purpose, the Inspector noted that the assistant director of nursing, who deputised in the absence of the person in charge, was no longer available to the centre full time, and had not been since the start of the global pandemic. This deputising arrangement required review, as it posed a significant risk in the event of a COVID-19 outbreak, if the person in charge was unable to work or had to self- isolate.

Staffing within the centre was maintained at an adequate level to meet the care needs of the residents. The provider confirmed that staffing levels were kept under review, based on the occupancy and dependency level of residents in the centre, and could be adjusted accordingly. However, staff allocated to cleaning and at weekends and required review as well as the governance and management structure, which is discussed under regulation 15.

There were suitable recruitment practices in place, and the provider ensured that all staff had a An Garda Síochána (police) vetting in place prior to commencing

employment. A review of training records indicated that there was a comprehensive programme of training, and staff were supported and facilitated to attend training relevant to their role. Records showed that all staff had attended regular mandatory training in infection prevention and control, safeguarding vulnerable adults from abuse, fire safety and people moving and handling.

All staff and residents had received their COVID-19 vaccinations and observations continued to be monitored daily, as part of the clinical oversight arrangements in the centre. This was to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. The centre had been successful to date in keeping the centre COVID-19 free. However, the Inspector was not assured that the centre had a robust contingency plans in place, should an outbreak of COVID-19 occur. Discussion with the person in charge and a review of documentation showed that although a COVID-19 outbreak management plan had been developed, it was not centre specific, and had not been reviewed since May 2020.

Communication systems within the centre were strong. Daily handover meetings and safety pauses ensured that residents' needs were communicated and discussed. In addition, there were regular staff meetings. There was a comprehensive quality assurance programme in place which included audits, daily walkabouts, staff supervision, resident meetings and staff and management meetings. Audit results were shared with staff and were incorporated into the annual review of the quality of care for 2020.

There was a low number of accidents and incidents involving residents in the centre, and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence, and that any areas of leaning identified were implemented. All incidents were notified to the Chief Inspector, as required by the regulations. An effective complaints' procedure was in place and included a regular follow-up process completed by the person in charge with complainants, to ensure that there was ongoing satisfaction with the service.

Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full-time in the centre. They had the required experience and knowledge in care of the older adult and in management, to fulfill the requirements of the role. They were responsible for the day to day running of the service and were well known to residents, staff and visitors.

Judgment: Compliant

Regulation 15: Staffing

The inspector was not assured that there were appropriate staffing resources in place, evidenced by:

- there was not enough senior staff in the centre to support the person in charge, as the named Assistant Director of Nursing (ADON) was not available full time to the centre.
- the hours rostered for cleaning of the centre required review, as there was no cleaner employed at the weekends and bedrooms and shared bathrooms were not routinely cleaned over the weekend. This posed a risk of transmission of infection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional development training, to ensure they had the necessary skills to meet the needs of the residents in the centre. Staff were appropriately supervised appropriate in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and included all the information, as per Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records reviewed by the Inspector were found to be well maintained. The Inspector reviewed a sample of four staff files and found that they contained all information as required by Schedule 2 of the regulations, including required references and qualifications.

Judgment: Compliant

Regulation 23: Governance and management

Current governance arrangements required review and improvement, as it was found:

- the management structure detailed in the centres statement of purpose named the ADON as the person deputising in the absence of the person in charge. However, this person was no longer available to the centre full time, since the beginning of the pandemic. This required immediate review to ensure that there were more robust arrangements in place, should the person in charge be on leave, be required to self isolate or if there was a COVID-19 outbreak in the centre. There was a senior staff nurse also named if the ADON was not available, which did provide the Inspector with some assurances regarding alternative deputising arrangements, however, this person was not involved in the day to day management of the centre.
- the COVID-19 contingency plan required review, as it was generic and did not provide assurances that the centre could manage an outbreak of COVID 19. This had not been reviewed or updated since May 2020.
- the provider had not identified risks in relation to fire safety, which were impacting on the safety and welfare of residents and staff. An urgent action plan was issued following the inspection, to reduce the risk and provide a safe environment for residents, with which the provider engaged.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident log and residents' records confirmed that all notifications as required, under Schedule 4 of the regulations, had been submitted to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The Inspector reviewed the complaints log maintained at the centre and saw complaints, actions taken and the satisfaction of the complainant with the outcome was recorded. The centre had an accessible and clear complaints procedure, that was displayed in the reception area. The procedure named the complaints officer for the centre and the independent appeals person. Residents confirmed that any concerns or complaints they had would be dealt with, and they were confident to highlight issues to staff members.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and routinely updated on a three-yearly basis in line with regulatory requirements. However, the policy on admissions to the centre required review to reflect the changes in practice, in response to the COVID-19 pandemic.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the care and support provided to residents was seen to be of a good standard in Heatherlee Nursing Home. Residents were provided with holistic and person centred care. Resident's spoke of the warm and friendly atmosphere in the centre. There was evidence of effective consultation with residents and their families, and their needs were being met through good access to health care services and opportunities for social engagement. However, improvements were required with regards to fire precautions, infection prevention and control and care planning.

Residents were provided with good standards of nursing care and health care to meet their needs. This optimised their continued good health and well being. Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. However, there were inconsistencies in the care planning documentation. Some care plans reviewed did not always provide clear guidance on the current care needs of residents. Nursing staff spoken with were familiar with, and knowledgeable regarding residents up to date needs, but this was not always reflected in the nursing documentation. This is discussed further under Regulation 5.

The Inspector observed staff engaging with residents who exhibited behavioral and psychological symptoms of dementia. Engagement was respectful and non-restrictive. There had been a reduction in the incidence of restrictive practice in the centre and the person in charge informed inspectors that the centre promoted a restraint free environment. Where bed rails were used, there was supporting risk assessments and consent obtained. Alternatives were trailed such as low beds and safety mats prior to using bed rails.

There were systems were in place to promote safety and effectively manage risks. Service records evidenced that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. Residents had Personal

Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. Although some fire drills had been undertaken the Inspector was not assured from these drill records that the centres largest compartment, of 12 residents could be evacuated in a timely manner, with minimal staffing levels available during the night. An immediate action plan was issued and this is further discussed under Regulation 28.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. Visiting to the centre was taking place in line with national guidance. Visiting was scheduled in advance, to manage footfall in the centre. Visitors were screened on arrival for symptoms of COVID-19. Visiting generally took place in the dining room, and social distancing was maintained. Visiting to bedrooms were also facilitated.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that staff had actively engaged with residents and their families, when appropriate, to elicit their end-of-life care wishes.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the designated centre met residents' individual and collective needs. The premises was well-maintained. Not all bedrooms had en suite toilet and shower facilities, but shared toilets and shower/bath facilities were located within close proximity along corridors.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious home cooked meals. There was a choice of menu at all mealtimes. The Inspector saw that residents were offered snacks and a range of hot and cold drinks throughout the day. The

Inspector observed the lunch time meal, it was evident that there were enough staff available to supervise and assist residents who required additional support with their meal.

Residents weight was monitored appropriately and screened using a validated assessment tool, for risk of malnutrition. Records reviewed evidenced that residents were reviewed by speech and language therapists and dietitians as required.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was reviewed and found to include all the required information. The guide was in booklet form and it was available to residents.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in relation to the following:

- the COVID-19 contingency plan required to be reviewed and updated as it was found to be generic and did not provide assurances that the centre could manage an outbreak of COVID-19. This had not been reviewed or updated since May 2020.
- there were no cleaning staff scheduled on Saturdays and Sundays, which increased the risk of transmission of infection, which is actioned under regulation 15.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was required to take urgent action to provide the Chief Inspector with assurances regarding residents' safety in the event of a fire in the centre. At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire, evidenced by:

- There was one large compartment in the centre where 12 residents were accommodated. The Inspector were not assured that residents could be safely evacuated in the event of a fire, as there was no evidence that full

compartment evacuations had been completed. This was particularly concerning as staffing levels reduced to two staff at night. An immediate action plan was submitted to the provider. The provider submitted a fire drill report following the inspection, however, times taken to evacuate residents did not provide adequate assurances. Further drills were required to ensure the competency of all staff and that appropriate evacuation times could be achieved. A review of the size of the compartment was also required.

- Although daily fire safety checks were documented to be taking place, the Inspector found that two fire doors were not functioning appropriately, as they would not close, thus being ineffective in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While care plans were documented on admission and assessments were carried out every four months, improvements were required in relation to the following:

- ensuring that care plans were updated four monthly as it was found that in some cases assessments were carried out, however, these were not reflected in residents care plans. For example where the dependency level of a resident had increased, this was not always reflected.
- there were not social and recreation care plans documented for some residents.
- care plans were not consistently reviewed and updated in consultation with the resident and where appropriate the resident's family.

The person in charge acknowledged care planning was an area for improvement on the day of this inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with good standards of evidence based health and nursing care in this centre. Residents were supported to safely attend out-patient and other appointments, in line with public health guidance. Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. There was a very low incidence of pressure ulcer development within the centre, and there were no residents with pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff, and observations of the Inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans. Staff spoken to outlined person centred interventions including utilising the use of music, walks outside and distraction techniques.

Staff promoted the principles of a restraint free environment and the person in charge told the Inspector that restraint measures are only utilised when alternatives and other interventions had failed. Four residents were using bed rails on the day of this inspection. .

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Residents told the Inspector that they were happy with the activities provided. Health care staff directed activities which included cross words, reminiscing over old videos, ball games and music. Residents had access to TV, radio, telephone and Internet access as required. Residents were facilitated to practice their religion.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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 Heatherlee Nursing Home OSV-0000237

Inspection ID: MON-0034742

Date of inspection: 03/11/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Appointment of a new Assistant Director of Nursing from the 14th of December 2021 to support the Director of Nursing</p> <p>Cleaner rostered to work at weekends since the 06/11/2021</p>	
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>Appointment of a new Assistant Director of Nursing from the 14th of December 2021 which will ensure alternative deputizing arrangements are always available.</p> <p>Covid-19 Contingency Plan will be updated and reviewed which puts a governance plan in place in the event of an outbreak of Covid -19 at the centre. Expected Completion: __16/12/2021</p> <p>In relation to fire safety an action plan is being implemented which will reduce the risk and ensure a safe environment for residents. Expected Completion: __24/01/2022</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policy on admissions will be updated and reviewed to include the changes in practice in operation as a result of the Covid-19 pandemic.</p> <p>Completed: 30/11/2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Covid -19 Contingency Plan will be updated and reviewed to ensure clear procedures can be adopted in the event of a Covid-19 outbreak.</p> <p>Expected completion: 16/12/2021</p> <p>Cleaner rostered to work at weekends since 06/11/2021</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An action plan is being implemented to ensure risks are reduced and improve resident safety. This includes sub-dividing the existing fire zone, thus reducing the time required for evacuation by more than half, by reducing the zone size less residents to be evacuated and shortens the distance to bring residents to safety.</p> <p>Expected Completion: 24/01/2022</p> <p>Maintenance to be carried out on two fire doors. Completed 03/12/2021</p> <p>Fire safety checks to be improved in particular increased scheduling and documentation of compartment evacuations.</p> <p>More regular completion of safety checks and fire drills, on-going.</p>	

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: Individual Care Plans are now being revised by Nursing Staff. Nursing assessments carried out to be reflected in care plans and in consultation with the resident / family. A four monthly formal review is on-going.</p> <p>Expected Completion: 01/03/2021</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	14/12/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	16/12/2021
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	24/01/2022

	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	16/12/2021
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.	Not Compliant	Orange	11/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Not Compliant	Orange	11/11/2021

	case of fire.			
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 not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2021
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	01/03/2022