



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	SignaCare New Ross
Name of provider:	Signacare New Ross Ltd
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	09 August 2022
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0036819

## About the designated centre

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

This centre is a purpose-built facility which can accommodate a maximum of 62 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The registered provider is Prudent Healthcare New Ross Ltd. This centre is situated on the outskirts of New Ross beside a residential estate. It is constructed over two floors with access via passenger lift and stairs. Bedroom accommodation consists of 54 single and four twin rooms, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as an oratory and sun room. There are a number of toilets and bathrooms located throughout the building. Kitchen and laundry facilities are located on the ground floor. Open access to safe outside space is located at the rear of the building and there is ample parking space to the front and side of the centre. There are nurses and care assistants on duty covering day and night shifts.

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

Number of residents on the date of inspection:	59
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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
Tuesday 9 August 2022	10:00hrs to 16:40hrs	Catherine Furey	Lead
Wednesday 10 August 2022	09:10hrs to 14:30hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the management and staff were committed to improving the quality of life and promoting the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with five residents in more detail, to gain an insight into the lived experience in SignaCare New Ross. Residents were unanimous in their positive feedback and were highly complimentary regarding the staff, and the care they received in the centre.

There were 59 residents residing in the centre at the time of inspection. On arrival, the person in charge conducted a brief risk assessment for signs and symptoms of COVID-19, prior to accessing the main areas of the centre. The inspector observed that most residents were up and dressed; residents were having breakfast in the dining room, watching TV in the sitting room, and enjoying the garden. The main foyer of the centre was styled in a welcoming fashion, and there was ample comfortable seating. A small office had been repurposed as a residents coffee doc, and this was seen to be a favourite spot for some residents to make a cup of tea and sit and watch people coming and going in the main reception. The ground floor has open access to all communal areas and residents were seen to amble about at their leisure. Staff were seen to assist residents to mobilise according to their level of need, while encouraging independence where possible. The second floor of the centre was accessible via a passenger lift. The person in charge outlined that the second floor of the centre was dedicated to residents who may be at risk of wandering or who required enhanced supervision. The second floor operated independently in that it contained a dining room, sitting room, conservatory and a dementia-friendly sensory room. Staff outlined that residents were assisted downstairs to the communal areas when requested or when a larger activity or Mass was being held. There was access to a secure rooftop garden from the conservatory, and this was seen to be a busy area, with residents participating in outdoor arts and crafts. It was a very hot day and residents were seen to enjoy the lovely garden areas on both floors, some receiving visitors outdoors and some simply sitting and relaxing. Staff had taken precautions to ensure that residents were not at risk of sunburn by providing sun protection factor and wide-brimmed sunhats for residents. Adequate shade was provided in all areas.

Residents' bedroom accommodation consisted of mainly single occupancy with four twin bedrooms. Evacuation procedures were displayed on the back of each resident's door. Bedrooms were seen to be comfortable, and nicely decorated. Bedrooms could accommodate a bedside locker and armchair, and TV's were provided to allow residents to watch their preferred programmes in private. There was adequate storage and hanging space for clothing and personal items. Residents were encouraged to bring important or sentimental items from home to assist in making their environment more homely, and residents could personalise their own rooms with photographs, paintings and soft furnishings. Orientation signage was displayed around the building to areas such as the dining room, day room, toilets and lifts, to orientate residents to their surroundings. Call bells were available in

bedrooms and all communal areas. There was a small oratory upstairs which was used daily for Rosary by a small group of residents. Mass was held once a month in the centre. One resident told the inspector this was so important to them, and it was something they greatly missed during the COVID-19 outbreak and the visiting restrictions. The inspector spoke with visitors in the centre who were grateful to the staff for the high standard of care and support their loved one received, and for the good communication at all times.

The inspector discreetly observed the dining experience on both floors at lunch time and found that there sufficient staff to attend to residents requiring assistance with their nutritional intake. Residents were sat comfortably in small groups at tables and could chat amongst themselves. The dining room on the first floor required some decorative upgrades, to bring it in line with the style and décor of the ground floor dining room, to ensure all residents were in receipt of the same type of dining experience. In the main dining room, food was served directly from the adjoining main kitchen. On the second floor, meals were plated up from a heat bain marie in the adjacent kitchenette. Food served was seen to be well-presented, wholesome and nutritious, and there was a range of options available. Text and picture menus were displayed in both areas. The inspector observed that hot and cold drinks, fruit, biscuits and other snacks were served between meals and staff could access these items overnight. All staff who spoke with the inspector said that the food was excellent, and complimented the chef.

Staff interactions with residents were seen to be kind and supportive. Compassion and kindness was displayed to residents at all times and the friendly approach of staff was reciprocated by residents, and a good camaraderie was evident. Staff who spoke with the inspector displayed a willingness to maintain high standards of care, and said that the increase in staffing levels had had a positive impact on resident care. Staff said they had more time to ensure each residents individual needs were met.

The next two sections of this report will present findings under each regulation in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service being delivered

## Capacity and capability

There were effective governance systems in place in the centre, with adequate resources allocated to ensure residents received good care in an environment that supported quality and safety. Overall levels of compliance had improved since the previous inspection. Some improvement was required with regard to the provision of appropriate training.

The registered provider is Signacare New Ross Limited. There are three company directors, one of whom is involved in the operational management of the centre. The centre is part of the wider Virtue Integrated Care Group, who oversee the

running of a number of other nursing homes nationally. The person in charge works full-time in the centre and is supported in her role by a quality and risk manager, who attends the centre frequently. Within the centre, the person in charge is further supported by a clinical nurse manager who works in a fully supernumerary capacity. Nursing staff, healthcare assistants, and activity coordinators ensure the social and personal care needs of the residents are met. Catering, domestic and maintenance provide further support, and ensure that the environment meets the residents' needs.

This was an unannounced risk inspection to monitor ongoing compliance with the regulations and standards. The inspector assessed the compliance plan submitted following the previous inspection in May 2021 and found that all areas had been sufficiently addressed. The inspector also followed up on three pieces of unsolicited information which had been submitted to HIQA. There had been ongoing engagement with the provider in relation to some of this information, and overall, assurances were provided that all identified concerns regarding the safety and welfare of residents in the centre were appropriately investigated by the registered provider, with evidence of critical incident review and lessons learned.

Residents and staff were recovering from a recent outbreak of COVID-19. Reviews of other outbreaks had been discussed at management meetings and lessons learned from these, were incorporated into the centre's contingency plan, for example the importance of initial containment and cohorting of residents to minimise the risk of infection spreading. Agency staff were utilised to cover staff absences during this outbreak. Overall, the current outbreak was well-managed and the affected residents were being supported to return to their baseline level of health.

Additional healthcare staff resources had been put in place since the last inspection. The inspector found that the centre had sufficient staff available to meet the needs of residents. The inspector observed staff following best practice guidelines in relation to infection control procedures, hand hygiene and moving and handling techniques. A schedule of appropriate training was maintained in the centre. An online training academy platform was utilised by all staff, in conjunction with relevant face-to-face training modules, and online HSELand courses. The training matrix provided identified that not all registered nurses had completed medication management training annually, in line with the centre's own medication management policy. This is discussed under Regulation 16: Training and staff development. There was an induction process in place for new staff and staff were seen to be appropriately supervised in their roles daily.

Management systems supported good oversight of the service. There was routine monitoring of key service areas, including restrictive practice, infection control and falls. Weekly and monthly collection of data contributed to audits of practice which identified areas requiring improvements. A new values programme was being introduced in the centre, as part of a wider Virtue Integrated Care project with the aim of encouraging staff to identify and expand on the values underpinning the centre's ethos of person-centred. This initiative included members of each staff department, who had identified the value of communication, and were implementing

strategies in the centre to increase positive communication between residents and staff.

Requested records were made available to the inspector and were seen to be easily accessible via an electronic resident care platform. Additionally paper-based documentation was well-maintained. There were good communication systems in the centre, with evidence of regular meetings across all staff departments. The person in charge attended meetings with peers from the other centres under the SignaCare group, which provided opportunities for shared learning. There was regular Quality Management meetings where all areas of risk in the centre were discussed and actions put in place with identified timelines for completion.

Incidents and accidents were well-managed in the centre and were subject to regular analysis to identify and trends, and areas for improvement. Overall, there was a low level of documented complaints. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures. Feedback from residents and families was encouraged and used to inform ongoing quality improvements in the centre.

### Regulation 15: Staffing

The registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the collective and individually assessed needs of the residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Medication management training was not up-to-date for a number of registered nurses. This is important to ensure that all staff, and in particular new staff members, are working in line with current professional guidance, and given that a small number of repeated medication errors in relation to the administration of medication had been recorded in the past months.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The management team and staff demonstrated a



commitment to continuous improvement and quality assurance. There was evidence of ongoing quality improvement strategies and monitoring of the services provided to residents. The centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose;

An annual review of the quality and safety of care provided to residents in 2021 had been completed by the person in charge, and this review contained feedback and consultation with residents and their representatives.

Judgment: Compliant

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

Contracts of care clearly set out the terms relating to the room to be occupied by the resident and specified which services incurred an additional fee.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose had been updated with recent changes to the registered provider, the governance structure and the staffing whole time equivalents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed records of all incidents and accidents occurring in the centre and found that relevant notifications had been submitted for all incidents specified in the regulations within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

Records were maintained of verbal and written complaints and the outcome was documented. The complaints process was seen to be displayed in the entrance hall

of the centre, and at other convenient locations on both the ground and first floor. The appeals process was outlined in this document as well as the contact details of the Ombudsman.

Judgment: Compliant

## Quality and safety

The quality of care provided, and the safety of the residents was found to be monitored and reviewed regularly in the centre. The changing needs of the residents' were addressed appropriately and this contributed to a service which focused on sustaining a good quality of life for the residents, which respected their rights and preferences. Oversight of care documentation, some infection control procedures, and residents' privacy was required to maintain a consistently safe service.

The inspector saw evidence that formal residents meetings were held regularly in the centre, where feedback and opinions on the operations of the centre were acknowledged and addressed. Recent resident and relatives surveys had high satisfaction rates across all areas. Survey topics included overall happiness and comfort in the centre, respect for residents' rights, and what could be improved in the centre. The method of daily care delivery was based on the preferences of the residents. Residents were seen to be facilitated with choices in their day-to-day routines, for example choice of food, participation in activities, and daily routine. There were a small number of young residents living in the centre. Arrangements were made to ensure that these residents had access to external resources locally, and age-appropriate activities within the centre. All residents had a comprehensive assessment completed prior to admission into the centre, including an assessment of social needs. These assessments were incorporated into the overall activity plan for the centre, which included group activities such as crafting, baking and general knowledge quizzes; dementia-specific therapies such as Imagination Gym; and individual one-to-one activities based on residents preferences. Activities were led by two activity coordinators six days of the week, and on the seventh day, usually a Sunday, the schedule included visiting musicians, or group activities led by the healthcare and nursing staff. There was a range of activity equipment and materials available for these staff to provide stimulation and engagement for residents. Visitors were welcomed into the centre and residents were facilitated to go out with family when requested.

The inspector acknowledged improvements in the overall management pressure ulcers in the centre. A systematic review had been completed following the previous inspection which had identified knowledge deficits among staff in relation to pressure ulcer prevention. A centre-specific plan for re-education of staff, including improved assessment processes and prompt access to specialist equipment to mitigate pressure ulcer prevention had been implemented. Records reviewed by the

inspector showed that there was good assessment of new, and long-term residents, however, potential risks remained with regard to repositioning of residents, as discussed under Regulation 6: Healthcare. Regular, timely access to general practitioner (GP) services was provided and there were pathways for regular and timely referral to health and social care professionals such as community psychiatry services, chiropody, and speech and language therapy. Care plans reviewed by the inspector included the specific instructions of these professionals. Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Medicine management was audited frequently and there was evidence that corrective actions were taken when errors or near-misses occurred.

There was a small number of residents in the centre who displayed occasional responsive behaviour, as a consequence of their medical diagnosis. Supportive plans were in place for these residents, which identified the triggers to these behaviours and the known techniques to manage the behaviour appropriately, using the least restrictive methods. The inspector observed staff responding to these residents in the manner outlined in the plans. There was appropriate use of restrictive practices, including bedrails in the centre, and records showed that restraints were carefully assessed prior to use, with input from the resident, and their representative when appropriate.

There was good oversight of fire safety systems in the centre. Residents all had personal emergency evacuation plans in place which were updated regularly. These identified the different evacuation methods applicable to individual residents for day and night evacuations. The overall premises of the centre was suitably maintained both internally and externally. The registered provider had identified areas requiring decorative upgrades and a progressive plan was in place for completion of these works. Management undertook weekly COVID-19 audits which aimed to ensure that the centre was operating in line with current best practice guidelines including environmental checks and audits of staff practices such as hand hygiene. Domestic staff demonstrated good knowledge of the importance of their role in maintaining a safe environment for residents, through the use of cleaning methods with appropriate equipment. There had been improvements in the centre's in-house laundry facility to promote a unidirectional flow of dirty to clean laundry. Additional storage space had been repurposed to store clean linen and clothes. As outlined under Regulation 27: Infection control, some areas for improvement were identified by the inspector.

## Regulation 11: Visits

The centre's current visiting arrangements were appropriate, and placed no unnecessary restrictions on residents.

Judgment: Compliant

## Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents and was generally very well-maintained both internally and externally. A range of assistive equipment was available to residents and residents had suitable bedroom accommodation and communal space.

The decor on the first floor of the centre required some attention, in areas where paint and wallpaper were scuffed and marked. This had previously been identified by the registered provider, and resources had been provided to ensure the necessary decorative upgrades were completed. This plan of upgrades was in progress on the day of inspection.

Judgment: Compliant

## Regulation 27: Infection control

Overall, there was good oversight of infection prevention and control practices, in line with the national standards. However, some areas for improvement were identified as follows:

- None of the hand hygiene sinks throughout the centre were compliant with current recommended specifications
- Resident equipment such as nebulisers were not part of an inventory and there was no system to ensure that equipment was cleaned prior to storage. For example, a nebuliser machine, mask and tubing were seen to be dusty and stained and stored inappropriately on a bedside table
- The temporary closure mechanism was not engaged on sharps boxes and there was no documented procedure for the management of sharps injuries
- The bedpan washers were not part of a regular servicing cycle

The centre's recent infection control audit had also identified most of these areas for improvement and actions were underway to address them.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Records indicated that fire-fighting equipment in the centre was serviced annually and the fire alarm and emergency lighting system were serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures

and use of fire equipment. Regular fire drills took place which simulated various evacuation scenarios with different staffing levels. Staff spoken with confirmed that they had been involved in simulated fire evacuation drills and were knowledgeable regarding the evacuation needs of residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Evidence-based assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents' and their families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

### Regulation 6: Health care

While the overall management of residents with high risk of pressure-related skin damage had improved since the previous inspection, the inspector identified large gaps in the repositioning charts of residents who were deemed high risk of pressure ulceration. For example, one resident with current pressure ulcers had no documented evidence of repositioning being done over a twelve-hour period overnight.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Positive behaviour support plans were seen to have been developed to support residents who experienced behavioural and psychological symptoms of dementia and other disorders. Training had been afforded to staff in this aspect of care and staff were found to be knowledgeable in the provision of care to these residents.

A review of a sample of these care plans indicated that there was an individualised approach taken in relation to those residents who had experienced escalation in behaviour, and that expertise was sought from relevant health and social care professionals when required.

Judgment: Compliant

## Regulation 8: Protection

There were appropriate measures in place to safeguard residents from abuse:

- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse
- Records reviewed by the inspector provided assurances that any allegation of abuse was immediately addressed and investigated
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- The centre was acting as a pension agent for a small number of residents. The arrangements in place to ensure the residents' finances were protected were in line with Department of Social Protection guidelines
- There were secure systems in place for the management of residents' personal finances
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

## Regulation 9: Residents' rights

All bedroom doors contained a small window, and only some of these had a blind fitted. The person in charge agreed to review arrangements for screening these windows, to ensure resident's privacy.

Judgment: Substantially compliant

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

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant details. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant



# Compliance Plan for SignaCare New Ross OSV-0000252

Inspection ID: MON-0036819

Date of inspection: 10/08/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All outstanding Medication management training has been completed.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - A business plan has been submitted and a plan will be put in place for the replacement and installation of recommended hand hygiene sinks. - All Resident equipment is now part of an inventory and cleaned as per our infection control policy. - Posters are displayed on the management of sharps injuries in all clinical areas. Sharps boxes are stored with temporary closure mechanism engaged; this is monitored by Nursing staff and included in the audit process. - The bed pan washers have been serviced.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

An audit has been completed to ensure that all repositioning charts are completed consistently.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
All bedroom doors now have a privacy screen to ensure residents privacy.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/09/2022
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	28/02/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of	Substantially Compliant	Yellow	26/09/2022

	evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	26/09/2022