



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

## Issued by the Chief Inspector

Name of designated centre:	Beach Hill Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0030997

## About the designated centre

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

The designated centre is a 48 bedded purpose built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available and spacious communal areas, including foyer/ reception and dining facilities. Residents have access to outdoor facilities. The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

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

Number of residents on the date of inspection:	34
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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 20 April 2021	07:45hrs to 15:00hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

Overall, the findings of this inspection were that the residents in this centre were well cared for by a caring, committed team who worked hard to keep the residents safe and have a good quality of life. The centre was well managed and compliance was generally good.

The inspector spoke with a number of residents who all spoke favourably about the staff and expressed satisfaction at living in the centre. Whilst the feedback from residents was positive, on the day of the inspection the inspector identified a number of improvements required to deliver the standard of care appropriate to the needs of the residents. These included improvements in governance and management, infection prevention and control practices, residents' rights, premises and individual assessment and care planning.

This unannounced risk inspection was carried out over one day. There were 34 residents accommodated in the centre on the day of the inspection and 14 vacancies.

The centre had experienced a significant outbreak of COVID-19 in January 2021. A total of thirty-five residents and fifteen staff were affected. Sadly, nine residents died during the outbreak. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to implement the centre's COVID-19 contingency plan and to ensure the outbreak was managed in line with the recommended guidance.

The outbreak had a significant impact on all the staff who were extremely sad at the loss of the residents, most of whom had lived in the centre for many years. A number of staff described their sadness and told the inspector that the residents were like a family to them and that the loss was immense. Staff described how they had worked hard to protect the residents during and since the outbreak. Staff were also aware of the impact of the pandemic and resulting restrictions had on the residents. The inspector acknowledged that residents and staff living and working in centre has been through a challenging time. They acknowledged that staff and management always had the best interests of residents at the forefront of everything they did during the outbreak and since. However, improvement was now required in the oversight of the centre to ensure that the quality and safety of care delivered to residents was consistent and that regulatory compliance was achieved.

The centre was a purpose built facility situated on the outskirts of Fahan village in Donegal. The centre provided accommodation for 48 residents which comprised of 34 single and seven twin bedrooms. All bedrooms had en-suite facilities and were organised into three distinct areas, Camlen, Foyle and Swilly units. In order to reduce the number of social contacts that staff and residents had and in response to the COVID-19 outbreak earlier in the year, the person in charge had re-arranged the centre to create two distinct units with separate dining and communal areas as well

as dedicated staff teams.

The inspector completed a walkabout of the centre with the person in charge (PIC) on the morning of the inspection. The entrance to the centre opened onto a spacious foyer furnished in a homely style with a variety of comfortable seating arrangements. Soft music played in the background throughout the day and a number of residents were observed using this area at various times. Some residents were reading, chatting, other residents were simply listening to music.

Whilst the premises was laid out to meet the needs of the residents, the decor and maintenance were in need of attention. Many areas including resident bedrooms had carpets which were stained and faded. Some items of furniture including doors were scuffed and chipped and the curtains in the foyer were visibly stained. The person in charge informed the inspector that the provider had a plan to refurbish the centre which included painting and decorating, carpet replacement and new furniture.

The housekeeping staff who spoke with the inspector were knowledgeable about their role and responsibility to ensure that the centre was kept clean. Most areas of the centre were clean and tidy, however, improvements were required in some areas. Dust was visible on a number of surfaces and vacant bedrooms had not been terminally cleaned. There was a strong malodour present in one bathroom which the maintenance person attended to promptly on the day. Inappropriate storage of items such as hoist slings, clothes protectors and incontinence wear was observed in communal toilets and bathrooms. Basins which were used for residents' personal hygiene needs were being stored on the floors of residents' bathrooms. There was a lack of appropriate waste bins provided in many toilet/bathroom areas.

There was inadequate storage facilities available on the day of the inspection. Hoists were stored on corridors blocking residents' access to the grab rails and thereby restricting residents to move safely around the building. Wheelchairs were stored in resident bathrooms. Other items of equipment were stored in vacant bedrooms and an item of housekeeping equipment was stored in the staff bathroom. The store room that was available was used to house a variety of equipment and supplies, including inappropriate storage of oxygen and nutritional supplements. This was addressed by the PIC on the day of the inspection.

In addition to the foyer, there were a variety of communal areas in the centre for residents which were in use throughout the day of the inspection. The Ruby room which was located in Camlen unit had many dementia friendly features. This area was spacious and was well laid out to facilitate social distancing amongst the residents. However, the sitting room in the Swilly unit did not have sufficient space to ensure that the number of residents using the room were able to maintain adequate social distancing.

The main dining area was large, bright and airy where the residents were observed enjoying their meals and snacks at various points in the day. A temporary dining room was in place in the Swilly unit. However, in spite of the staff's best efforts this area was too crowded to ensure that residents could maintain their social distance from each other.

There was an enclosed garden available to the residents which contained many interesting items such as a post box, bus stop, a bird feeder, an old fashioned bicycle along with seating areas. Access to this area was restricted as the door was alarmed.

Residents were observed to mobilise freely within the centre. The inspector observed that call bells were responded to in a timely manner.

The bedroom accommodation had sufficient space for residents to live comfortably including adequate space to store personal belongings. The inspector did, however, find a drawer unit in one of the communal bathrooms with a large quantity of unlabelled socks. Staff confirmed that these socks were used for all residents. The inspector addressed this immediately with the PIC and the practice was stopped.

Many bedrooms were personalised with pictures, mementoes and furniture. Staff made great efforts to help the residents live in a comfortable, homely environment. However, one bedroom required improvements as clinical items were stored on open shelving giving it the appearance of a clinical environment. Residents had access to television in bedrooms if they wished. Residents in twin rooms were required to share a television. The residents who spoke with the inspector were happy with their rooms.

Whilst general signage was in place to guide the residents to the various areas of the centre, there was a lack of signage to alert residents, staff and visitors in relation to infection prevention and control and in particular COVID-19 precautions.

All staff had completed the necessary infection prevention and control training including training related to COVID-19 infection. However, the inspector observed that staff did not always adhere to recommended hand hygiene procedures especially during the lunch time period in one dining area.

Many residents were observed enjoying activities and socialising throughout the day. Other residents were observed spending time in their bedrooms or the foyer having quiet time. Communal areas were supervised at all times and staff checked on residents in their bedrooms regularly. Activities were provided to the residents seven days a week and included bingo, reminiscence, chair exercises and movement to music. A full time activities co-ordinator had been recently employed and told the inspector that they were getting to know the residents and their preferences for social activity. Care assistants and nurses also provided some activities and the inspector saw many positive interactions between staff and residents. For example, residents were observed participating in and enjoying a sing-along with staff which provided a great sense of fun and enjoyment. Other staff were observed providing one to one support with residents in the form of reading or chatting. One staff member facilitated the Rosary in another communal area.

Overall, the inspector saw that the staff knew the residents well and treated them with kindness and empathy. Staff and residents were seen chatting and laughing together and teamwork was evident throughout the day. Residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or

physical environment) were supported very sensitively and discreetly and these residents appeared calm and contented throughout the day.

However, the inspector observed some practices that did not demonstrate a person centred approach to care delivery. For example, medication was administered in one of the dining rooms during the lunchtime period. Residents were given medication in view of other residents and staff and did not have sufficient privacy. This practice was not in keeping with a relaxed mealtime activity. In addition, the inspector observed that in one dining area there was poor staff interaction with the residents who required assistance with their meals. Pre-prepared thickened fluids (fluids therapeutically modified for residents with difficulty swallowing) were served to the residents instead of staff preparing fluids for individual residents as per their individual nutritional care plan.

A number of residents were living with dementia and therefore conversations with some residents were limited. The inspector spoke with approximately eight residents all of whom spoke favourably about their life in the centre. One resident told the inspector that they could not find fault with the centre and that they had everything they wanted. Another resident described the centre as 'lovely' and said they were very happy with everything. Others complimented the staff, the lovely food and were satisfied with their space and accommodation. Those residents who were unable to converse were observed to be content.

Residents had access to television, radio, newspapers and books. There were arrangements in place to support residents to maintain contact with their loved ones. Arrangements were in place for visiting in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). There were identified areas in the centre to receive visitors along with window visits.

In summary, this was a good centre with a dedicated team of staff delivering good standards of care and support to the residents. However, some improvements were required to ensure all residents received person-centred care.

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 on the quality and safety of the service being delivered for the residents.

## Capacity and capability

Overall this was a well-managed centre and the residents were supported to live a good quality of life. There was a clear organisational structure in place with identified lines of authority and accountability as per the Statement of Purpose.



However, some improvements were required to the governance and oversight of the service to achieve positive person-centred outcomes for the residents who lived there and to improve compliance with the regulations.

This was an unannounced risk inspection to assess the designated centre's preparedness for a COVID-19 outbreak and to monitor the centre's compliance with the regulations. The provider is The Brindley Manor Federation of Nursing Homes Limited. The provider representative was present in the centre on the day of the inspection.

The person in charge (PIC) demonstrated a clear understanding of his role and responsibility. He was well known to the residents and staff and was a visible presence in the centre. The PIC was supported in this role by two assistant directors of nursing and a full complement of staff including nursing and care staff, an activity coordinator, housekeeping staff, catering staff, maintenance and administrative staff. There were deputising arrangements in place for when the person in charge was absent. However, the two assistant directors of nursing worked as part of the nursing team and did not have supernumerary hours. Consequently, this impacted on the effectiveness of the oversight of the service in a number of areas and is reflected in the findings of the inspection. This will be discussed further under Regulation 23.

The centre had sufficient resources to meet residents' individual assessed needs on the day of the inspection. There was a stable and dedicated team which ensured that residents benefited from continuity of care from staff who knew them well. The number of the staff was appropriate to the size and layout of the centre. The PIC had recently increased the number of trained nurses employed in the centre to ensure there was an appropriate skill-mix on duty day, night and at weekends. Staff had the required skills, competencies and experience to fulfil their roles.

A sample of three staff personnel files were reviewed by the inspector and demonstrated good staff recruitment practices and induction processes. All staff had Garda Siochana vetting in place before commencing employment.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 training and infection prevention and control (IPC). Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

Management and staff meetings were held regularly. The most recent meeting minutes were reviewed and showed that COVID-19, visiting arrangements, resident satisfaction and social isolation were discussed.

There was evidence that there was a comprehensive audit programme in place throughout 2020 which reviewed practices such as assessment and care planning, use of restraint, medication management, privacy and dignity. However, to date, there had not been any audits carried out in 2021.

### Regulation 15: Staffing

There was sufficient staff with an appropriate skill-mix on duty to meet the needs of residents and having regard to the size and layout of the centre. There were two registered nurses on duty during the day and one registered nurse on duty at night.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to and completed training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling , Safeguarding and Fire Safety Training.

The supervision and oversight of staff practices in the centre required improvement to ensure that care and services were delivered to the correct standard and were consistent.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The centre had a directory of residents which was maintained up to date and available for the inspector to review on the day of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the designated centre had sufficient resources to ensure the effective

delivery of care and support to residents in line with the centre's statement of purpose.

There was a clearly defined management structure in the centre. However, the roles and responsibilities of the assistant directors of nursing were not clear as they were on duty as the nurse delivering care for residents and not as the clinical manager with responsibility for supporting and supervising the staff team. The lack of supernumerary hours to carry out their management role had a significant impact on their ability to monitor care and services provided for the residents. This is reflected in the non compliances found on this inspection.

Whilst there were systems in place to monitor and evaluate the quality and safety of the service in 2020, these were not being implemented at the time of the inspection and there was no audit schedule for 2021. As a result, the managers had not identified the areas of non compliance found on this inspection.

An annual review of the quality and safety of the service for 2020 had been completed which included consultation with the residents. This review was readily available to the residents and their families. However, this review did not include a quality improvement plan.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The PIC maintained a log of all incidents that occurred in the centre. Overall, incidents were notified to the Chief Inspector but the inspector observed one recorded incident that was not notified in accordance with the regulations.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The residents living in the centre were well cared for by the staff. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. Overall staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities. However, some improvements were required to ensure that infection prevention and control practices were consistent and that care was person-centred and guided by care plans which reflected the residents' current needs.

Residents had very good access to medical care with the residents' general practitioner (GP) providing on-site reviews. The person in charge (PIC) informed the inspector that the centre had received excellent medical support from the GP services throughout the recent COVID-19 outbreak. The inspector met with one GP on the day of the inspection who came to review a number of residents. Residents were also provided with access to other health care professionals in line with their assessed need.

Individual resident care plans were informed by validated assessment tools which were regularly updated. However, the inspector was not assured that all care plans contained up to date and accurate information to guide the staff in person-centred care delivery. This will be discussed further under Regulation 5.

Residents were given the opportunity to give their views on the service and resident satisfaction surveys carried out showed positive feedback. The PIC communicated with all the residents and families on a regular basis regarding matters in the centre and especially regarding the current COVID-19 pandemic. Residents had access to an independent advocacy service if required.

Most of the communal areas were arranged to support the residents to comfortably participate in social interactions with each other and staff. Staff were visible in all areas providing help and guidance with activities and were seen to be familiar with the residents and their preferences. Residents had a choice of when and where to have their meals.

Infection Prevention and Control (IPC) measures were in place. Staff had access to and completed appropriate IPC training. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. There were sufficient numbers of hand hygiene facilities including clinical hand wash basins available. However, the inspector was not satisfied that all aspects of IPC measures were sufficiently implemented and monitored to ensure the safety of the residents and staff. This will be further discussed under regulation 27.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre (Health

Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Although the premises was generally clean and tidy, there were areas identified by the inspector that required improvement.

### Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Judgment: Compliant

### Regulation 17: Premises

Overall the premises was laid out to meet the needs of the residents. However, the inspector found that the building required a number of improvements on the day of the inspection.

- Carpet was stained throughout the building.
- Items of furniture found to be chipped.
- Soft furnishings visibly stained.
- Doors visibly scuffed.
- Lack of storage for equipment resulting in hoists being stored on the corridors and wheelchairs in residents' bathrooms.
- Lack of appropriate storage in one bedroom whose resident required the use certain clinical supplies resulting in the room resembling a clinical environment.

Judgment: Substantially compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the required elements as set out in Regulation 26 (1). An up to date safety

statement was also available.

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan which included a comprehensive COVID - 19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

### Regulation 27: Infection control

There was a comprehensive Infection Prevention and Control policy in place which included a very detailed contingency plan to clearly guide staff in the event of a COVID-19. The inspector observed many good practices throughout the day in the centre. Staff who spoke with the inspector were aware of their roles and responsibilities in keeping the residents safe through good infection control procedures. However, the following areas required improvements to ensure the centre was in compliance with infection prevention and control standards including:

- Cleaning schedules were not adequately monitored to ensure daily cleaning of bedrooms and terminal cleaning of vacant bedrooms were carried out to a good standard.
- Residents' personal items were stored in communal bathrooms which created a risk of contamination and transmission of infection.
- Residents' personal wash basins were stored on the floor in some bathrooms which created a risk of contamination.
- There were not enough pedal bins in toilets and bathrooms.
- Poor practices in staff hand hygiene.
- The dining facilities in the Swilly unit did not facilitate recommended social distancing arrangements.
- There was a lack of adequate signage in relation to COVID-19 restrictions and precautions to alert residents and their visitors about how to keep safe and to prompt staff to follow good hand hygiene practices.
- There were insufficient numbers of hoist slings available to avoid sharing of equipment.
- Sharps bins were not correctly labelled.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

There was a comprehensive assessment of needs completed for each resident prior to admission to ensure the centre had the ability and facilities to provide the appropriate level of care and support.

The inspector reviewed seven care plans on the day of the inspection. There was evidence that a range of validated assessment tools were used to develop individual plans. Overall most care plans and resident records were detailed and contained person centred information. There was evidence that care plans were reviewed regularly.

However, the inspector found that the standard of care planning was not consistent and improvements were required to ensure that staff had the information they needed to deliver care in line with each resident's needs. For example:

- Two care plans did not reflect the current needs of the residents with regards to continence.
- One care plan did not contain up to date information regarding nutritional care.
- One care plan did not contain information regarding treatment following the diagnosis of an infection.
- One care plan did not reflect the assessed need of a resident with potential gastro-intestinal problems.
- Preparation of thickened fluids was not in line with individual residents' nutritional care plans.
- A number of COVID-19 care plans did not contain the residents names and as a result staff would not know which resident the care plan referred to.

In addition, a number of the daily progress records for individual residents used the exact same detail over a number of entries and the inspector was not assured that this was an accurate reflection of the residents' progress and how they spent each day. As a result nursing staff would not be able to monitor and evaluate if the care that had been delivered to the resident had been effective.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GP was visiting the centre as required. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and

palliative care.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded which was in line with guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that overall the residents' rights were upheld in the centre. However, some routines and care practices required review to better ensure that the care provided was person-centred and residents were able to exercise choice.

- The inspector observed staff placing food protectors over residents without providing an explanation or obtaining consent.
- A small number of staff were observed to provide little or no interaction when assisting residents with their meal.
- Medication administration took place in the dining room during the lunch time period and in view of other residents and staff.
- The outdoor garden space was alarmed and was not readily accessible to the residents.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0030997

Date of inspection: 20/04/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S: The ADONs and PIC will address supervision and oversight of staff practices through audit, observational audit and supporting the staff team through mentoring and re-education to ensure the appropriate standard and consistency of care delivery is achieved.</p> <p>M: Through audit and review.</p> <p>A: By the PIC and inhouse management team supported by the RPR.</p> <p>R: Realistic.</p> <p>T: 6th July 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>S: Recruitment of additional staff nurses is ongoing to support the ADONs in their supervision of the staff team by increasing ADON supernumerary hours. The ADONs and PIC will complete and monitor the audit schedule which is ongoing within the centre. A Quality Improvement Plan will be included into the current and all future annual reviews.</p> <p>M: Through audit and review</p> <p>A: By the PIC and inhouse management team supported by the RPR.</p> <p>R: Realistic</p> <p>T: 13th July 2021</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>S: The PIC will complete all notifications in line with the regulations as supported by the RPR.</p> <p>M: Through audit and review.</p> <p>A: By the PIC.</p> <p>R: Realistic.</p> <p>T: 23rd April 2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: An environmental audit has been completed by the maintenance team and a schedule planned to address the areas identified on inspection. A deep clean of soft furnishings has been completed. Storage of resident transfer and handling equipment has been re-organised and one resident's storage of clinical supplies has been relocated to an appropriate clinical room.</p> <p>M: Through inhouse and external maintenance support where necessary.</p> <p>A: By the maintenance team.</p> <p>R: Overseen by the PIC and RPR</p> <p>T: 31st July 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>S: Daily and terminal cleaning schedules have been reviewed. The storage of resident's personal items have been relocated to individual bathrooms. Personal wash basins have been stored appropriately off the floor. Additional pedal bins have been situated in toilets and bathrooms where necessary and additional hoist slings provided to avoid sharing of equipment. The dining layout of Swilly unit has been re-organised to enhance social distancing. COVID-19 signage and the labelling of sharps bins has been reviewed and</p>	

<p>enhanced within the centre. All staff will be re-educated in hand hygiene.  M: Through audit and review by the RPR  A: By the PIC and inhouse management team.  R: Realistic.  T: 30th June 2021</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:  S: A full review of care plans will be completed by the PIC and inhouse management team to ensure that they are person centred and appropriately individualised. Nursing staff will be re-educated with regard to care planning and documentation.  M: Through audit and review by the PIC.  A: By the PIC and inhouse management team.  R: Realistic.  T: 30th June 2021</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  S: Staff will be re-educated in Positive Care Approaches and dining etiquette. Nursing staff will be re-educated with medication management practices during mealtimes. A review of access through an alarmed fire door will be completed by appropriate personnel to ensure unrestricted access to the outdoor garden space.  M: Through audit and review by the PIC  A: By the PIC, inhouse management team, external trainer in Positive Care Approaches and maintenance personnel.  R: Overseen by the RPR  T: 30th July 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/07/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2021
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	13/07/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/06/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	23/04/2021
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	30/06/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Substantially Compliant	Yellow	30/07/2021



	not interfere with the rights of other residents.			
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