



**Health
Information
and Quality
Authority**

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:	Aperee Living Ballinasloe
Name of provider:	Aperee Living Ballinasloe Ltd
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	24 May 2021
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0033046

About the designated centre

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

Millrace nursing home is a purpose built two storey nursing home situated in the town of Ballinasloe in Co. Galway. The centre is registered to accommodate 60 residents. The accommodation comprises 52 single and four twin bedrooms. All bedrooms have en suite shower and toilet facilities. A variety of communal rooms are provided for residents' use on each floor, including sitting, dining and recreational facilities. There is a lift provided between floors. Residents have access to an enclosed garden. Millrace nursing home accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, palliative care, respite and post-operative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
--	----

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
Monday 24 May 2021	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This centre had a significant outbreak of COVID-19 in January 2021. During the outbreak the authority was notified of 26 residents and 19 staff members who had tested positive for COVID-19. Sadly two residents passed away. The outbreak was declared over on 26 February 2021. During the outbreak of COVID-19 the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in residents spending extended periods of time in their bedrooms. Some residents spoken with stated that the outbreak had been worrying but they were relieved to have got through it and recovered from the virus. They said they were happy to be back in the day rooms enjoying the company of other residents and staff and partaking in activities again.

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that staff kept them up-to-date regarding the restrictions and the COVID-19 pandemic.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

The observation and interaction between residents and staff was positive, engaging, patient and kind. Staff had strived to ensure that the normal routines and schedules of the centre had been disrupted as little as possible while trying to maintain social distancing in line with public health guidelines.

On the morning of inspection, some residents were up and about, some were relaxing in their bedrooms, others were viewing mass on the large screen televisions in the main day rooms, some were reading the daily newspapers which were delivered each morning, others were having breakfast in the dining room and some were being served breakfast in their bedrooms. Residents spoken with told the inspector how they enjoyed viewing the daily mass broadcast on television and keeping up to date with news items on the television and in the daily newspapers. Residents said they were looking forward to the local priest returning to celebrate mass in the centre which was due to take place in the coming week.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator on duty, they were seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed a range of activities including arts and crafts, word games, bingo, quizzes, baking, gardening, music and sing songs. Residents told the

inspector how they were looking forward to a live music session which was planned in the enclosed garden area the day following the inspection.

During the afternoon, the inspector observed some residents enjoying word games, some listening to music CD's of their choice and some being supported to go for walks in the garden area. Residents told the inspector how they enjoyed taking part in baking activities and also how they had enjoyed planting the window boxes. Residents reported that they were happy that the hairdresser had returned and was now available each week in the centre.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. While visits to the centre had been taking place in a specifically designed visiting pod, residents could now meet with their visitors in private in their bedroom or in the designated visiting room. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled.

Residents had access to the enclosed garden area, the doors to the garden areas were open. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air. The garden was landscaped and well maintained, had pathways for walking and suitable outdoor furniture provided for residents use. There were several chickens housed in the chicken coup located in the garden area which provided interest and stimulation for some residents. Residents could also access the first floor balcony area directly from the day room, it was provided with suitable furniture and had a number of containers of flowers which residents had planted.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The menu was colourful and included both written and pictorial images. The inspector observed that a variety of snacks and drinks were offered between meals times. Residents stated that they were consulted regarding their preferred choice of meal each morning and mentioned how they could get what ever they liked, all they had to do was ask.

The building is a purpose built two-storey nursing home. It was found to be generally well maintained, warm, comfortably decorated and visibly clean. Residents were accommodated on both floors in 52 single and four twin bedrooms. Three of the twin bedrooms were being used for single occupancy at the time of inspection. All bedrooms had en suite toilet and shower facilities. There was a variety of communal day spaces including day rooms and dining rooms on each floor. There were a number of assisted toilets located adjacent to day rooms on each floor. Other facilities included a large reception area with seating, an oratory, hairdressing room and smoking room. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about

as they wished within the centre.

There was an art exhibition displayed in the front reception area to celebrate national arts in nursing homes day. Paintings and artwork by residents, staff and their families were framed and displayed. 'Junk Couture' art by local transition year students was also displayed. The art display created an interesting environment and sensory stimulation for residents.

Residents spoken with told the inspector how they liked their bedrooms as they were clean and comfortable. The inspector observed that there were televisions in bedrooms and many residents had personalised their bedrooms with their own family photographs, ornaments and plants.

The inspector saw that there were hand sanitizers at the entrance area, on the corridors throughout the centre and in the communal areas, these were seen to be used throughout the inspection by staff.

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 inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on information of concern received by the Chief Inspector
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Aperee Living Ballinasloe Ltd.

There was a full-time person in charge who was supported in her role by the management team of Aperee Ltd. They included the registered provider representative, the director of quality care standards, clinical operations manager, clinical practice development manager, and human resource manager. The person in charge was also supported by the assistant director of nursing and clinical nurse manager. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

This centre had a good history of compliance with the regulations. Issues identified at the last inspection dated July 2019 had been generally addressed, however, further oversight is required in relation to the management and documentation of

fire drills, management of some residents finances, some aspects of infection control, maintenance of the building and storage of equipment.

The inspector acknowledged that residents and staff living and working in the centre has been through a challenging time. Following the outbreak of COVID-19 in the centre during January 2021, all residents and staff had completed their required period of isolation and the outbreak had been officially declared over by Public Health in February 2021. While the majority of staff and residents had since received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gárda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed all mandatory training.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision. The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements.

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

Issues of concern which had been brought to the attention of the Chief Inspector were reviewed as part of this inspection and not substantiated on the day.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. There were normally two nurses and nine care staff on duty during the morning and afternoon, two nurses and six care staff in the evening up until 22.30 and two nurses and three care staff on duty at night time. The staffing compliment included laundry, housekeeping, catering, activities coordinator, maintenance and administration staff. The person in charge worked full-time and was normally on duty during the weekdays. The assistant director of nursing and clinical nurse manager worked supernumery during the weekdays and on alternative weekends to

supervise the delivery of care.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. All nursing staff had completed recent medicines and wound management training. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. The management team met regularly to discuss and review the quality and safety of care in the centre.

The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements. Recent audits had been completed in relation to infection prevention and control, hand hygiene, falls, wounds, nutrition and hydration, menu analysis, medicines management, call bells, privacy and dignity. A review of the recent COVID-19 outbreak had been completed which had identified lessons learnt. The annual review on the quality and safety of care in the centre had been completed for 2020.

There was evidence of on-going communication and consultation with residents and families. Updates in relation to visiting arrangements had been communicated to all families.

Further oversight is required in relation to the management and documentation of fire drills, management of some residents finances, some aspects of infection control, maintenance of the building and storage of equipment.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

All complaints were reviewed by the person in charge and discussed at the management meetings.

There was one open complaint at the time of inspection. This complaint was being investigated by the person in charge and the inspector was assured that it was being managed in line with the complaints policy.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Overall, the inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. Key to me' life stories were in place for residents which outlined their individual preferences and interests. There was a range of activities taking place including visits from musicians.

There were no restrictions on residents' movements within the centre. Residents were informed of and understood the ongoing and changing restrictions to visiting as per national guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events.

Residents' religious rights continued to be facilitated during the pandemic. Residents were also facilitated to view religious ceremonies on the television, listen to local church services on the local radio station and receive Holy Communion. Residents continued to recite the rosary daily. Arrangements had been put in place for the local priest to visit and celebrate mass in the centre on the week of inspection.

Nursing documentation reviewed, indicated that residents needs had been assessed

using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and informative.

While the management team had taken measures to safeguard residents from being harmed or suffering abuse, improvements were required to ensure additional safeguards were put in place to protect residents finances. This is discussed under Regulation 8: Protection. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case. Staff spoken with confirmed that they had received training in the protection of vulnerable people. The person in charge had completed 'train the trainer' and facilitated training of all staff in house.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

Infection control practices were generally of a good standard. The premises and equipment used by residents appeared visibly clean. However, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. These are discussed further under regulation 27: Infection prevention and control. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene. Nursing management supervised staff to ensure that training was implemented in practice. During the inspection staff were observed to be wearing surgical face masks as per the relevant guidance.

During the outbreak of COVID-19 and in line with the contingency plan, the centre had been divided into two units and separate staff had been allocated to each floor to further reduce the risk of cross infection. Separate staff changing and bathroom facilities had been provided for staff on each floor.

There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. While fire drills had been completed, further improvement was required in relation to the management and documentation of fire drills. This is discussed further under Regulation 28: Fire Precautions.

The building was two storey in design, with accommodation for residents provided on both floors. Bedroom accommodation was provided in 52 single and four twin bedrooms. All bedrooms had en suite toilet and shower facilities. There was a variety of communal day spaces including day rooms and dining rooms on each

floor. There was a lift provided between floors which allowed residents to independently access each floor. Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. While there was an on-going programme of maintenance taking place some areas were identified as requiring repair and maintenance. Storage for equipment also required review. This is discussed further under Regulation 17: Premises

Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were facilitated seven days a week. All visits were being risk assessed and each resident had a visiting plan in place. Families had been updated regarding the latest visiting arrangements.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

While there was an on-going programme of maintenance taking place the following areas were identified as requiring repair and maintenance.

- The walls to some bedrooms were marked and scored and required repair and repainting.
- The defective floor covering to the first floor dining room required replacement.
- The coverings to some chairs showed signs of wear and tear.

The storage for equipment also required review. During the inspection a bedroom and assisted bathroom were being used to store equipment, furniture and incontinence wear.

Judgment: Substantially compliant

Regulation 27: Infection control

While the building and equipment used by residents was found to be visibly clean, a number of issues which had the potential to impact on effective infection prevention

and control were identified

- Carpet flooring was provided to a small number of bedrooms.
- There was no wash hand basin provided to the ground floor sluice room.
- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

The management team advised that they had identified some of these issues and that they were due to be addressed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. While fire drills had taken place regularly including simulated night time scenarios, there were no drill records to provide assurances that all residents in each compartment could be evacuated safely and in a timely manner. For example, one compartment could accommodate up to nine residents and two other compartments could accommodate up to eight residents and there were no fire drills simulating the evacuation of this number of residents. This assurance is required to ensure that residents can be safely evacuated with the equipment and resources available.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and also nursing documentation which was maintained on a computerised nurse documentation system. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. The inspector reviewed the care plans of a number of residents including end of life care, wound care, nutritionally at risk, at high risk of falls, presenting with responsive behaviour, with restraint measures in place and with specific care requirements. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care.

There was evidence that residents and their relatives were involved in the development and review of care plans.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics, occupational therapy and physiotherapy. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition needs were met. Residents at risk of impaired skin integrity had specialised pressure relieving equipment in place and a nutritional care plan as recommended by a dietitian or GP.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff continued to promote a restraint free environment. There was one resident using bed rails at the time of inspection. The use of the bed rails was risk assessed, a care plan, consent and safety checks in line with national policy were documented. There was evidence of multi-disciplinary input into the decision to use the bed rails.

The inspector reviewed the files of some residents who presented with responsive behaviour. There was evidence of access and referral to psychiatry services. Care plans in place were detailed, person centered and described individualised based interventions.

Training records reviewed indicated that staff had attended training dealing with behaviours that challenged and management of restraint.

Judgment: Compliant

Regulation 8: Protection

Additional safeguards were required to ensure that all pensions collected from the Department of Social Welfare on behalf of residents were paid into an interest

bearing account on behalf of those residents in line with Department of Social Protection guidelines to enhance the protection of residents money.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. All residents who spoke with the inspector reported that staff were very good to them.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

There were no restrictions on resident's movements within the centre. Residents were observed to be moving about as they wished both inside and outside the centre. There was a variety of communal day spaces on each floor where residents could sit and relax.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed on both floors in the centre.

Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions and listen to religious services on local radio. Residents were supported to recite the Rosary and receive weekly Holy Communion. There was an oratory provided where residents could spend time in quiet reflective prayer. The local priest was due to attend the centre to celebrate mass.

Activity provision was led by the activities coordinator. There was a schedule of activities taking place in each day room, a variety of activities were scheduled seven days a week. The schedule included both group and individualised activities. The social care needs for each resident were set out in their care plans. Staff were observed to use this information to engage meaningfully with some residents. Arrangements were in place for external musicians to visit the centre and play in the external garden area. The hairdresser had recommenced visiting on a weekly basis and residents told the inspector how they enjoyed having their hair done.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. There was evidence that issues raised by residents were acted upon.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0033046

Date of inspection: 24/05/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The matters referred to by the inspector in this section are addressed under the relevant regulations below.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A maintenance schedule as identified in the report is in place in the Home of which areas requiring redecoration will be completed.</p> <p>The storage of equipment in vacant bedrooms at the time of the report is in accordance with the Covid Contingency Plan for the current pandemic which was explained to the inspector during the visit. These areas will be returned to Resident's use in the coming months.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

A maintenance schedule as identified in the report is in place in the Home of which areas requiring redecoration will be completed.

The provision of a handwash sink in the downstairs sluice room will be considered as a part of a capital development plan for the Home. A hand wash sink is available adjacent to this sluice in a bathroom which is not routinely used by Residents, with additional Alcohol Hand Rub freely available in the room, in the corridor and throughout the premises as a first line handwashing requirement in accordance with current IP&C guidance.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills will include evacuation of the largest compartment in the Home of which the first drill occurred on 03.06.21. Another drill is planned for 30.06.21

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: Residents finances will be moved to an appropriate account.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
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	24/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2021

	associated infections published by the Authority are implemented by staff.			
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 case of fire.	Substantially Compliant	Yellow	31/07/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/07/2021