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:	Sligo Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	11 April 2024
Centre ID:	OSV-0000363
Fieldwork ID:	MON-0039972

About the designated centre

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

Sligo Nursing Home is a purpose-built facility located a short walking distance of Sligo city. The centre can accommodate a maximum of 62 residents. Residents are accommodated in single and twin bedrooms. The centre 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 is provided for people with a range of needs: low, medium, high and maximum dependency. Resident accommodation is over two floors with a lift facility. There are four corridors. Rosses Corridor and Garavogue corridor are on one level and Yeats corridor and Ben Bulben corridor are on the lower level. A variety of communal rooms are provided on both floors for residents' use, including sitting, dining and recreational facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 April 2024	09:00hrs to 17:00hrs	Celine Neary	Lead
Thursday 11 April 2024	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

There were 61 residents living in the centre on the day of inspection. Overall, the inspectors found that residents were content living in the designated centre. The inspectors observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support.

This was an unannounced inspection carried out over one day. On arrival the inspectors met with the director of nursing. Following an introductory meeting the inspectors did a walk around of the centre with the assistant director of nursing. Inspectors met with residents, staff and some relatives during the day of inspection.

The centre was purpose built and could accommodate a maximum of 62 residents over two floors. It is located in a residential area and is in close proximity to the local shops and amenities of Sligo town. The building comprises of four corridors; Rosses Point and Garavogue on the ground floor and Ben Bulben and Yeats Country on the lower ground floor. Each floor had a communal dining room and sitting room for residents, and a large lobby area was located at the centre's entrance. An enclosed outdoor area was accessible to residents but the inspectors did not observe any residents using this area on the day.

As the inspectors walked around the centre they observed a high level of activity and staff were busy attending to the morning care needs of residents. Inspectors found that staff were working hard to provide care and support for residents. The inspectors observed staff rushing to provide care to residents and three residents were observed coming out of their bedrooms looking for assistance. Additionally, some call bells were not answered promptly. Three residents and two relatives told the inspectors that they regularly have to wait for staff to help them as they are very busy.

Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to the communal areas within the building. Some residents required greater time and support to start their day and staff provided this support. Overall, the inspectors observed that staff did respond to residents needs, however, at times residents were observed waiting and care provided by staff was task orientated and rushed.

The inspectors observed that some resident bedrooms were personalised with personal belongings such as photographs, furniture, artwork, soft fabric blankets, books and ornaments. Residents' bedrooms varied in layout and size and most rooms had sufficient space to meet residents needs with the exception of some twin rooms. Inspectors observed that some personal belongings were inappropriately stored on the floor or on window sills in residents bedrooms. Residents had access to television and a call bell in their bedrooms. However, several resident bedrooms appeared visibly unclean during the morning and there was a strong odour present in some en suite rooms. This was addressed by the provider on the day and extra

housekeeping resources were deployed.

There was an activity coordinator on duty to provide activities for residents during the day, and the inspector observed residents reading newspapers and watching television. In the afternoon there was live music and residents appeared to be enjoying this. There was an activities schedule on display to inform residents what activities were scheduled for the day. Residents told inspectors that they could choose how they wanted to spend their day.

Residents' visitors and relatives were made welcome and were seen by the inspectors coming and going throughout the day of the inspection. Although most of the relatives who spoke with the inspector were satisfied with the care provided, two relatives did express concerns with some aspects of the care and support provided to their relatives. They had brought these matters to the attention of management and staff within the centre and a review of the complaints log by the inspector confirmed that these complaints had been investigated and responded to.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The findings of this inspection were that the management systems in place did not ensure that the service provided was safe, consistent or effectively monitored. The management systems did not ensure that:

- effective infection prevention and control measures were in place,
- staff resources were adequate and appropriately allocated to provide care to residents with high levels of dependency, and that
- fire safety issues identified were addressed.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The registered provider of Sligo Nursing Home is Mowlam Healthcare Services Unlimited Company. The chief executive officer (CEO) of the company represents the provider entity. The director of nursing was supported in their role by a Regional Health Care Manager and a Director of Care Services in the senior management team. Within the designated centre, the person in charge is supported by an assistant director of nursing (ADON) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and

responsibilities.

The inspectors were not assured that overall staffing levels in the centre were adequate, taking into account the needs of the current residents and the layout of the designated centre. This was evidenced on the morning of the inspection by residents coming to the inspectors to seek assistance in relation to personal care and call bells were not always answered promptly.

A staff training matrix record was made available to inspectors. This record confirmed that all staff were up to date with their mandatory training on fire safety, safeguarding, cardio pulmonary resuscitation and manual handling. Further training included modules on infection prevention and control, medication management, dementia care and challenging behaviour.

Inspectors found that the centre had systems in place for reviewing the quality of care experienced by residents living in the centre and audits had identified deficits in infection prevention and control, whereby a quality improvement plan had been developed. However, greater oversight was required to ensure that this improvement plan was fully implemented. Furthermore, the managerial oversight of staff resources did not identify inadequate staffing levels on the lower ground floor units.

The annual report on the quality and safety of the service for 2023 was not available for inspectors to review on the day of inspection but was submitted following the inspection. This report provided key information about the performance of the service and reflected that residents were consulted on their views and feedback for the service.

There was a complaints policy and procedure in place to deal with complaints received from residents or family members. The policy outlined the key stages of how a complaint was to be dealt with including investigation, feedback, review and appeal. It contained information for residents and families on independent advocacy services available and was on display at reception in the centre. Residents spoken with during the day of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as supporting residents to use the complaints procedure when required.

Regulation 15: Staffing

The registered provider had not ensured that the level and skill mix of staff was appropriately deployed to meet the needs of the residents and the size and layout of the lower ground floor area. The allocation of staffing resources in this area required review to ensure there was sufficient staff available to support and meet the needs of all residents. For example;

- Several residents approached inspectors to seek assistance and support during the morning walk around.
- Some call bells rang for more than six minutes before being responded to by a staff member.
- Residents informed the inspectors that they often have to wait for staff to help and support them as "they are very busy".
- There was inadequate housekeeping resources appropriate to the size and layout of the designated centre. This is discussed further under Regulation 27, infection prevention and control.
- There were gaps in the roster where there was no activity staff on duty or additional care staff available to provide social activities for residents for three days during the first of April to the 14th of April 2024.

Judgment: Not compliant

Regulation 16: Training and staff development

Although the person in charge had ensured that staff had access to training, the inspectors found that the supervision process required improvement to ensure that staff carried out their work to the required standards. This was evidenced by the following findings;

- Housekeeping procedures were not effectively monitored or supervised and inspectors observed that although cleaning had been completed several area's remained visibly unclean, such as corridor floors, bedroom floors and surfaces and en-suite bathroom odours remained.
- Health care staff providing support and assistance to residents were not supervised by the nurse on duty.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not have management systems in place to ensure that the service was safe and effectively monitored.

For example;

- Although the provider had been proactive and had a fire risk assessment carried out by an external fire safety engineer the daily oversight of fire

safety in the centre required improvement.
- There was no supervision of housekeeping procedures or their effectiveness.
- The deployment of staff resources in the lower ground floor of the centre was not adequate to meet the needs of all residents.
- The annual review for 2023 was not made available to inspectors on the day of inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of four contracts for the provision of services were examined. These included details of the service provided, fees to be charged for such services and detailed the residents room number and occupancy

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place that was made available to residents and their representatives. Residents who spoke with the inspector said that they knew how to make a complaint and where they had raised any issues these had been followed up promptly. Residents had access to independent advocacy including the Patient Advocacy Service to support them in making a complaint.

The complaints procedure had been updated in line with the changes to the legislation that came into place in March 2023. Additional complaints training had been provided for staff and was ongoing.

The complaints policy identified the complaints officer and the the review officer and contact details were provided.

There was a record kept for all complaints. This included details of the issues raised in the complaint, the complaint investigation and outcome, any follow up actions and the complainant's satisfaction with how the complaint was managed.

Residents and relatives knew how they could make a complaint and could tell the inspector who they would talk to if they had a complaint.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the quality of care was not consistently delivered throughout the centre. The care provided to the residents on the upper floor of the centre was of good quality, however, residents on the lower ground floor did not receive the same level of care and support to meet their assessed needs and preferences. Furthermore, inspectors found that the centre's premises, fire precautions and infection prevention and control were not in line with the requirements of the regulations.

The residents were accommodated in the centre in single and twin bedded rooms. The single rooms appeared to be well laid out and personalised. However, the layout of some twin bedrooms on the lower ground floor of the centre were not appropriately configured to support the residents' needs. In addition, there was inappropriate storage available to residents in these twin rooms and some items were observed to be stored on the ground and on window sills.

A review of the fire safety systems in the centre found that the provider did not take adequate precautions against the risk of fire. In addition measures in place to ensure the containment of fire were not robust and posed a risk to residents safety.

The inspectors spoke with a number of staff and they demonstrated knowledge about how they would positively respond to those residents who might display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans included details of specific care interventions needed to support and care for residents with responsive behaviours and the centre had a low level of restrictive practice in place.

The centre had an electronic care documentation system in place. The inspectors reviewed a sample of residents' care records and found that most residents had a comprehensive assessment completed upon admission into the centre. Pre-admission assessments were completed before admitting residents to the centre. Validated assessment tools such as malnutrition universal screening and dependency level assessment tools were used as part of residents' comprehensive assessments. The inspectors observed that the daily progress notes summarised the daily status of each resident. Most residents had appropriate measures in place to support residents requiring regular pressure area care. However, the inspectors found that improvements were required to ensure that care plans were person-centred, and provided up-to-date information to guide staff about the care interventions that the resident needed. This is further discussed under Regulation 5.

Residents were supported in having access to their general practitioners (GPs) from local practices, health and social care professionals, and specialist medical and nursing services. The residents on the ground floor were generally supported in meeting their needs. The residents in this unit appeared well-presented, and the care practices indicated that the care provided was not rushed and was in line with

their assessed needs and preferences. However, the oversight of the care provided on the lower ground floor units did not ensure the residents were receiving high-quality nursing care. This is further discussed under Regulation 6.

The provider had a comprehensive infection prevention and control policy and processes in place to manage the risk of infections in this centre. The inspectors observed that the oversight of the general cleanliness and house keeping in this centre was inadequate and ineffective to ensure that the living spaces of the residents were hygienic and clean for their well-being.

Residents had access to television, radio, newspapers and books in this centre.

Residents' meetings were held regularly, and the minutes of the meetings indicated that residents were involved in the organisation of the centre, such as the activity programmes and food choices. Residents were also provided with opportunities to provide feedback on the quality of the service through regular residents satisfaction surveys.

Regulation 10: Communication difficulties

Residents who were assessed having difficulty in communication had an appropriate care plan developed to guide staff to support their communication needs.

Judgment: Compliant

Regulation 17: Premises

The layout of five twin-bedrooms on the ground floor were not suitable to meet the needs and profiles of residents. For example:

- The layout of these bedrooms did not facilitate the placement of a bed, chair and bedside locker within the bed space of a resident in these rooms.
- A bed in these twin-bed rooms was positioned against the wall, and there was not enough space around these beds to manoeuvre a full-body hoist and large items of equipment, such as a specialist chair or wheelchair, safely in these bed spaces. The needs of residents accommodated in these twin rooms were a mix of high to maximum dependency levels.
- The inspectors observed that a resident's comfort chair had encroached into the bed space of a second resident in one of these twin-bedded rooms. As a result, the second resident's personal space, privacy and comfort were compromised. Additionally, in another twin room, a comfort chair was placed outside the bed space of a resident, and this arrangement restricted another

resident's access to the only available window in this room, which would prevent them from enjoying the outdoor views from this room.
- Furthermore, the inspectors observed that a resident in another shared bedroom did not have privacy in their own bed space due to another resident accommodated in this room repeatedly entering the other resident's bed space uninvited. The inspectors had to intervene and request staff to attend and redirect this resident back to their own bed space to ensure the comfort and privacy of the other resident. Staff informed the inspectors that due to the layout of the shared bedrooms and responsive behaviours residents frequently entered into the other resident's bed spaces. As a result, this resident's rights to comfort, privacy and dignity were not upheld.

The centre's premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- There were insufficient storage facilities available on both floors to store clinical equipment. The inspectors observed patients moving and handling equipment, such as hoists, being stored in the corridors. This practice restricted residents' access to the grab rails in some corridors, making it challenging for them to move around the centre freely.
- There was insufficient storage space in the twin-bedded rooms for residents to store their personal belongings and valuables. As a result, some residents' personal items, such as shoes and bags, were placed on the windowsill or the floors of these rooms.
- The provider had not kept all areas of the centre in a good state of repair internally and externally. For example:
    - Several bedroom doors and frames were scuffed and had not been repaired.
    - The centre's external garden had not been appropriately maintained to ensure that the residents could safely access this garden.

Judgment: Not compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by:

- The floor linings of bedrooms and the shared bathrooms were found to be visibly dirty, and the inspectors noticed a strong and unpleasant smell emanating from two shared bathrooms located on the lower ground floor of the building. This malodorous smell persisted for several hours during the morning of the inspection.
- The carpet floor linings of many communal areas were visibly dirty and the carpets were not clean.

- The door knobs of some bedrooms and shared bathrooms on the ground floor were found to be visibly dirty.
- The bedside cabinets of a number of residents were disorganised, and many of these cabinets contained opened food items, such as biscuits, marshmallows, and sweets. These food items were not securely stored to manage the risk of contamination and pest control in the centre.
- The cleaners' trolleys were visibly unclean and posed a cross-contamination risk. In addition, these trolleys were left unlocked and unattended in a corridor, which would potentially give passing residents access to cleaning products from the trolley.
- The laundry was poorly segregated, and there was no clear separation between dirty and clean areas. Two bags of dirty linen were placed on the floor near clean items, and this arrangement posed a cross-contamination risk.
- Several items of moving and handling equipment, such as wheelchairs and hoists, were visibly unclean, and an appropriate system was not in place to ensure equipment was cleaned after each use to prevent cross-contamination and cross-infection.
- Hoist slings were stored in clean areas, such as the linen storage room, and they did not have any resident identifiers, such as labels.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider's arrangements for reviewing fire precautions was not effective and not in line with the requirements. For example:

- There were ineffective arrangements in place to ensure that the tumble dryer was clear of lint. A significant quantity of lint had accumulated in the tumble dryer, which posed a risk of fire in the centre.
- There was inappropriate storage of combustible items, such as arts and crafts materials, a cleaning trolley, a wooden altar and a fold able table underneath a staircase.
- The smoking room door was propped open with a chair, which posed a fire safety risk.

The provider's arrangements for the containment of fire in the centre was not effective and not in line with the requirements. For example:

- Fire-stopping measures were not adequate, and the electrical cables that penetrated the laundry, sluice, and linen storage room ceiling were not properly fire-sealed and had some gaps.
- The fire doors in several bedrooms on the ground floor and first floor did not close fully when released.
- There were significant gaps between a number of bedroom doors and the

floor in this centre. As a result, the inspectors were not assured that the fire doors could effectively contain smoke and toxic fumes in a fire emergency.

- Door closer mechanisms were missing in a number of fire doors in several rooms on the ground floor, such as sluice rooms, staff rooms and storage rooms, and these rooms opened into a corridor area. As a result, the inspectors were not assured that these fire doors would automatically close in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The provider had not ensured that the residents' care plans were appropriately reviewed in the centre to ensure their current care needs were accurately reflected in care plans. For example, three residents who were provided showers during early morning hours in this centre did not have their preferences included in their care plans, and the inspector could not be assured that this was their request. Additionally, a resident who was recently re-admitted to the centre did not have a re-admission assessment carried out to ensure a comprehensive review of their needs took place. The change in this residents condition had not been updated in their care plan to provide appropriate care and support to this resident. Furthermore, at lunchtime inspectors observed that a number of residents seated in the dining room appeared unkempt. Staff told the inspectors that they would attend to the residents' appearance after lunchtime. This did not assure inspectors that the personal care needs of all residents were met and it did not promote the residents right to dignity and respect.

Judgment: Substantially compliant

Regulation 6: Health care

There was a medical practitioner (GP) made available to all residents who visited the centre regularly. The centre had timely access to other health care services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards reducing restraints, and records showed that

where restraints were in use, they were implemented following a risk assessment and consultation with the resident or their representative. There was a care plan in place in relation to the use of restraints.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had arrangements in place to ensure residents have access to meaningful activities in line with their preferences and capacity. The inspector reviewed minutes of residents' meetings and found that there was evidence of consultation with residents about the day to day running of the centre.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0039972

Date of inspection: 11/04/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Person in Charge (PIC), supported by the Assistant Director of Nursing (ADON), will produce and monitor the staff roster, ensuring that there is always a sufficient number and skill mix of staff on duty and that they are deployed appropriately to ensure the safe and effective delivery of care to all residents based on their individual assessed care needs. • The PIC and ADON will monitor the ratio of clinical staff to residents each day, ensuring that this is sufficiently balanced to enable staff to provide care for all residents in accordance with their care plans. • The ADON and senior staff nurses will supervise workflow and care practices to ensure that staff are facilitated and appropriately directed to provide high quality care to all the residents. • The Person in Charge (PIC) will continue to plan the staff rosters to ensure that daily staff allocations are based on the assessed needs of the residents. • The residents on the lower ground floor have significantly higher levels of cognitive impairment and staffing levels will be adjusted to meet their needs as required; this includes the provision of one-to-one support for an individual resident. • The PIC will monitor the staff roster daily to ensure that staffing numbers and skill mix are adjusted, as required. The staff roster will set out the required staffing numbers and skill mix for each floor. • The PIC and ADON will conduct more frequent call bell audits and develop quality improvement plans based on the outcomes, and results will be discussed at the monthly management meetings to ensure that staff remain vigilant in responding promptly to call bells. • The Healthcare Manager will review staffing in the centre at a weekly meeting with the Mowlam Executive Team to provide assurance that staffing levels have been maintained satisfactorily in accordance with this compliance plan. • The PIC has introduced a web-based activities application which is used to support the delivery of social activities for residents and is utilised by activity and healthcare staff; the application is always available. Individual resident electronic records are maintained for all activities completed.	

• There is a recruitment programme in progress for an additional member of the housekeeping team to ensure that there is always a sufficient number and skill-mix of housekeeping staff available to ensure that the centre can be cleaned to expected standards. The housekeeping supervisor will be facilitated to supervise the work of housekeeping staff and to address areas needing improvement or attention.
• The PIC has undertaken a review of the housekeeping team to ensure that they have the necessary training and that they are applying the training methods to daily practice.
• Quarterly hospitality, hygiene and infection control audits will continue to be undertaken to ensure that high standards of cleanliness are maintained throughout the centre.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• The housekeeping supervisor and PIC will conduct regular walkabouts of the home to identify priority housekeeping objectives, to monitor housekeeping standards and practice and to provide support, guidance, and direction to housekeeping staff. The housekeeping supervisor will be responsible for checking that floors and surfaces have been cleaned to expected standards and that rooms smell fresh after cleaning has been completed.
• The PIC and ADON will identify individual staff training and development needs during the probationary period of new starters and will discuss these with the staff members during probationary, performance appraisal and clinical supervision meetings; staff will continue to be given the opportunity to identify any areas of training they feel would benefit them. Targeted education and training will also be facilitated if there are observed staff skills deficits based on individual training needs analysis.
• The PIC and ADON will oversee that training theory is put into practice by staff.
• The PIC will ensure that all staff are appropriately supervised; the ADON will be responsible for the effective deployment and supervision of staff on both floors.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The PIC will conduct the Infection prevention and control audit and will identify a quality improvement plan based on areas of non-compliance identified during the audit.

The regional Healthcare Manager (HCM) will sample the audit to monitor objectivity and accuracy.
• A Fire Risk Assessment was completed by a qualified Fire Safety Engineer on 05/03/2024 and the report of this assessment was available on the day of inspection and was subsequently forwarded to the inspector as requested, post inspection. The recommended actions will be implemented in the home.
• The PIC will conduct quarterly fire safety risk assessments and will escalate any fire safety concerns to the Facilities team for priority resolution.
• The PIC will ensure that housekeeping services are appropriately deployed in the home and will conduct walkabouts with the housekeeping supervisor to monitor cleaning standards. Any deficiencies in expected standards will be flagged with the housekeeping team and will be addressed as a priority.
• The PIC will monitor the staff roster to ensure that staffing numbers and skill mix are adjusted if necessary and that staffing levels are always sufficient to meet the assessed care needs of all residents.
• The Annual Review for 2023 has been completed and submitted to the Authority since the inspection.
• The PIC will continue to ensure that all staff receive the training required for their role, including all mandatory training. A training schedule is in place to make sure that all mandatory training programmes are scheduled, including the advanced planning of refresher training updates. The training matrix will be updated and maintained weekly by the Administrator and is always available for inspection.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The PIC, supported by the Facilities Manager, will reconfigure the layout of the identified twin bedrooms to ensure that the available living space for each resident allows the placement of a bed, chair, and bedside locker within the bed space of each resident. We will ensure that the shared rooms are occupied by residents who are happy to share accommodation and that the space in the room is divided equitably for each of them to enjoy their living space without encroachment.
• Residents accommodated in the twin rooms identified have their needs assessed to ensure that they can be comfortably accommodated. Residents currently in the twin rooms mentioned do not require the use of full body hoists or large items of equipment.
• The PIC will review the placement and use of specialist chairs in these spaces to ensure that they do not encroach into the space of the other resident in the shared occupancy room.
• The PIC will ensure that corridors are kept free of obstacles such as hoists, to enable residents to mobilise on corridors using the handrails without restriction. We will identify appropriate safe storage facilities on both floors for the storage of clinical equipment such as hoists.
• Suitable furniture and shelving will be ordered and installed to enhance the storage space available to residents' for the storage of personal items in the twin-bedded rooms

and personal items will no longer be stored on the floors of their rooms
• The PIC will instruct the Maintenance Person about the attention required for scuffed walls and door frames and will ensure that these areas are addressed as a priority. We will arrange for the external garden areas to be tended to and maintained so that residents will be able to safely access the garden.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations/standards

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The PIC and the IPC Lead nurse will monitor infection prevention and control procedures and hygiene within the centre to ensure they are consistent with the national standards. The National Standards for the Prevention and Control of Healthcare Associated Infections are accessible to staff in the centre, and the PIC will ensure that IPC issues are discussed at handovers, safety pauses and as part of the monthly management team meetings to heighten staff awareness.
• Staff have completed tutor-led IPC training, and staff refresher training has also been completed for all other staff with the assistance of instructor-led training or online training modules such as HSEland, AMRIC training. Training completed has included hand hygiene, appropriate waste management and environment and equipment cleaning practices.
• The PIC will ensure that housekeeping staff have completed Clean Pass training and will monitor housekeeping standards by conducting regular walkabouts and random spot checks when cleaning has been completed. Any shortfalls in expected standards will be addressed with the individual staff member and the housekeeping supervisor.
• The floors will be cleaned appropriately, and en suite bathrooms will be cleaned to ensure that there are no unpleasant odours and that rooms smell fresh after cleaning has been completed.
• The carpets will be deep cleaned.
• Doorknobs and handles will be kept clean and if they are found to be sticky or unclean this will be addressed immediately.
• Housekeeping staff will be responsible for keeping the housekeeping trolleys clean and for ensuring that they are locked if unattended and securely stored in the housekeepers' room after use.
• Laundry services have been fully outsourced to an external service provider. The laundry room will be appropriately maintained so that dirty linen can be collected, and clean linen returned from the laundry service provider.
• Staff will use a tagging system to indicate the time and date of cleaning of equipment.
• Hoist slings will be labeled and stored appropriately in resident rooms.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Although the laundry service has been outsourced to an external service provider, we will maintain the laundry equipment for laundry of kitchen linens and emergency laundry requirements. The housekeeping staff will be responsible for keeping the dryer free of lint.
• All combustible equipment will be safely and appropriately stored, and stairwells will be kept free of equipment and furniture.
• The smoking room will have a doorguard installed and the door will be kept closed as much as possible.
• The Facilities Manager will review the premises to ensure that all ceilings are intact and any electrical cables that penetrate the laundry, sluice and linen storage rooms are properly fire sealed.
• All fire doors will be serviced and tested to ensure they close fully when released.
• Drop seals will be fitted to all doors where there are gaps between the door and the floor.
• All door closing mechanisms will be checked, repaired as required and tested to ensure that they close automatically in the event of a fire emergency.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The PIC will ensure that all residents' care plans will be reviewed at a minimum every 4 months, or as the resident's condition changes to ensure that their current care needs are accurately reflected in their care plans.
• All resident assessments will be reviewed and updated to include the residents' choices and preferences, where these are not included.
• Care plans will be updated following consultation to agree care plans with residents and their relatives to reflect the current person-centred needs of the residents.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Substantially Compliant	Yellow	31/07/2024

	under Regulation 3.			
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	31/07/2024
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.	Not Compliant	Orange	30/06/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	30/06/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to	Not Compliant	Orange	30/06/2024

	in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	30/06/2024
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.	Not Compliant	Orange	30/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Orange	31/07/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Orange	31/07/2024

	means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Orange	31/07/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2024