



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:	04 November 2021
Centre ID:	OSV-0000363
Fieldwork ID:	MON-0033841

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:	58
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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
Thursday 4 November 2021	10:00hrs to 18:00hrs	Ann Wallace	Lead
Thursday 4 November 2021	10:00hrs to 18:00hrs	Leanne Crowe	Support

What residents told us and what inspectors observed

There were 58 residents accommodated in the centre on the day of the inspection. Inspectors spoke with nine residents and two visitors on the day. Feedback from residents and visitors was very positive and it was clear that residents felt safe and well cared for.

Residents told the inspectors that the staff were kind and respectful. Residents reported that they could spend their days as they wanted and that staff were respectful of their preferences for care and support.

The centre is purpose built and accommodates a maximum of 62 residents over two floors. The building comprises four corridors; Rosses Point and Garavogue on the ground floor and Ben Bulben and Yeats Country on the lower ground floor. Movement between these floors was facilitated by a passenger lift and a stairs. 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 outdoor area was accessible to residents from early morning until late evening. Overall the centre was clean, well-maintained and comfortably furnished.

The bedroom accommodation consisted of 16 twin rooms and 30 single rooms. Twelve single bedrooms and 13 twin bedrooms contained an en suite toilet and wash hand basin, while three twin rooms and 18 single rooms had an en suite shower room. The centre had recently installed an additional assisted shower room adjacent to the Ben Bulben wing, which improved residents' access to shower facilities.

The layout of the centre was safe and accessible for the residents and a number of residents were observed moving around the various areas including using the lift independently to move between floors. Communal rooms were comfortably furnished and set out in a homely manner. These areas were well used by the residents on the day of the inspection either to watch television or to participate in the activities on offer.

Many residents' bedrooms were personalised with items of their choosing, such as photographs. Single bedrooms were spacious and residents were able to organise their furniture as they wished. These rooms were nicely decorated and enjoyed large windows and natural daylight. Residents reported finding their rooms comfortable and suitable for their needs. One resident told the inspectors that they had recently moved from a twin room to a single room and that they were very happy in their new room. The resident had arranged the furniture in the room to suit their own needs and the rooms was nicely laid out and decorated with the resident's own pictures and ornaments. The resident had a comfortable chair which was located next to the window and they had a lovely view out to the garden. The resident took great pride in showing the inspectors around their room and it was

evident that their new accommodation met their needs.

The inspectors found that the size and layout of the twin rooms on the Ben Bulben corridor were not suitable for residents who needed to use assistive equipment such as specialist chairs and hoists as space in these rooms was limited. Following the last inspection the provider had committed to ensuring that only those residents who did not require assistive equipment would be accommodated in these rooms. The person in charge was working with residents and their families to ensure that any high dependency residents who were still accommodated in these rooms were offered a more suitable room when one became available.

On the day of the inspection a resident living in one of these rooms had chosen to keep the privacy curtain pulled across so that they could rest on their bed in private. Their bed was next to the window and inspectors observed that because the privacy curtains blocked out the light from the window the other bed in the room was dark and did not have enough natural daylight.

Residents were observed taking part in activities throughout the day of the inspection. An activity schedule was in place and residents were observed engaging in the activities on offer. The activities co-ordinator knew the residents well and was familiar with what they liked to do and how they preferred to spend their day. However there was only the one person allocated to provide activities for 58 residents and inspectors observed that during the afternoon residents spent significant periods of time with little to do and limited opportunities for social interaction.

Residents had unrestricted access from the lower ground floor to an internal garden. The garden was well used by one resident who told the inspectors that they enjoyed feeding the birds and that they did this every day.

Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Inspectors noted that residents in twin bedrooms did not have access to their own television and would need to share viewing time with the other resident in their room.

Residents were overwhelmingly positive in relation to food and mealtimes. Residents told the inspectors that they were offered choice at each mealtime and that meals were tasty and served nice and hot. One resident said that the food was "as good as a hotel". Meals were served in the communal areas or residents could choose to eat in their bedrooms.

Visiting was facilitated in line with national guidance and inspectors observed a number of visitors coming and going throughout the day of the inspection. Staff were familiar with the visitors who attended on the day and made them welcome greeting them and updating them on their loved one's progress.

The inspectors spoke with one family who told the inspectors that members of the family visited regularly and were very satisfied with the care provided for their family member. The family and the resident had had the opportunity to visit and look around before the resident made their decision to come to live in the designated

centre. The family had looked at a number of care facilities and had chosen Sligo Nursing Home because it was homely and welcoming. Family members said that they were always informed if there was a change in their loved one's health or well being and were particularly grateful for the efforts staff had made to ensure that they could keep in touch during the COVID-19 visiting restrictions

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the centre and how these arrangements impacted on the quality and safety of the service being delivered

Capacity and capability

Overall this was a well managed service with established governance and management systems in place to monitor the quality and safety of the care and services provided for the residents. The provider had progressed the compliance plan following the previous inspection in September 2019 and improvements were found in relation to Regulation 17 and Regulation 9 however, this inspection found that further work was needed to bring these regulations into full compliance.

There was a clear management structure in place that identified the lines of authority and responsibility. Managers were known to residents and their visitors. Residents told the inspectors that they could talk to senior staff if they had any concerns. The person in charge was supported by a regional manager and had access to the facilities available within the Mowlam Healthcare Group.

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors also followed up on notifications submitted to the Chief Inspector and a recent provider assurance report that had been submitted by the provider in relation to falls management in the centre. The provider is Mowlam Healthcare Services Unlimited and is an experienced provider with a number of designated centres in Ireland.

Individual roles were clearly set out and managers and staff were aware of their individual responsibilities and lines of reporting. The person in charge was supported in the centre by an Assistant Director of Nursing and administration staff. Records were maintained in line with the regulations and were made available to the inspectors when requested.

The staffing rosters reflected the staff on duty in the centre on the day. Inspectors found that during the morning the call bells were answered promptly and that residents did not wait to have their needs attended to. However during the afternoon the number of care staff was reduced by one person and inspectors observed that a call bells was not answered promptly. In addition inspectors observed that residents who were sitting in the lounge areas during the afternoon spent significant amounts of time with little to do. This is discussed further under

the Quality and Safety section of the report.

Staff were supported in their work and had good access to training and development. Records showed that all staff had a comprehensive induction when they started working in the centre. Staff training records identified mandatory training requirements for each member of staff and there was a process in place to ensure that staff attended mandatory training when it was due. As a result staff who spoke with the inspectors were clear about their roles and the standards that were expected of them.

Staff were supervised by the Person in Charge and the Assistant Director of Nursing. The housekeeping team were supervised by a housekeeping supervisor. However, inspectors observed that a number of staff were not wearing their face masks correctly on the day of the inspection and this was not identified and addressed by senior staff on duty.

There was a comprehensive quality management system in place including audits and key performance indicators. This information was used to monitor the safety and quality of care and services. For example the person in charge used audits, complaints and incidents to develop weekly and monthly management reports which were communicated to the provider to ensure that they had oversight of the service and what was happening in the designated centre. There was good evidence that where audits identified improvements were required an action plan was put into place. However, the analysis of key performance indicators such as falls had not identified the increase in falls in quarter 2 of 2021 and as a result the provider had been required to submit a provider assurance report to the Chief Inspector in relation to falls management. The provider had carried out a comprehensive review of the centre's falls management processes and the person in charge had implemented a clear falls prevention strategy in the centre. The inspectors followed up this line of enquiry during the inspection and found that the strategy had been implemented and the number of falls had reduced.

The annual review for 2020 had been completed and included feedback from a resident survey. The review was available to residents and their families along with the resident information guide and the most recent inspection report.

Regulation 14: Persons in charge

The person in charge worked full time in the designated centre and was well known to residents and staff. The person in charge was an experienced nurse who met the requirements of the regulations.

They facilitated the inspection and were knowledgeable about their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff required review to ensure that staffing levels throughout the day were appropriate having regard to the needs of the residents and the size and layout of the designated centre. For example:

- A call bell was not answered promptly at one period during the afternoon
- The staffing on the day of the inspection was not in line with the centre's Statement of Purpose which stated that 1.85 social care practitioner staff were available. However these positions were vacant at the time of the inspection which necessitated a member of the care staff team to move across from care duties to a social care role in the afternoon, leaving one less carer available for the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The supervision of care staff in relation to the correct use of personal protective equipment was not robust. Inspectors found that a number of care staff were not wearing their face masks correctly. This was not identified by nurses and clinical managers on duty until it was addressed by the inspectors.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Roles and responsibilities were identified and staff were clear about what was expected of them in their work and who they reported to.

There were comprehensive management systems in place to monitor the care and services provided for the residents.

There was an annual review of the quality and safety of the care provided for the residents and the incorporated feedback from the resident/family survey.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a Statement of Purpose in place which included the information set out in Schedule 1 of the regulations. However the document had not been updated to reflect the current management personnel.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Most complaints had been investigated and resolved and there was a record of the complainant's satisfaction with the outcome. One complaint had been investigated and the outcome of the investigation had been communicated to the complainant, however the record did not include the complainant's level of satisfaction.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

There was a suite of policies in place in the designated centre. The policies set out in Schedule 5 of the regulations were made available to staff. All policies reviewed by the inspectors had been reviewed within the last two years and reflected current best practice guidelines.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care in the centre. Inspectors saw that residents were well cared for and attended to by staff who were knowledgeable about their needs and preferences for care and support. However inspectors found that improvements were needed to ensure that there was sufficient meaningful occupation and activity for residents and that the layout and configuration of some shared bedrooms met the needs of the residents accommodated in those rooms. In addition the inspectors observed some care staff were not wearing their face masks correctly on the day of the inspection.

A number of residents' care plans were reviewed and these records included a pre-admission assessment which was carried out before a person became a resident in the centre. In addition, a potential new resident and their family were invited to visit the centre and spend time looking around and meeting with staff and residents. This helped to ensure that the resident and/or their family could make an informed decision about the admission. It also helped to ensure that the designated centre could meet the resident's needs and that a good resident/home fit was achieved.

Further comprehensive assessments and care plans were developed within 48 hours of the resident's admission. Inspectors reviewed a sample of care plans and found that they reflected the information gathered from the assessments and effectively guided care delivery.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability, as requested by residents or as required. For the most part, regular assessments and monitoring procedures were in place to ensure that any deterioration in a residents' health or well-being was identified and responded to quickly.

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. Inspectors observed residents making choices about how they spent their day, including what meals and drinks they would have. Staff were seen to offer choices at meal times and when drinks were served from the tea trolley.

There was a planned activity schedule displayed on notice boards throughout the building. Residents were provided with recreational opportunities, including games, reminiscence therapy and rosary. Live music occurred on alternating weekends and mass was said in the centre on a regular basis. However on the day of the inspection there was one member of staff providing activities for 58 residents. The person in charge informed inspectors that each afternoon a member of care staff was allocated to carry out activities with the residents to support the activities co-ordinator in their work. However the inspectors found that when the activities coordinator was not available the activities offered to residents by other staff were limited to one to one or with small groups of up to three residents. This meant that the other residents spent long periods with no access to meaningful occupation or social interactions.

Residents were consulted with regarding the organisation of the centre. The most recent residents' meeting had taken place on 23 September 2021 and a record of this was displayed on notice boards within the centre. The meeting was attended by 20 residents, the nursing management team and the activity co-ordinator. Items such as visiting arrangements, food, staffing and nursing care were discussed. The next meeting was scheduled for 9 December 2021.

Residents were aware of their rights and were supported to exercise choice in their lives. Advocacy services were available to residents if needed.

Measures to ensure residents' safety in the event of a fire in the centre were

adequate. Fire safety systems and equipment were maintained and regularly checked. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Overall staff demonstrated good practices in relation to infection prevention and control. Staff were observed to carry out safe hand hygiene practices in line with the current guidance. However, a number of staff were observed not wearing their face masks correctly during the inspection. In addition, there were not enough wall mounted hand sanitisers and clinical hand washbasins located at entry and exit points and along the corridors.

There were systems in place to ensure that the environment and equipment was cleaned in accordance with best practice guidance. Cleaning staff were well informed about procedures to be followed. Inspectors observed a specialist chair being stored on a corridor that posed a risk of cross-contamination. Inspectors brought this to the attention of a member of staff, who arranged for appropriate storage of this item.

Safe visiting arrangements were in place to support residents to spend time with their families, friends and loved ones. This included monitoring all visitors for signs & symptoms of Covid-19 on entry to the centre and providing personal protective equipment (PPE) as needed.

Regulation 11: Visits

At the time of the inspection, visits were being managed in the least restrictive manner and in line with national health surveillance and protection guidance. Visitors were assessed for potential symptoms of COVID-19 prior to visiting a resident. Visitors' names were recorded and they were provided with access to hand sanitiser and PPE as required. The centre was facilitating visits in the lobby of the nursing home and in residents' bedrooms. While a visiting room was located in the centre, this had been temporarily re-purposed for the storage of PPE. The inspectors were informed that this room would return to its original purpose when safe to do so.

Judgment: Compliant

Regulation 17: Premises

The configuration of furniture and curtains in some twin bedrooms was not always optimal. For example:

- The size and layout of the twin rooms on Belbulben corridor did not meet the needs of residents who required assistive equipment such as hoists and

comfort chairs. Although the person in charge was relocating high dependency residents from this corridor when suitable rooms became available some residents who needed to use assistive equipment were still accommodated in these rooms.

- In one twin bedroom, inspectors noted that if the privacy curtains between the two residents' beds were drawn during the day time, this prevented one resident having a view to the outside and access to natural daylight.

Judgment: Substantially compliant

Regulation 26: Risk management

Inspectors observed that the centre was meeting regulatory requirements in relation to risk management documentation, and that the risk register was kept up to date.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the centre required review to ensure that they were consistent with the *HPSC Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities* (October 2021). For example,

- On several occasions throughout the inspection, some staff were observed wearing face masks incorrectly
- There were not sufficient wall mounted hand sanitisers along some corridors and at critical entry and exit points such as the lift lobby and communal areas
- There were not sufficient clinical hand washbasins available outside of the residents bedrooms
- A specialist comfort chair that was not in use was being stored on the Ben Bulben corridor. There was a hoist sling stored on the chair and staff were not clear whether the sling had been laundered after the last use. The inappropriate storage of both items presented a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors noted that there were good fire safety processes and resources in place in the centre.

Personal evacuation plans (PEEPs) were available for all residents in the centre. These were available for review and outlined important information relating to each residents' needs.

Records were maintained of weekly and daily fire safety checks. The registered provider had arrangements in place for the maintenance of the centre's fire alarm and detection system, which had been serviced quarterly and was subject to regular testing. Arrangements were also in place for quarterly servicing of emergency lights throughout the centre.

Staff completed training on fire safety annually, with training in this area being facilitated in the centre on the day of the inspection. Fire drills also took place on a regular basis which simulated staffing levels on both day and night duty. A recent fire drill had simulated the evacuation of the centre's largest compartment using the night duty staffing complement.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were satisfied that residents were protected by safe medication management practices in the centre.

Inspectors reviewed a sample of completed prescription and administration records. Medication administration sheets were completed in line with guidance issued by An Bord Altranais agus Cnáimhseachais (NMBI) and allowed space to record comments on withholding or residents refusing medicines. Medications to be administered covertly or in a crushed format were prescribed as such, but the person in charge was asked to review how this was recorded within administration records to minimise the risk of potential medication errors.

A register of medications that required strict control measures under misuse of drugs legislation was maintained in the centre. The medications were carefully managed and held in secure storage as required. Appropriate checking procedures were in place and inspectors found that the medications held matched the balances recorded. Medicines to be stored at room temperature were stored securely in a locked cupboard or dedicated trolley. Medicines requiring refrigeration were stored appropriately and the temperature of the refrigerator was monitored and recorded daily.

There were appropriate procedures in place for the handling and disposal of unused and out of date medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and found that residents had comprehensive assessments and care plans in place. Residents were assessed prior to admission and within 48 hours of admission to the centre. The assessments outlined their health, personal and social care needs, which informed detailed and person-centred care plans that were updated regularly and as needed. There was evidence that residents were consulted with when developing and reviewing care plans. For the most part, residents were closely monitored for any deterioration in their health and wellbeing.

Judgment: Compliant

Regulation 6: Health care

From a review of care records and discussions with staff, residents had access to their general practitioner (GP) as well as allied health professionals such as a speech and language therapist, dietitian and chiropodist.

Inspectors found that not all recommendations made by a specialist practitioner had been implemented fully in one resident's care plan.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Suitable assessments and care plans were in place to promote positive supports for residents with responsive behaviours. Inspectors observed staff implementing these measures on a number of occasions during the inspection.

The centre strived to promote a restraint-free environment within the home. It was clear that any restrictions were implemented as a last resort. A very low number of bedrails were in use, while a significant number of alternative measures were employed to support residents, such as sensors and grab rails.

Judgment: Compliant

Regulation 9: Residents' rights

As raised in previous inspections, it was noted that there was only one television in the twin bedrooms. This meant that residents were required to share their viewing time and did not ensure that each resident could exercise choice in what they watched on television without interfering with the rights of the second resident to watch what they chose.

There was not sufficient opportunities for all residents who wished to do so to participate in activities in accordance with their interests and abilities.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0033841

Date of inspection: 04/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) is supported by a regional Healthcare Manager (HCM) who visits the home regularly and reviews staffing as part of the visit. • There is an Assistant Director of Nursing (ADON) who provides clinical supervision, monitoring standards and overseeing staff deployment within the centre. • The PIC produces and monitors the staff roster which sets out the required staffing numbers and skill mix for each floor over a 24-hour period. This roster is based on the number of residents, their dependency levels, care needs and preferences. • Staffing within the home is carefully and consistently monitored to ensure that there are always enough suitably qualified staff available to meet each resident’s assessed care needs. Staffing levels may be reviewed from time to time to maintain consistently high standards of care. • The Statement of Purpose has been updated to reflect the whole time equivalent of available staff. • The PIC will conduct regular call bell audits to monitor response times to call bells. • Regular safety checks will be conducted to ensure that residents are monitored, and that assistance can be provided if required. • The PIC ensures that all staff understand their priorities each day in terms of resident care, and these are discussed at the handover meeting at the beginning of each shift and at the mid-shift Safety Pause. • The PIC and ADON provide advice, supervision, guidance, and direction to nursing and care staff, and they ensure that the care provided is in accordance with the individual resident assessments and best practice, and provide assurance that the service is safe, appropriate and consistent 	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The PIC, ADON or designated nurse in charge will monitor and supervise the use of PPE in the centre. • All staff will complete mandatory training in accordance with the training and education schedule in the home, including, but not limited to: Infection Prevention & Control (IPC), donning and doffing of PPE (practical demonstration and practice session). The training and education programme includes new staff on induction and periodic refresher updates. • The induction programme for nursing and care staff includes a competency assessment on the skills of each staff member in relation to Maintaining a Safe Environment and IPC measures. • Further training has taken place to heighten awareness around correct use of PPE. • Staff training and development needs are discussed during probationary, performance appraisal and clinical supervision meetings, and staff are given the opportunity to identify any areas of training they feel would benefit them. • Training is also put in place when there has been observation of staff skills deficits based on individual training needs analysis. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Statement of Purpose organisational structure has been updated to reflect the Assistant Director of Nursing position. • The Statement of Purpose has been updated to reflect the whole time equivalent of available staff. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The PIC, ADON and ADON are visible and accessible to residents and relatives, meeting regularly with them to ensure that they have an opportunity to discuss any issues, concerns or suggestions. • The nursing home management team welcome suggestions and feedback from residents, relatives/representatives and visitors, as this provides an opportunity for 	

experiential learning and drives continuous quality improvements.

- We will ensure that complainants are followed up and assurance given that all concerns and complaints are taken seriously and assure them of our commitment to investigate fully and respond to their concerns, taking corrective action where indicated.
- All complaints will be acknowledged, investigated and addressed in line with the Complaints Procedure in the nursing home.
- We will analyse the feedback from residents and their families, identify any common themes and trends, and implement quality improvements to prevent recurrence.
- We will monitor the satisfaction of complainants following the investigation and response to their complaint, and we will inform them of corrective actions and quality improvements implemented as a result so that they can be assured that their complaints have been taken seriously and that decisive action has been taken to prevent recurrence.
- The PIC and/or Healthcare Manager will arrange to meet complainants to review individual complaints, discuss strategies to prevent recurrence and provide reassurance that quality of care and service will be improved, and lessons learned from their feedback.
- We will ensure that complainants have access to an appeals process if they remain dissatisfied with the outcome of their complaint.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The configuration of furniture and curtains in some twin bedrooms will be reviewed to ensure the layout is optimised for residents who share.
- The needs of residents who required assistive equipment such as hoists and comfort chairs will be assessed with the restrictions of the layout in mind.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The PIC will ensure that all staff have been inducted to include the procedures in relation to the safe and appropriate use of PPE.
- All current staff have received training in relation to the safe use of PPE.
- The designated IPC lead is the ADON who will oversee the use of PPE.
- All items inappropriately stored have been removed. The PIC and ADON monitor the ongoing standards in relation to storage.
- A survey will be completed in relation to the installation of handwashing facilities to ensure there are sufficient clinical hand washbasins available outside of the residents'

bedrooms.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- The PIC and ADON will audit care plans to ensure that the recommendations of allied health professionals such as speech and language therapist, dietitian and chiropodist, are recorded and implemented in full.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A review of residents in shared rooms has been completed and electronic devices are available for residents in shared rooms to accommodate individuals who may wish to watch different TV programmes/channels.
- We have increased the hours allocated to the provision of activities in the nursing home. We will appoint an additional Activities Coordinator to ensure that all residents on both floors have sufficient access to a variety of scheduled meaningful activities, 7 days per week, in accordance with their individual preferences and choices.

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	30/11/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2021
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	31/03/2022

	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	31/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2021
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/11/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints	Substantially Compliant	Yellow	31/12/2021

	including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/02/2022
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 not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	28/02/2022

	that a resident may undertake personal activities in private.			
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