



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

Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Sundyp Limited
Address of centre:	Leadmore East, Kilkee Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0000451
Fieldwork ID:	MON-0033653

About the designated centre

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

St. Theresa's Nursing Home is a purpose built single-storey facility which can accommodate up to 40 residents. It is located close to the town of Kilrush. It accommodates both male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite, convalescence, palliative and dementia care. Bedroom accommodation is provided in 24 single bedrooms, six twin bedrooms and a four bedded room. Twenty eight of the bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. Residents also have access to secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Wednesday 1 September 2021	09:00hrs to 18:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. Residents spoke positively about the care and service provided and commented that they were comfortable, content and well looked after in the centre.

The inspector noted that the external appearance and grounds of the centre were well maintained and welcoming. There were several areas for residents and visitors to sit in the gardens as well as a number of especially constructed shelters which facilitated window visits.

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

Throughout the day of this inspection, the majority of residents were observed to be up and about, relaxing in a variety of communal sitting areas, having their meals in the dining room, some walking independently about the centre and coming and going as they wished from their bedrooms. A small number of residents choose to remain in their bedrooms.

During the morning of inspection, the inspector observed that residents had been served their breakfasts in their bedrooms. Some residents were relaxing by their bedsides listening to the radio or viewing television. Some residents spoken with told the inspector how they preferred to remain in their bedrooms during the morning time. Most residents were seated in the main day room viewing the daily mass which was being broadcast on the large flat screen television. Residents spoken with said that they enjoyed viewing the daily mass which was normally broadcast from the local church, they mentioned that they could view other church ceremonies including funeral and wedding ceremonies. They told the inspector how they recited the rosary each evening and how the local priest was now visiting again and celebrating mass in the centre on a fortnightly basis.

During the mid-morning time, residents were served a choice of light snacks and refreshments in the day room and in their bedrooms. Several residents were observed enjoying having their nails painted and choosing their preferred colour of nail polish. Some residents were reading the daily newspapers and others reading magazines and stated that they enjoyed keeping up-to-date with news items. The weekly activities schedule was displayed and the activities co-ordinator was on duty two days a week. Care staff members facilitated a variety of activities on the other days of the week. However, some residents spoken with stated that there was not much to do some days and mentioned that they would like more activities such as music sessions. The weekly physiotherapy exercise session and regular visits from

local musicians had not been taking place due to the restrictions during the COVID-19 pandemic. The person in charge advised that she was in the process of trying to re-establish these activities.

Staff and residents mentioned how the centre had recently celebrated its 25th anniversary and how they had enjoyed the celebrations including mass, food and refreshments. All residents and staff had received a specially engraved memento to mark the occasion. Some residents proudly displayed them in their bedrooms. The inspector saw several newspaper cuttings and photographs which were displayed on notice boards of the special occasion and the celebrations.

Throughout the day, the observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. Some residents spoken with stated that every staff member was great and that they felt safe, secure and had peace of mind living in the centre. One resident commented that it 'was next to heaven' living in the centre.

Staff were observed to be attentive to residents needs, they knew the residents well and engaged in meaningful conversations of interest and relevance to individual residents.

Residents reported that communication in the centre was good and that staff had kept them up-to-date regarding the restrictions and the COVID-19 pandemic. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. Residents could now meet with their visitors in the designated visiting areas. While visits were being facilitated indoors in accordance with public health guidance, some residents continued to receive window visits and meet with some visitors outdoors. Residents commented that they were satisfied and happy with the arrangements in place. A number of residents reported that they had recently gone on day trips with family members and others had gone for short stays with family members.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The inspector observed that residents were offered a choice at mealtimes and menus outlining a variety of options were displayed. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

Residents had access to an enclosed garden courtyard area, the doors to the garden area were open and they were easily accessible. The courtyard had been provided with artificial grass, wooden furniture and wall murals to create interest and stimulation. Residents also had access to the surrounding grounds and gardens. The garden areas were attractive with a variety of interesting plants and shrubs. There was a range of areas where residents could sit and relax with new outdoor furniture

and parasols provided for residents use. Residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air and sunshine. Throughout the day of inspection, some residents were observed going for regular walks outside.

The building is purpose built and single storey in design with accommodation for 40 residents. The inspector saw that the centre was a bright and spacious building. The centre was visibly clean and decorated in a style to ensure a comfortable and homely residence. There was a variety of communal day spaces including day room, dining room, sun rooms, front conservatory reception area, oratory, smoking room and treatment room. Accommodation for residents is provided in 24 single bedrooms, six twin bedrooms and a four bedded room. Twenty eight of the bedrooms have en suite toilet and shower facilities. There is an adequate number of toilets and showers for residents who do not have en suite facilities. Residents spoken with told the inspector how they liked their bedrooms as they were spacious, clean and comfortable. The inspector observed that there were televisions in bedrooms and residents had personalised their bedrooms with their own family photographs and other personal belongings of significance to them.

There was ample space for the movement of any specialised or assistive equipment that a resident might require. The corridors were wide and bright and allowed for freedom of movement. Corridors were seen to be clear of any obstructions. Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, dining room and day rooms. The aim of these were to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

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

- to monitor compliance with the regulations
- to follow up on non-compliance's identified at the last inspection
- to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Sundyp Ltd. It is a family run business with family members having key roles in the management and oversight of the business.

There was a full-time person in charge who was supported in her role by the assistant director of nursing, administrator and other staff members including nurses, carers, activities coordinator, housekeeping, catering and maintenance staff. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

The management team met each other, residents and staff on a daily basis. The team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

This centre had a good history of compliance with the regulations. Issues identified during the last inspection had been addressed.

The management team had systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. The management team met regularly to discuss and review the quality and safety of care in the centre. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre free of COVID-19.

Staffing numbers and skill mix were appropriate to meet the support requirements of 23 residents living in the centre on the day of inspection. The management team had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting in place as a primary safeguarding measure.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis.

Infection control practices were of a good standard. The team had identified an area for isolation and cohorting of residents in the event of an outbreak. The area could accommodate six residents in one twin and four single bedrooms. A separate entrance area, separate staff changing and staff toilet facilities had been identified.

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

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and her statutory responsibilities. She demonstrated good clinical knowledge. She knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of 23 residents.

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There was normally one nurse and four care staff on duty during the day time and one nurse and one care staff on duty at night time. The staffing compliment included, housekeeping, activities coordinator, catering, maintenance and administration staff.

The person in charge was normally on duty during the weekdays and the assistant director of nursing supervised the delivery of care at weekends.

The person in charge advised that staffing levels were kept under constant review, taking into account the dependency of residents, the evacuation needs of residents and the care needs of residents. She confirmed that she had recently recruited four nurses.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Nursing staff had completed medicines management training and some nurses had completed training on the pronouncement of death.

The person in charge had recently completed masters modules in infection prevention and control and leadership and management in infection prevention and control. The person in charge and assistant director of nursing had also recently

completed training as instructors in behavioural management.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. As a result the ethos of person-centred care was evident in staff practices and attitudes.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. Regular audits and analysis were carried out in areas such as medicines management, infection prevention and control, pressure area care, food and nutrition, privacy and dignity and incidents. The results of audits and areas for improvement were discussed to ensure learning and improvement to practice.

There was evidence of on-going communication and consultation with residents and families.

However, further oversight was required in relation to care planning documentation, fire drill documentation and provision of activities for residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

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

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

Complaints were logged, investigated and the complainant responded to in a timely

manner in line with the policy. There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

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

While all staff and residents had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. However, there were inconsistencies in the care planning documentation. Some care plans reviewed were unclear and others reviewed did not always provide clear guidance on the current care needs of residents. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always reflected in the nursing documentation. This is discussed further under Regulation 5: Individual assessment and care plan.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them.

While there was a social care programme in place, the activities co-ordinator was currently on duty two days a week and some residents advised that there was not much to do on some days. There was no social and recreation care plans in place for some residents.

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

Infection control practices were of a good standard. The premises and equipment used by residents appeared visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment, emergency lighting and fire alarm had been serviced. Fire exits were observed to be free of obstructions. The person in charge confirmed that she continued to assess the evacuation needs of residents prior to allocating bedroom accommodation. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. The local fire brigade had completed a familiarisation visit. Regular fire drills had been completed simulating both day and night time scenarios, however, some improvements were required to the fire drill documentation records. This is discussed further under Regulation 28: Fire precautions

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had restricted visiting in accordance with national guidance.

Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents

Visits were being facilitated seven days a week. Some residents continued to meet with visitors outdoors when the weather permitted. Residents spoken with stated that they were happy with the current arrangements. The person in charge advised the inspector that visiting arrangements would be kept under review and risk assessed appropriately.

Judgment: Compliant

Regulation 27: Infection control

On the day of inspection, infection control practices were observed to be a good

standard

- the premises and equipment used by residents appeared visibly clean.
- there was a dedicated cleaning team employed.
- there were ample supplies of personal protective equipment (PPE) available.
- staff had access to PPE and there was up to date guidance on it's use.
- staff had completed training in infection prevention and control and hand hygiene.
- housekeeping staff spoken with were knowledgeable regarding cleaning systems and use of chemicals.
- systems were in place to ensure all areas of the centre were deep cleaned on an on-going routine basis.
- systems were in place to monitor and oversee cleaning, environmental hygiene and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to fire drill documentation to provide assurances that residents could be evacuated safely and in a timely manner. While regular fire drills stimulating both day and night scenarios were completed, recent fire drill records did not provide sufficient detail to provide assurances. Recent fire drill records showed the evacuation of three residents whereas there were up to six residents currently accommodated in some compartments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While care plans were documented on admission and evaluated regularly, the current care needs of the residents were not always clear. This posed a risk to residents.

- some care plans were not clear or informative.
- some care plans did not reflect of current care needs of resident.
- some care plans had not been updated to reflect the recommendations of allied health professionals .
- some care plans did not reflect the care delivered as described by nursing staff.
- there were no social and recreation care plans documented for some residents.

Judgment: Substantially compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All residents who spoke with the inspector reported that they felt safe in the centre. The person in charge advised that all staff had received training in safeguarding vulnerable adults from abuse, staff spoken with confirmed that they had received training and training certificates were available in the sample of staff files reviewed. The provider acted as pension agent for a small number of residents and the person in charge advised that arrangements were in the process of being reviewed to ensure compliance with Department of Social Protection guidelines.

Staff continued to promote a restraint- free environment, guided by national policy. There was one resident using bedrails following consultation, consent and risk assessment.

Judgment: Compliant

Regulation 9: Residents' rights

While the right of residents were generally well respected, the provision of activities for residents required review. There was a social care programme in place, however, the activities co-ordinator was currently on duty only two days a week and some residents advised that there was not much to do on some days. There was no social and recreation care plans in place for some residents. On the day of inspection, the

inspector noted that there was no meaningful activities taking place during parts of the day.

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed.

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

There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. Televisions were provided to all residents bedrooms and large smart television was provided to the communal day room area.

Residents' religious rights continued to be facilitated during the pandemic. The local priest celebrated mass in the centre on a fortnightly basis. Residents were supported to recite the rosary each evening.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed in the centre. An independent advocate visited the centre, spoke with residents and attended the residents committee meetings on a regular basis.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Theresa's Nursing Home OSV-0000451

Inspection ID: MON-0033653

Date of inspection: 01/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Care Planning has been fully reviewed with all Nursing Staff with the DON/PIC to identify the deficits within our care planning system. All care plans will reflect current care needs and are more informative with frequent audits by the DON/PIC as part of governance and management to ensure systems are in place to reflect the care needs required and given.</p> <p>Fire drills have taken place to accurately reflect the Fire safety requirements of the building including drills to include largest compartment based on full capacity. Two further staff have been trained in Fire Instruction and the documentation of fire drills are now more transparent and clear in their presentation. Regular audit of Fire systems will ensure the deficit has been addressed.</p> <p>A full time position for Activities Co-ordinator has been filled and this role will expand over time to address this important aspect to our Residents daily living. A schedule for activities is being developed with our Residents and auditing of this aspect of care with the DON/PIC will aim to ensure it is suitable and addresses the social needs of our Residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We have reviewed our fire drill documentation layout and reviewed documentation with Staff who oversee the training in regards to phrasing. Two additional staff have trained in Fire instruction to ensure compliancy. Drills in compartments is based on full occupancy. Documentation completed is more transparent and clear to read of what</p>	

training and evacuations have taken place.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care planning has been reviewed and are now more clear and informative reflecting the current needs of the residents. Recommendations by Allied Health Professionals are more clearly documented and accessed. Care needs being delivered are now documented more clearly and precisely including the Social aspects of care for each Resident. Ongoing Auditing by The DON/PIC with the Nursing Staff will aim to ensure clear to the point documentation is in place for all Residents which reflects their care needs.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Our full time Activities Co-ordinator as part of their role will document with each of our Residents their wishes in regards to meaningful activities throughout the day and what they endeavour to participate in. The Nursing & Care Staff will work along with the Activities Co-Ordinator to ensure abilities of each Resident is supported to participate in activities they have interest in. Auditing of this aspect of Care will be completed and reviewed by the DON/PIC to ensure continued improvements to this regulation.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2021
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	05/11/2021

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	05/11/2021
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	30/11/2021