



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

Issued by the Chief Inspector

Name of designated centre:	Maynooth Lodge Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Rathcoffey Road, Crinstown, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0032680

About the designated centre

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

Maynooth Lodge Nursing Home is single storey purpose built nursing home that is spacious and laid out in three parts one of which is a separate unit referred to as the dementia friendly area. Eleven residents were being accommodated in this secure unit that had a combined area divided by a corridor as the residents' day and dining room. The centre is registered to accommodate 79 residents. All bedrooms (75 single and two twin bedrooms) have full en-suite facilities that are wheelchair accessible with suitable assistive devices, call bells and aids. The main dining room adjoined the kitchen where meals were prepared and cooked. There was ample communal space throughout which included day spaces and sitting rooms, a smoking room, an equipped hair salon, an oratory, laundry, staff and visitor facilities. Residents and visitors had access to a variety of secure well maintained outdoor garden courtyards with raised beds, paved patios and seating areas.

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
Tuesday 20 April 2021	07:45hrs to 19:10hrs	Michael Dunne	Lead
Tuesday 20 April 2021	07:45hrs to 19:10hrs	Siobhan Nunn	Support
Tuesday 20 April 2021	07:45hrs to 19:10hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

Residents received a good quality of care from a dedicated staff team. A person centred approach was evident throughout the inspection with residents expressing high levels of satisfaction with staff knowledge and competence. However the needs of the current resident group combined with the layout of the premises presented challenges for staff and their ability to attend to resident needs in a timely manner.

This was an unannounced inspection and on arrival inspectors were guided through the infection prevention and control measures necessary on entering the designated centre.

The designated centre was located in the Co. Kildare countryside and comprised of a single storey building which had numerous courtyards available for resident use. One of the courtyards was assigned for use by the centres men's shed group. The centre was divided into three living areas. The remaining units were designed to cater for residents with dementia support needs and nursing care needs. The centre was bright and spacious with comfortable seating throughout. The centre was clean, warm and well presented with communal rooms suitable for resident use. One unit required decoration which was on the registered providers maintenance programme.

Inspectors spoke with several residents during the inspection and all residents spoken with praised the staff team working in the centre. Residents mentioned that staff were kind and considerate and this was evidenced throughout the day. Staff were seen communicating and supporting residents in a holistic manner taking into account residents communication needs. Interactions between staff and residents were seen to be courteous and respectful. Staff were observed to respect resident's space by knocking on doors before entering their bedrooms and explaining the reason for their presence.

The Chief Inspector had been notified of an outbreak of COVID-19 on 19 April 2020 which affected 29 residents and 15 staff. The outbreak was declared closed by the public health team on the 15 July 2020. Sadly seven residents passed away during this period who had contracted the virus. Residents confirmed that they had been kept up to date on all matters relating to the pandemic. Evidence was seen where the person in charge (PIC) carried out a post outbreak review to identify measures to improve resident outcomes during the outbreak. Residents said that they were happy with the support they had received to help them through the pandemic and during the outbreak of COVID-19 in the designated centre. Residents were happy with the provider's communication during the pandemic and felt that they were well informed about visits, access to vaccines, swabbing and the assistance received to keep in contact with their families and loved ones.

Some residents told inspectors that more staff were needed. This opinion was reiterated by staff who mentioned that sometimes they were unable to attend to residents needs as quickly as they would like. Throughout the inspection, inspectors

observed that call bells remained unanswered for significant periods of time. On two occasions inspectors had to find staff and alert them to a resident who was calling out for assistance with their personal care.

Inspectors saw that residents were supported to have their views and opinions heard by means of residents' meetings and surveys. An annual report completed by the registered provider for 2020 compiled residents views across a number of service areas. Resident care plans were seen to be person centred with a focus on accessing how residents would like to have their care needs addressed. Residents had access to an advocacy service

There was a weekly timetable of activities available to residents in the centre and on the day of the inspection activity staff were seen to lead activities specific to residents' needs. Residents had access to an oratory and inspectors observed some residents visit it throughout the day.

Residents told the inspectors that they could choose where to eat their meals and had a choice of food at mealtimes although some reported that the choice was not to their liking. During the afternoon inspectors observed residents seated in a sitting room enjoying a concert on the TV and also engaged in a sing along directed by staff. Inspectors observed instances where social distancing was not maintained during these activities.

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

Capacity and capability

The governance arrangements in the designated centre were well defined with clear lines of accountability and authority. Oversight arrangements however needed to improve to ensure that the quality and safety of care and services were consistent and in line with the centre's statement of purpose. While there was a strong commitment from staff and managers to provide a quality service and to achieve good health and social care outcomes for the residents a number of improvements were required to achieve this.

The Brindley Manor Federation of Nursing Homes is the registered provider for Maynooth Lodge and this designated centre is one of a number of nursing homes in the group. The person in charge (PIC) had been in the position for two months having previously worked as a PIC of another designated centre within the group. They were supported in their role by an assistant director of nursing, an acting assistant director of nursing, registered nurses, health care assistants, social care facilitator, activity therapist, a person who led on the care of residents with an acquired brain injury, household, cleaning and maintenance staff. The PIC had regular input from the senior management team who were on site regularly and

were available for meetings over the zoom platform. While there were systems and processes in place to monitor key performance areas, the oversight of information and data collected was not being used to identify risks and areas for improvement. For example the inspectors found that the systems to maintain and promote fire safety arrangements in the centre did not identify risks found on the day of the inspection and are discussed under regulation 28.

Furthermore medication audits had not identified issues regarding the storage of medication for residents who no longer lived in the designated centre and as a result unused medications had not been returned to the pharmacist

This inspection was unannounced and completed in response to unsolicited information received by the Health Information and Quality Authority regarding concerns around the rostering of staff and to examine an application to vary a condition of registration. Inspectors reviewed rosters and found that all staff allocated to work on the day were in position and where gaps were identified the registered provider took the required steps to cover the roster. Records requested in the course of the inspection were provided in a timely manner by the management team.

Although the staffing complement as described in the centres statement of purpose was in place, inspectors were not assured that there was sufficient staff resource to meet the current needs of the residents and the size and layout of the centre.

The person in charge had recently approved an update of the complaints policy. The inspectors studied a sample of complaints received within the last year and observed that all had been investigated promptly, records showed that the complainant was informed of the outcome of the investigation, their satisfaction with the outcome was recorded and improvement actions were taken if required. Staff and residents spoken with were aware of the complaints procedure within the centre. One resident reported that they had recently made a complaint that had been investigated to their satisfaction by the person in charge.

The person in charge ensured that staff received a variety of clinical and non-clinical training including medication management, hand hygiene, infection prevention and control, and manual handling, however records showed that not all staff had completed fire safety training. Overall inspectors found that there was a good standard of record keeping across most areas. These included detailed minutes of local and regional management meetings.

However the standards of nursing care records were not consistent. Inspectors found that records of daily notes to reflect care delivered to individual residents were not accurate and did not accurately reflect the care input specific to the individual resident concerned.

A valid application to vary the current registration to increase the number of beds by six beds was received by the Chief Inspector prior to this inspection. However the application was not progressed as at the time of the inspection as the rooms were not compliant with the regulations.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary the current registration in order to add an additional six bed spaces. Inspectors were unable to progress this application at the time of the inspection due to the premises not being ready for resident use.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider ensured that the skill mix of the staff were sufficient to meet the assessed needs of the residents. Inspectors reviewed rosters and found that where gaps arose they were covered by replacement staff. A recruitment programme was underway to recruit health care assistants and household staff. Inspectors were not assured that there were sufficient numbers of staff available to meet the complex needs of the residents bearing in mind the size and layout of the designated centre. Inspectors observed residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social and physical environment) and found that despite the best efforts from staff some residents did not receive the support they required at the time they needed it. This was because staff were busy attending to other residents who required staff support. In instances where residents had to wait for staff support, their responsive behaviours appeared to deteriorate.

Resident call bells were heard to sound throughout the day with many going unanswered for periods of up to ten minutes. In addition a number of residents were heard to call out to staff for assistance which necessitated inspectors to locate staff to attend to residents needs. One staff member reported to inspectors that staffing levels had reduced in the previous months and another reported that more staff were required to care for residents. Both reported that they were well supervised by senior staff and supported in their work.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed training in infection prevention and control specific to the management of COVID-19, which included the correct use of personal protective

equipment (PPE) and hand hygiene. Records reviewed on inspection found that staff were up to date with safeguarding and manual handling training which provided them with the necessary skills and training for their role, however a review of training records relating to Fire safety found that 28% of staff were not up to date with this mandatory training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre. The directory was up to date and contained the information specified in Schedule 3 of Health Act 2007 (Care and Welfare of residents in designated centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of responsibility and accountability.

The person in charge had arrangements in place to collect audit information on key performance areas such as care planning, restrictive practice, falls, medication, and privacy and dignity. All audits contained an associated action plan to track progress and improve the quality of the service area identified. However the inspectors found areas where the governance and oversight arrangements had not identified a number of areas that needed to improve. These areas will be discussed under regulations; 27 Infection control, 28 Fire Precautions, 17 premises and regulation 29 medicines and pharmaceutical services.

As discussed under Regulation 15 the inspectors found that a review of the current staffing resource was required to take account of the needs of the current residents and the layout of the designated centre.

An annual report for 2020 was in place and incorporated views of the residents across a number of key service areas such as the quality of food, the complaints process, access to resident meetings and satisfaction with laundry support.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was aware of their responsibilities regarding the timely completion of notifications. Inspectors saw that where notifications were required to be submitted to the chief Inspector that they were completed with the required information and remitted within the allotted time period.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. It included clear guidance for residents and families on how to make a complaint both within and outside of the centre.

Judgment: Compliant

Regulation 21: Records

A review of resident daily notes indicated that they were generic in nature and not tailored to the individual needs of the residents. The registered provider was aware of this issue and had developed monitoring systems to identify where this was occurring. Staff had been informed of the importance of recording care interventions specific to individual residents in order to ensure that residents received appropriate care support.

Judgment: Substantially compliant

Quality and safety

While there were examples of good quality care interventions which promoted and enhanced the lived experience for residents in the designated centre there were a number of improvements needed to ensure that residents health and social care needs were consistently met across the service. Deficits noted with regard to fire safety measures and the storage of medicines necessitated the registered provider to complete an urgent action plan indicating measures taken to protect the residents. Other areas that required improvement were in the areas of infection

prevention and control as discussed under Regulation 27.

Inspectors observed that residents had access to a range of meaningful activities and social opportunities in the centre. The activities were specific to the needs of residents, such as those with an acute brain injury or dementia, and while there were designated staff available to care for the residents a number of residents with responsive behaviours had to wait for staff support. Staff reported that residents enjoyed the snozelen facility (a multisensory and stimulating environment room) that had recently opened in the centre.

Residents told inspectors that they felt safe in the centre and that staff were caring and kind to them. Inspectors observed that staff and resident interactions were respectful and empathetic.

Residents had a choice of food at mealtimes and the inspectors observed many residents eating together in the dining room, some with the assistance of staff, while others chose to take their meals in their bedrooms.

Residents were regularly consulted about the running of the centre by means of surveys and residents meetings. Residents also had access to an advocacy service.

At the time of the inspection residents received one indoor visit fortnightly and unrestricted window visits as the centre's staff had not yet reached 80% vaccination levels for COVID-19. The PIC reported that vaccination levels for staff had recently increased and that the frequency of indoor visiting arrangements would increase when 80% vaccination levels were reached. The inspectors observed indoor visits happening on the day of the inspection in a private room.

Residents care plans and daily notes were recorded on a password protected computer system. Inspectors found that care plans were based on a comprehensive assessment of resident need with a variety of clinical tools used to assess and monitor resident's needs and associated risks. Care plans which guided staff caring for residents with responsive behaviours were found to promote the rights of residents with least restrictive measures identified and used to promote resident autonomy and safety. Residents rights were also promoted in care plans developed for residents who were at end of life stage. Care plans reviewed indicated that where residents were unable to engage in this process the views of their families and loved ones were sought and incorporated into these plans.

A sample of daily care notes reviewed found that they did not accurately reflect care interventions in a person centred manner and did not accurately reflect residents lived experience. This impacted on the ability of the provider to monitor, review and evaluate the effectiveness of care interventions identified in resident care plans.

There was a good standard of health care with residents having regular access to GP services with facilitated access to allied health and specialist medical services where required. The provider had a range of nursing metrics in place to audit and monitor clinical health care interventions with each audit having an accompanying action plan to improve the quality of the service.

There were policies and procedures in place to promote safe and effective medicine management systems however improvements were required regarding the storage and return of medicines for residents no longer living in the centre.

The designated centre had procedures in place for the prevention and control of health care associated infections which included a COVID -19 contingency and preparedness plan.

Inspectors observed examples of good Infection Prevention and Control practice including good hand hygiene practices, social distancing at meal times and the proper use of personal protective equipment (PPE). However, it was observed that social distancing was not practiced between residents during activity sessions. A number of other improvements to enhance the effectiveness of the centres infection prevention and control measures are discussed under regulation 27.

Regulation 11: Visits

Inspectors observed the designated centre had arrangements in place for residents to receive visitors. The person in charge had recently communicated with residents families informing them of the visiting arrangements which had been recently updated by the Health Prevention and Surveillance Centre.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in infection prevention and control processes in the designated centre.

- Three used sweeping brushes and two flat mops were stored beside the hand hygiene sink in the laundry. Inappropriate storage of mop cleaning equipment in the laundry facility increased the risk of cross infection.
- Soiled laundry was soaking in a sink, and alginate bags with contaminated laundry were left on the laundry floor.
- Access to the hand hygiene sink in the laundry was blocked by an open bin on a stand which contained soiled mop heads. This meant staff could not access the sink to perform hand hygiene procedures
- A trolley for soiled linen was stored in a communal bathroom.
- A cleaning store room had items stored on the floor which increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found significant risks regarding the effectiveness of fire safety precautions in the designated centre, Although there were fire safety precautions in place these were not effective in a number of areas and improvements were required.

- Two fire compartment doors were ineffective due to one half of each fire door secured by means of a bolt. This impacted on the providers ability to evacuate residents safely in the event of fire as only one half of the fire door could open in the event of the fire alarm being triggered. Following an urgent action plan the registered provider removed the bolts which impeded the opening of these doors.
- A number of doors in resident rooms were not integrated into the designated centres fire detection system and as such did not provide adequate fire protection to residents. Inspectors observed that in one particular unit resident room doors consisted of a quarter door which was left open and reduced the effectiveness of the existing fire safety measures.
- A significant number of staff required up to date fire safety training, discussions with a number of staff indicated that they required additional instruction to ensure they understood their role in relation to fire safety within the designated centre.
- Current practices regarding residents who smoked also required review to ensure that existing fire safety measures provided the required level of protection to residents.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Although there were procedures in place for the return of out of date medications, inspectors observed a number of medication stored in the designated centre for residents who no longer resided in the nursing home. The registered provider was issued with an urgent action plan and later confirmed that all medications for former residents had been returned to the pharmacy.

Judgment: Not compliant

Regulation 6: Health care

Residents had regular access to GP and specialist care services such as psychiatry of

later life and palliative care services. Records seen indicated that when residents required access to medical intervention that this was sought in a timely manner. Records also showed evidence of referrals to allied health services including occupational therapy, physiotherapy, dietetics and chiropody services.

Judgment: Compliant

Regulation 9: Residents' rights

There was a weekly timetable of activities available to residents in the centre and on the day of the inspection, activity staff were seen to lead activities specific to residents' needs. Residents had access to an oratory and inspectors observed some residents visit it throughout the day.

Inspectors saw that residents were supported to have their wishes and choices heard by means of residents meetings and surveys. The minutes of a recent resident meeting showed that food menus, COVID-19 vaccinations and visiting were discussed. Residents had access to an advocacy service.

Inspectors observed a number of staff and resident interactions throughout the day and found that residents were treated with respect and dignity. There were a number of occasions where residents required staff intervention but they had to wait for staff to attend them. This is explored in more detail under regulation 15.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors found that the registered provider had arranged suitable nursing, medical and other health and social care services to meet the needs of the residents. A number of care plans were reviewed and were found to be based on a comprehensive assessment of residents need. Care plans were constructed in a person centred manner taking into account resident preferences on how they would like care and support to be delivered.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0032680

Date of inspection: 20/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>Applications by registered providers for the variation or removal of conditions of registration:</p> <p>S: The additional bedrooms which have been nominated for registration have been prepared appropriately and are ready for resident use. M: Through review by the PIC and the RPR. A: Achieved by the maintenance team inhouse. R: Realistic. T: 21st June 2021</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>S: Staffing numbers and allocation within the centre has been reviewed by the PIC and the RPR to meet resident need and the layout of the centre in conjunction with the HR department. Weekly staffing levels are being monitored by the PIC and the Regional Team to ensure that ever changing resident needs are appropriately met. Auditing of call bell response times have increased in frequency, with additional staff education provided. M: Through review by the PIC and the RPR. A: Achieved with support of the Regional Team and HR Department.</p>	

<p>R: Realistic. T: 30th July 2021</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: S: Albeit staff have completed Fire Awareness Training, all staff will have completed updated Fire Warden Training in line with the updated Fire Policy within the centre. M: Through review by the PIC, RPR and Regional Team. A: Through the training department of Brindley Healthcare. R: Realistic. T: 30th July 2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: S: Audits of IPC practices, Fire, Medication Management and the environment will be further enhanced to incorporate the areas identified on inspection. Staffing numbers and allocation within the centre has been reviewed by the PIC and the RPR to meet resident need and the layout of the centre in conjunction with the HR department. M: Through review by the PIC and RPR. A: Achieved by the PIC and Regional Team, supported by the HR department. R: Realistic. T: 30th July 2021</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: S: All nursing staff will receive training and re-education regarding documentation in line with NMBI best practice to ensure that they accurately reflect individualised care</p>	

interventions, supports and residents' lived experience.
M: Through audit and review by the PIC and inhouse team, supported by the Regional Team.
A: By the PIC and inhouse management team, supported by the Regional Team.
R: Realistic.
T: 9th July 2021

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
S: A review of the Laundry has been completed and appropriate storage is now in place for brushes, mops, used alginate bags and refuse containers. Soiled linen is appropriately managed within the Laundry. The hand washing station is unobstructed. Soiled linen trollies are appropriately stored. All items have been removed from the floor of the cleaning room store. Staff have been re-educated with regard to the above changes.
M: Monitored by the PIC and inhouse management team.
A: Achieved by the inhouse team, supported by the maintenance team.
R: Realistic.
T: 27th April 2021

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
S: All fire compartment doors are effective. Staff are reminded to close resident bedroom doors fully in line with resident choice. A checklist has been introduced to further monitor this practice. All staff will have completed updated Fire Warden Training in line with the updated Fire Policy within the centre. In consultation with residents, the PIC has reviewed the practices of those residents who chose to smoke to ensure that their care plan is reflective of their wishes and individual fire safety measures.
M: By the PIC, inhouse management team, supported by the Regional Team.
A: Achieved by in house training and supported by the PIC and inhouse team.
R: Realistic.
T: 23rd April 2021 and 30th July 2021

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>S: All medications for residents who have discharged from the centre are returned to our dispensing pharmacy in a timely manner. The medication management audit has been enhanced to reiterate this.</p> <p>M: Through audit and review by the PIC.</p> <p>A: By the PIC and inhouse management team.</p> <p>R: Realistic.</p> <p>T: 23rd April 2021</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Not Compliant	Orange	21/06/2021
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	30/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/07/2021
Regulation 21(1)	The registered	Substantially	Yellow	09/07/2021

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/07/2021
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	27/04/2021

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	23/04/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/07/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	23/04/2021
Regulation 29(6)	The person in charge shall ensure that a medicinal product	Not Compliant	Red	23/04/2021

	<p>which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.</p>			
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