Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Patterson's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Lismackin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0005573
Fieldwork ID:	MON-0039616

About the designated centre

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

Patterson's Nursing Home is situated in a rural setting approximately four miles from Roscrea town. The centre is a one-storey building that was established in 1991 and can accommodate 24 residents. There are grounds to the front with parking and a small enclosed garden area to the rear of the building, which provides a secure outdoor space with tables and chairs for residents use. The main entrance leads to a hallway with a visitors' room for residents and visitors to meet privately. Communal accommodation includes a large living room and a separate dining/multipurpose room and some seating areas on the corridors. The centre also provides a nurses' office, kitchen, sluice room and a staff changing room. Residents' accommodation comprises four single bedrooms with en-suite toilet facilities; nine twin-bedded rooms, four of which have en-suite toilets, and one three-bedded bedroom with a wash hand sink. There are three communal shower rooms two of which have toilets and wash-hand basins, one assisted bathroom with bath, on toilet, and an additional assisted toilet; there is a visitors toilet available near the nurses' office. The centre offers 24 hour nursing care and caters for male and female residents generally over the age of 65 years, including residents with dementia. Care was provided to residents under the age of 65, as required. The following categories of care are provided in the centre, which includes both long and short stays and caters for all dependency levels: General Care, Physical Disability, Dementia Care, Respite Care and Convalescence Care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 April 2023	09:30hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Patterson's Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector spoke with 8 residents. Residents reported their satisfaction with the quality and safety of care they received.

The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

On arrival the inspector was met by a member of the nursing staff and was accompanied to the office to meet the person in charge. Following an introductory meeting with the person in charge, the inspector walked around the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms. The inspector observed that staff and visitors were not wearing face masks which was in line with guidance to changes in mask use.

The centre was registered to accommodate 24 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The centre comprised of a single storey building with five single bedrooms, eight twin rooms and one triple room. All the bedrooms had a wash hand basin and nine bedrooms had access to an ensuite with a toilet and wash hand basin. Residents had access to three showers and a bathroom in the centre. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure reliving specialist mattresses, falls prevention alert devices, and cushions were seen in residents' bedrooms.

The design and layout of the centre promoted a good quality of life for residents. The centre had a visitors room decorated with art work, comfortable seating and a coffee table. A hand wash sink was available in this room. The lounge area was open plan, bright and had comfortable chairs for residents to relax and a dinning room. The centre had a large outdoor area at the back of the centre. This area was covered with a perspex canopy, had artificial grass on the floor, garden tables and chairs, an outdoor heater and attractive potted plants on the external wall.

Residents' spoken to said they were happy with the activities programme in the

centre. The activities programme was displayed in the centre and group activities were observed taking place in the lounge area throughout the day. The inspector observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Newspapers and games were available to residents.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. One resident told the inspector that the food was "top class". The inspector observed the dining experience for residents in the dining room and lounge area. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting had returned to pre-pandemic arrangements. A resident was observed receiving a visitor in the centre when the inspector arrived. The inspector spoke with two family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken with were very complementary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for looking after their family member so well. Visitors told the inspector that staff were very good at communicating changes, particularly relating to their medical care needs of their loved ones.

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

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. This was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan

following the previous inspection in June 2022. Improvements were found in relation to Regulation 16: training and staff development, Regulation 17; premises, Regulation 21; records, and Regulation 27; infection prevention and control. On this inspection, actions were required by the registered provider to address areas of Regulation 5; individual assessment and care planning, Regulation 17; premises, Regulation 27; infection prevention and control, and Regulation 28; fire precautions.

The registered provider is Ormond Healthcare Limited. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by a team of registered nurses, health care assistants, activities staff, catering, housekeeping, and maintenance staff. The centre had a vacant administrative post and the provider was in the process of recruiting a person for this role. Out of hours on call for emergencies was provided on a rotational basis by the person in charge and a senior nurse. Since the previous inspection the provider had increased healthcare assistant staffing levels to include an additional twilight shift from 14:00 to 22:00 daily.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. The person in charge had completed infection prevention and control link practitioner training to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Fire safety training and manual handling training were scheduled to take place in the weeks following the inspection.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks. There was evident of an ongoing schedule of audits in the centre. The schedule of audits completed included restrictive practice, infection prevention and control, falls management and medication management audits. Audits were objective and identified improvements. The centre had a comprehensive suite of governance and staff meetings which took place regularly. Governance meeting agenda items included staffing, key performance indicators (KPI's), complaints, staff training, refurbishment works and actions required from audits completed which provided a structure to drive quality improvement. A copy of the centre's annual review of quality and safety of care 2022 was available with a quality improvement plan for 2023.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. Requested records were made available to the inspector throughout the day of inspection and records were appropriately maintained, safe and accessible.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in

accordance with the centre's policies.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There was a minimum of one registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, fire safety, responsive behaviour, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, infection prevention and control, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Patterson's Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulations 5: individual assessment and care planning, 17: premises, Regulation 27: infection prevention and control, and Regulation 28 fire precautions.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required an in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, occupational therapist, dietician and chiropodist. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The inspector saw that the resident's nursing assessments and care plans were maintained on an electronic system. A number of resident's pre-admission assessments were viewed. Residents' needs were comprehensively assessed prior to admission, following admission and following recommendations by allied health professionals. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls. Further improvements were required to residents care plans which is discussed further

under Regulation 5: individual assessment and care planning.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas, visitors room or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk registered contained site specific risks such as risks associated with obsconding, medication management, infection prevention control risks and individual resident risks such as risk associated with smoking.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

The centre was clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and parts of the centre had been painted since the previous inspection. The centre was cleaned to a high standard, alcohol hand gel was available in all communal and bedroom corridors. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. The centre had carpet flooring in a number of bedrooms and corridor areas. The inspector was informed that all carpets were hoovered daily and steam cleaned regularly. Carpets were visibly clean. Grab rails were available in all corridor areas, toilets and ensuite areas. However; improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The centre had reduced bed rail usage significantly in the last two years, with three of the 20 residents using restrictive bed rails on the day of inspection. There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent- behaviour- consequence (ABC) tool. There was a clear care plan for the management of resident's responsive behaviour. It was evident that the care plans were being implemented. Risk assessments were completed, a restrictive practice register was maintained, and the

use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was locked. The intention was to provide a secure environment, and not to restrict movement .

Staff were observed to have good hygiene practices and alcohol gel was available throughout the centre. Sufficient housekeeping resources were in place on the day of inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a curtain cleaning schedule for curtains in communal areas and corridors. Single use privacy curtains were in place around the residents bed space and had installations dates within the recommended guidance for curtain usage. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. IPC audits were routinely performed which included, the environment and hand hygiene. There was an up to date IPC policies which included COVID-19. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

Oversight of fire safety required review. All bedrooms and compartments had automated door closures. All fire doors were checked over the day of inspection were found to the close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents. Not all fire safety equipment service records were available on the day of inspection but were submitted following the inspection. All fire safety equipment service records were up to date. There were fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire drills took place monthly. Fire drills records contained details of the number of residents evacuated and how long the evacuation took. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. There was evidence that fire safety was an agenda item on meetings in the centre. There was a smoking area available for residents. On the day of inspection there were two residents who smoked and detailed smoking risk assessments were available for these residents. A call bell and fire blanket were in place in the centre's smoking area. Oversight of fire safety procedures required improvement, this is discussed further in the report under Regulation 28.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the

service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate who called regularly and SAGE advocacy services. The advocacy service details were displayed in the reception area and activities planner were displayed near the lounge room in the centre. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place in the centre weekly. Musicians attended the centre regularly.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A review of call bells in residents bedrooms was required as a significant number of call bells were missing. Call bells were missing from bedrooms 1, 4, 6, 7, 10, 12, and 14.
- Call bells were required in the ensuites of rooms 6, 7, 8, 9, 10, 11, 12, 14 and the centres shower rooms.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff. Some equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- The centres stores rooms required review as items such as water bottles and staff coats were stored with resident equipment which posed a high risk of contamination and risk of transmission of infection.
- A review of the centres shower room radiators was required as some contained rust. This posed a risk of cross contamination as staff could not effectively clean the rusted part of the radiators.
- A review of the centres commodes was required as a number of commodes contained rust on the stainless steel areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management systems, including:

- There was no fire extinguisher provided in the smoking area.
- The centres procedure for checking of escape routes required review as there were gaps in the daily checks from January 2023 to March 2023.
- Four compartment doors required review as they were missing door closure arms this posed a risk to staff and residents as compartment fire doors would not remain closed to form a seal to contain fire and smoke.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, skin care and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents. Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0039616

Date of inspection: 19/04/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 21.04.2023 Our call bell system has been entirely reviewed by an external company. All residents have safe access to a call bell if they require assistance in their bedrooms and ensuite facilities. Portable call bells in en suites inserted	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 21.04.2023 Staff are encouraged to use their staff lockers which have been provided for them instead of storing their personal belongings with residents' equipment. Rusty radiators will be replaced, arrangements are made with external company. Radiators to be changed by the end of July 2023 New commodes will be purchased to replace some commodes which their wheels have become rusty due to incorrect cleaning products been used.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: 25.04.2023 Fire extinguisher placed in the smoking area along with the fire blanket and fire blanket already in place. The procedure for checking the escape routes has been reviewed and has now been recorded daily as set out in the policy. Review of the compartment doors to be completed by an external fire safety company. Any works required will be risk assessed and carried out in a timely manner.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Implemented immediately after inspection. Care representatives are actively encouraged to participate in the regular review of the resident's care plans. This involvement will be documented in the resident's care plans going forward.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	26/05/2023
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	30/06/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	26/05/2023

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2023
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	26/05/2023