



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Nursing Home
Name of provider:	Missionary Sisters of St Columban (Ireland) CLG
Address of centre:	Magheramore, Wicklow
Type of inspection:	Unannounced
Date of inspection:	28 May 2024
Centre ID:	OSV-0000760
Fieldwork ID:	MON-0043422

About the designated centre

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

The centre is a purpose built single-storey building that accommodates up to 24 residents. It is located adjacent to the main convent building. There were 24 single bedrooms and all had full en-suite facilities. The bedrooms were spacious in size with nice views of the gardens or surrounding landscapes. The bedrooms were tastefully decorated with plenty of storage for personal possessions and clothes. A call-bell was provided at each bed. A large secure landscaped garden was directly accessible from the centre including the day room and a number of residents' bedrooms. It was well maintained with walkways, paved areas and seating. Adequate parking was available at the front of the building. While meals are prepared in the adjoining convent kitchen, the centre had a servery and dining area. In addition, there was a day room, a sun-room, an oratory, a treatment room, an activities room and other spacious communal areas. There was a visitors' room at the back of the centre for residents. A small coffee dock was also provided. St Columban's nursing home can accommodate both male and female residents with general and palliative care needs. According to their statement of purpose, St Columban's Nursing Home is committed to providing first class standards of care in a warm and homely environment, while respecting the dignity and unique worth of each resident and fostering a holistic approach in all aspects of care. They state they are committed to promoting the independence of residents, personally, medically, psychologically, socially and spiritually. They advocate for enhancing the quality of residents' lives to the fullest extent possible. Their objective is to work as a team to enable residents to achieve their optimum physical wellbeing while respecting their dignity and privacy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 28 May 2024	09:30hrs to 18:20hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The consistent feedback from all residents who spoke with the inspector was that they greatly liked living in St Columban's Nursing Home. All residents living in the centre were members of the Missionary Sisters of St. Columban. Residents spoken with were highly complimentary of the centre and the care they received. One resident summed up their feelings, telling the inspector, "it's lovely here", and "I'm very lucky" while another said "I am happy here". Another resident described the collective experience of living in the centre as "we have everything and anything". When it came to the staff that cared for them, the residents informed the inspector that the staff were "kind" and "lovely". The inspector did not meet any visitors on this inspection, but residents confirmed they could receive visitors as they wished. Overall, resident feedback captured the person-centred approach to care and attention provided in St Columban's Nursing Home, where every resident's worth and dignity were respected and celebrated. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management prioritised providing high-quality person-centred care.

Internally, the centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a large day room and dining room, a visiting room, an oratory, an activity room containing multiple pieces of resident arts and crafts, and a sunroom. Outside the dining room was a seating alcove where residents were seen to chat and read. There is also a designated visitor bedroom with adjoining bathroom facilities should a visitor need to stay overnight. The centre was bright, airy, and pleasantly decorated. Photograph collages were on display, celebrating the lifetime missionary work undertaken by the centre's residents. The provider was also celebrating the centenary of its founding as a religious order, and displays within the centre marked this milestone.

There was a relaxed and unhurried atmosphere in the centre. On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. In the communal areas, residents relaxed and conversed with one another, they used the oratory for prayer and quiet reflection, and engaged in group-based activity in the day room. Other residents relaxed in their bedrooms, reading papers and books according to their preferences. In the afternoon, residents were facilitated to vote in the local and European elections.

Within the centre, there were 24 single bedrooms with en-suite facilities, including a shower, toilet, and wash hand basin. Bedroom accommodation was spacious, with ample storage space for residents' clothing and possessions. Bedrooms contained a large four-door wardrobe, locked storage, comfortable seating, call bell facilities, a landline telephone and a television. The majority of bedrooms also included a writing desk used by the residents. Residents had personalised their bedrooms with

photographs, artwork, religious items and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs, with eight bedrooms containing overhead hoist facilities that ran from the bedroom into the en-suite bathrooms. The temperature within each bedroom was thermostatically controlled. Each bedroom had a pleasant view of the landscaped gardens surrounding the centre, and some of the bedrooms at the rear enjoyed a sea view.

Outside the centre, there was a pleasantly decorated and very well-maintained secure garden containing trees, flowers, shrubs, homemade birdhouses, and comfortable seating. This outside space was directly accessible from the day and dining rooms and some residents' bedrooms. This area had level paths that residents could walk upon while looking out over the adjoining countryside and towards the sea.

Group-based activities took place on inspection day. Nine residents were observed laughing and joking together while partaking in a picture brain game. The residents explained to the inspector that such games supported their concentration and memory. Residents had access to radios, television, and internet services. Some residents also had laptops in their bedrooms. There were arrangements in place for residents to access advocacy services. Residents could receive visitors in the centre within communal areas or in the privacy of the visiting room. Roman Catholic Mass was celebrated daily in the chapel adjoining the centre.

Lunchtime at 12.15pm was a highly sociable and relaxed experience, with most residents choosing to eat in the dining room. Meals were freshly prepared onsite in the adjoining convent kitchen. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Residents spoke positively to the inspector about food quality, quantity and variety.

While the centre was very clean and in good repair, some areas required review to ensure full compliance with the regulations. Staff practices in the management of storage and decontamination of equipment were observed, and improvements were required as outlined under Regulation 27: Infection control. The inspector saw that staff had completed the appropriate training in fire safety, however the records of fire evacuation drills did not fully reflect the time required to safely evacuate the residents from one compartment, and this is discussed under Regulation 28: Fire precautions.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that St Columban's Nursing Home was a well-governed service that provided residents with high-quality, safe care in accordance with their needs and choices.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and review the registered provider's compliance plan from the September 2022 inspection. The registered provider had progressed with the compliance plan, and improvements were identified concerning Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 4: Written policies and procedures, Regulation 16: Training and staff development and Regulation 23: Governance and management. On this inspection, some further actions were required in respect of the management of records, fire precautions, infection control, policies and procedures and the management of transfers and discharges.

The registered provider of the centre was the Missionary Sisters of St Columban (Ireland) company limited by guarantee. The company had six directors. There were two persons participating in management (PPIMs). The provider had recently engaged Cowper Care Centre DAC, an external management company, to provide support and senior management oversight in the operation of the designated centre. The provider had a clearly defined management structure, and staff members knew their roles and responsibilities. The person in charge is a registered nurse and works full-time in the centre. The person in charge is responsible for overall governance and reports to the board of directors. The person in charge is supported by an assistant director of nursing, a clinical nurse manager, staff nurses, health care assistants, catering, household and laundry staff. The assistant director of nursing deputises for the person in charge.

There were sufficient staff on duty to meet the needs of residents living in the centre on the inspection day.

The staff team was supported and supervised by the person in charge, the assistant director of nursing and the clinical nurse manager in performing their duties. Staff had access to appropriate training and development to support them in their respective roles.

Communication systems were in place to ensure clear and effective communication between the person in charge and the board of directors. The person in charge reported to the board on key issues within the centre every month. Within the centre, there were staff meetings to discuss operational matters concerning the daily care of residents and health and safety issues. There was also evidence of safety huddles at the ward level covering topics such as fall reduction and management.

The provider had a risk register for monitoring and managing risks in the centre. An audit schedule examined areas including falls, infection prevention and control and medication management. The audits contained time-bound action plans.

The centre had a comprehensive suite of policies and procedures to guide staff practice as required by Schedule 5 of the regulations in place, and these had been

updated in line with regulatory requirements. One policy was not available, as referenced under Regulation 4: Written Policies and Procedures.

Staff files were reviewed. All staff files contained Garda Síochána (police) vetting and identification. However, there were some gaps with respect to the documentation required to ensure safe and effective recruitment practices which will be discussed under Regulation 21: Records.

The centre's complaints policy was up-to-date. The complaints procedure was displayed at reception and contained within the residents' guide, which was available to residents and visitors in the day room. Information posters on advocacy services to support residents in making complaints were also shown. There was clear documentary evidence of complaints being managed in line with regulatory requirements.

Regulation 15: Staffing

The centre had a well-organised staffing schedule. Based on a review of the worked and planned rosters and from speaking with residents, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. A registered nurse worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction covering key aspects of care and procedures in the centre, including the working environment, health and safety, fire safety, communication and documentation management. The provider had a comprehensive training programme supporting staff in their roles. Training concerning safeguarding vulnerable adults at risk of abuse, fire safety and infection control was fully adhered to. The provider had plans for further staff training and development. Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

A review of four personnel files found evidence of the staff member's identity and An Garda Síochána (police) vetting disclosures. However, the personnel files did not

contain all of the documentation required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For example:

- One personnel file did not contain a full employment history.
One personnel file did not have an explanation for gaps in employment
- One personnel file did not have two written references, including one from the staff member's most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems effectively monitored the quality and safety of the centre. Clinical audits were routinely completed and scheduled, for example, on falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. The provider was in the process of enhancing their system to oversee incidents within the centre in order to comprehensively track and trend incidents, identify deficits and risks in the service, and drive quality improvement.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspector saw evidence of the consultation with residents reflected in the review.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge confirmed that the centre does not have persons working on a voluntary basis. Should this position change, the person in charge understood the regulatory requirements for volunteers to have An Garda Síochána (police) vetting, to receive support and supervision, and to have their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an up-to-date complaints management policy to guide staff. Clear records were available documenting how complaints were managed in accordance

with this policy. Staff were aware of how to respond to complaints. Residents stated that they felt comfortable raising a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

On the day of inspection there was no policy with respect to health and safety of residents, staff and visitors (including infection control and food safety), as required under Schedule 5.

Judgment: Substantially compliant

Quality and safety

Overall, residents' rights were supported and protected by supportive and caring staff who ensured that residents had a good quality of life in the centre. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Residents told the inspector they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, some actions were required to ensure safe and effective care delivery concerning the temporary absence or discharge of resident, infection control and fire precautions.

The internal and external premises were maintained to a very high standard. The centre's design and layout were suitable for its stated purpose and met residents' individual and collective needs in a homely way that promoted independence. Residents had access to secure, peaceful, and very pleasant gardens that were accessible from various parts of the centre. There were plenty of communal and private spaces for residents' use.

While the centre's interior was generally clean on the inspection day, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services (2018)*, which will be discussed under Regulation 27.

Concerning fire precautions, the centre's corridors were brightly painted in different colours to align with the fire compartments within the centre. This supported and enabled residents and staff to identify the various fire compartments within the centre. Preventive maintenance of fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety training and were knowledgeable about the centre's fire safety procedures. Notwithstanding these good practices, some improvement actions were

required to ensure that the provider brought the centre into compliance with the regulations and that residents and staff were adequately protected in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

The health of residents was promoted through ongoing medical review and access to a range of external community, privately provided and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy and mental health services. The centre's private physiotherapist had recently retired and recruitment was underway to replace this position.

The centre maintained a register of restrictive practices. There was good oversight and recording systems for the use of restraint. The centre had a comprehensive policy guiding the use of restraint. Staff had in-date training in relation to managing behaviour that is challenging, with one staff member required to update their training.

The inspector found that residents were supported in communicating freely. Those residents with communication difficulties had their specialist communication requirements recorded in their care plan.

The inspector reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre in an acute hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Notwithstanding this good practice, the inspector was not assured that the transfer of residents from the centre was carried out in line with the requirements of the regulation as there were no records available of the information sent from the designated centre to the receiving hospital.

Residents had their rights promoted within the centre. There was an active social programme where birthdays and other occasions were celebrated.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had ample space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables. The centre had a tidy, well-organised onsite laundry for the laundering of residents' clothing and the centre's linen. Residents were complimentary about the laundry service received in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises were appropriate to the number and needs of residents in the centre. The premises conformed to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available in the centre's day room. This guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents who had been transferred from the centre to the acute hospital. It was not possible to verify the transfer of relevant information about the resident from the centre to the receiving hospital, such as the reason for transfer, current health status, medical diagnosis, and medications, as copies of these records were not available to review. This information is integral to ensuring that the hospital is aware of all pertinent information and can provide the resident with the most appropriate medical treatment.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had systems and processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services (2018)*, for example:

- There was inappropriate storage of items. For example, clean and visibly dirty items, including resident crash mats were stored alongside each other in store rooms 1 and 2. Another crash mat was observed being stored in the staff laundry behind the sluice room.
- Staff were unclear if the equipment in these store rooms was clean or dirty, as there was no identifiable mechanism to determine this.
- The staff informed the inspector that the contents of commodes, bedpans, and urinals were manually decanted into the sluice hopper before being placed in the bedpan washer for decontamination. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.
- Bedpans were observed stacked after decontamination. The sluice room racking required review to ensure that there was enough racking so that cleaned sanitary equipment, such as bedpans, could be inverted while drying and had suitable drip trays.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had conducted three practice evacuation drills since April 2023, reflecting day and night-time scenarios. Some improvements were required concerning the management and recording of these drills to assure the provider that residents could be evacuated in a safe and timely manner in the event of a fire emergency, for example:

- These drills were recorded as taking between 8 minutes and 10.5 minutes to complete. However, it was unclear from the records and from consulting staff whether this timeframe reflected the time needed to evacuate or incorporated other activities outside the evacuation drill.
- The simulated night-time drill of 20/09/2023 did not reference the compartment that was being evacuated, the number of persons evacuated during the drill and their dependency levels, the type of evacuation carried

out, the aids and equipment used to conduct the evacuation, or the location that residents were evacuated to.

The fire door between the servery and the coffee dock area adjacent to the residents' dining room required review to ensure effective fire and smoke containment. There was a gap between the edge of the door and the door frame exceeding 3mm.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed, and residents had a full risk assessment completed before using restrictive practices. Assessments were completed in consultation with the resident, a nursing representative and the doctor. Care plans detailed the alternatives that had been trialled, the circumstances for using restraint, and the requirements for monitoring and reviewing periods of restraint that were aligned with national guidance. On the day of inspection, there were no bed rails in place. The centre was using three low beds, one bed wedge, and four sensor mats and had been actively working to reduce the use of restraint. The restraints were being used in accordance with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their

interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre through participation in residents' meetings and completion of residents' questionnaires. Residents' privacy and dignity were respected.

The centre had daily religious services available. Residents could communicate freely, having access to telephones in their bedrooms and internet services throughout the centre. Residents were also supported in exercising their political rights, and voting took place in the centre on inspection day. Residents had access to independent advocacy services.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Columban's Nursing Home OSV-0000760

Inspection ID: MON-0043422

Date of inspection: 28/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • Personnel files view on day of Inspection now contain all the documentation required under Schedule 2 of the Health Act 2007 – Regulations 2013 	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • New policy has been developed on Health & Safety: Food Safety/Infection Control. • All staff now have access to this policy. • HACCP education, Food Safety Level 1 has been organized for staff to attend. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: <ul style="list-style-type: none"> • Our Policy on Temporary Absence or Discharge of Residents now clearly states that Residents being transferred to acute hospital will have all relevant information, i.e. transfer letter, medical history, medications list, copied and kept on their file to verify 	

documentation accompanying Resident when sent to hospital.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Items not in use are now stored correctly in relevant store rooms. Cleaning regime has commenced on items in storage which are now tagged 'I AM CLEAN' • All staff are now aware that bedpans and contents must go directly into bedpan washer/sanitizer at all times (NO decanting). • Should bedpan washer be out of order, IPC to be followed and relevant PPE used at all times. • Extra racking has been sourced to ensure that clean sanitary equipment, such as bedpans, can be inverted when drying. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire Drill carried out on 18th June, 2024 in Fire Zone area (same Zone as last one) and evacuation of Residents completed in 4 minutes 30 seconds. • Our Report Format on our Fire drills has been updated and now includes all Residents dependency levels, Fire Zone compartment being evacuated from and Fire Zone compartment Residents being evacuated to and also the number of persons evacuated and equipment used. • A company has been sourced who carry out Fire Door Audits, this will ensure all Fire Doors in Nursing Home are fit for purpose. 	

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 21(1)	The registered 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.	Substantially Compliant	Yellow	14/06/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	18/06/2024

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	25/06/2024
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	19/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/09/2024

Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	04/06/2024
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