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:	Sonas Nursing Home Carrick-on-Suir
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 August 2021
Centre ID:	OSV-0007883
Fieldwork ID:	MON-0033903

About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose built care home that provides accommodation for 53 residents in mostly single bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en suite rooms with built in safety features such as a call bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory.
Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated. Nursing care is provided to residents who require long term care, convalescent, respite or palliative 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 4 August 2021	09:40hrs to 18:20hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Good standards of care were provided in this new centre and residents gave positive feedback about the friendly and helpful staff. However activity provision was poor and was impacting on the daily experience of many residents who spent most of their time passively watching TV and following the routines of the centre. The inspector observed practices and spoke at length with eight residents to gain an insight into the lived experience in the centre. The inspector also met two visitors who were visiting during the inspection.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed and welcoming atmosphere. The centre appeared to be clean to a high standard. Alcohol hand gels and some hand washing sinks were readily available throughout the centre to promote good hand hygiene.

This new centre opened its doors in early December 2020 and there were 20 residents living in there on the day of inspection, with an additional two residents temporarily in the acute hospital. The centre had capacity to accommodate 53 residents and had a plan to slowly admit residents on a phased basis in order to allow staff to get used to and meet the needs of each individual. The bedrooms at the front of the centre were occupied at present but all areas were accessible to residents who wished to walk around indoors. There were internal courtyards which residents could access however the doors accessing these were key coded so the majority of residents would require staff assistance to open the door. All of these doors had a warning sign reminding residents and staff of the uneven step from the door on the way out. The courtyards had appropriate furniture and potted plants to brighten up the spaces however the inspector did not observe any residents accessing these nice spaces during the inspection.

Bedroom accommodation was mostly single bedrooms all with full en-suites which promoted and protected residents' privacy and dignity. Bedrooms had appropriate furniture and ample wardrobe space for residents' clothes and residents could bring in their own furniture, belongings and pictures to personalise their room if they wished. Residents had their own TV and radio in their room if they wished. Communal spaces were comfortable and clean and the inspector observed residents using the day room and dining room at the front of the centre. Assistive handrails were available throughout the centre to assist residents with mobility and call bells were available in bedrooms, bathrooms and communal spaces. The centre was well maintained throughout and easy to clean as the décor and fittings were new.

Storage was mostly good in the centre, for example, clean linen was stored in locked rooms around the centre and on covered trolleys for ease of staff access during morning care. Store rooms were tidy and all items were stored on shelves allowing for ease of cleaning. There was one exception where equipment was

inappropriately stored on the floor in one sluice room.

Residents spoke positively about staff and staff were observed providing kind and compassionate care throughout the inspection. Residents stated staff were available to assist when they rang the bell and were always helpful and friendly. The physiotherapist was attending the centre on the day of inspection was observed providing one-to-one sessions with residents during the morning. Residents gave very positive feedback about this service and looked forward to the group exercise class which took place in the afternoon.

Overall residents were not satisfied with level of activities provided and spent most of the day doing passive activities, for example, watching TV, listening to the radio and reading. While some residents were happy to do this the majority of residents stated the day was long and they were often bored. Long periods of inactivity were observed in the day room and residents in their bedrooms were not offered any one-to one social activity. Mass was available on TV in the morning and some residents were able to enjoy a game of cards together. The lack of meaningful activities was impacting the quality of life of residents and required review.

Residents had opportunities to give feedback on the service both informally and formally. It was obvious during the walk about of the centre that residents were familiar with the person in charge and all spoke at ease with her. There were regular residents meeting held in the centre and a sample of two meetings confirmed that residents had requested more activities. Feedback on food was mixed with the majority of residents satisfied with the quality and choice of food.

Visitors were observed coming and going throughout the the day and residents could choose to have visits in their bedrooms or in the designated visitors rooms. Visitors stated they were still required to book visits but that is was an easy process and they were always facilitated with their choice of times and could visit in the evenings and during weekends.

The inspector observed that staffing levels were not in line with the centre's statement of purpose or the staffing plan submitted to the Chief Inspector as part of the centre's registration process. The major impact of this was seen in the lack of appropriate activities for residents and the ineffective management systems. 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

The registered provider was failing to provide adequate support for the management structure in the centre. Poor staff resources and ineffective

governance arrangements were impacting on the quality of life of residents. A review of staffing resources was required in this newly established centre in order to ensure the effective delivery of care in line with the centre's statement of purpose. There were no structured activities in place for residents in accordance with their assessed needs. Lack of resources was impacting on the effective management of the centre.

Sonas Asset Holdings Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The group had centralised support departments, for example, human resources which provided remote support to all of the centres. The person in charge worked full time and was responsible for the daily operations of the centre. The management structure was not in line with statement of purpose. A recently appointed clinical nurse manager was allocated part time hours for management and most of their time was in the provision of clinical care to residents. Additional management posts were not in place as described in the centre's staffing plan and statement of purpose. This was impacting on the oversight of parts of the service for example, housekeeping, activity provision and care planning.

This was an unannounced risk inspection to monitor compliance with the regulations. The centre commenced operating in early December 2020. The provider had experience of opening a new centre and were aware of the ongoing challenges this poses. The provider had failed to put sufficient management and staffing resources in place to safely and effectively provide care for the increasing numbers of residents in the centre. For example, there was evidence of ongoing recruitment of staff however the increased supervision requirements for new staff had not been factored in to the management structure.

Staffing resources required review. Staffing levels were not in line with the centre's admission plan which was submitted to the Chief Inspector on 08/12/2020 in advance of the centre's registration. This proposed staffing plan was not being adhered to and was an integral part of the decision to register the centre. There was insufficient staff resources for activity provision and effective management of the centre.

There was an over-reliance on the person in charge for the daily operations and management of the service. A sample of rosters viewed showed a seven day on call arrangement for the person in charge including weekends and out of hours. While the centre had recently appointed a clinical nurse manager they had to date had little time or opportunity to be inducted into the management processes in the centre as they spent the majority of their time providing clinical care to residents. The current approach to management was not sustainable and was impacting on the effectiveness of the governance structure. This was not in line with the centre's statement of purpose which states that the person in charge and clinical management team will be supported by seven day supervisory cover.

Systems in place to monitor quality and safety of the service were not fully embedded, for example, there was poor oversight of fire maintenance records and

cleaning schedules.

The complaints procedure was displayed at the reception and contained information on the nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy. However feedback from resident's surveys indicated that complaints about missing laundry had not been managed in line with the centres processes. Centre management were undertaking to ensure this was corrected going forward.

The inspector followed up on notification of adverse incidents in the centre and found appropriate management of same.

There was an extensive suite of training available for all staff in the centre appropriate to their role. The provider had also undertaken to provide additional training in responsive behaviours following learning from an incident it the centre.

Regulation 15: Staffing

There was insufficient staff resources to provide activities to residents in line with the centre's statement of purpose.

A staffing plan submitted by the provider before the centre opened stated that when there were 20 residents living in the centre there would be two nurses, four carers, one activity staff and one social care staff on duty during the day, and two nurses and two carers at night. Staffing levels on the day of inspection fell short of this plan with one nurse, three carers and one social care staff on duty during the day with two nurses on night duty and no care staff. This was discussed with the management team who stated that recruitment of staff was an issue particularly for suitable activities staff.

The major impact of this was found in the lack of activities and in the governance structure in the centre, which is discussed under regulations 23 and 9.

Judgment: Not compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training for staff. Staff induction was an ongoing process in this centre which was gradually opening beds. The person in charge provided ongoing support and supervision for all new staff.

Where gaps in training had been identified there were plans in place for address this need.

Judgment: Compliant

Regulation 23: Governance and management

There were insufficient staffing resources to ensure the effective delivery of care in line with the centre's statement of purpose.

The management structure in the centre was not clearly defined and not in line with the centre's statement of purpose. Additional support for the management team had been identified by the provider who had recently sanctioned a clinical nurse manager (CNM) post in the centre. However the CNM was only rostered for six hours per week to support the centre management, this included their induction to the centre's management processes and routines. In addition when the person in charge was on leave the senior nurse or CNM who should have been deputising was not identified on the roster. It was not evident that the person deputising was managing the day to day issues during that period the person in charge was on leave, for example, feedback from a resident's meeting regarding missing clothes had not been dealt with.

Management systems were in place to monitor the quality and safety of care. These systems had not yet embedded in the centre due to the ongoing drain on the current management structure from increasing bed occupancy and recruitment and induction of new staff. The major impact of this was on the effective oversight of the quality and safety of care. For example poor oversight of activity provision and lack of oversight on fire, infection control and care planning.

Judgment: Not 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

Regulation 34: Complaints procedure

The registered provider had not ensured that all complaints were recorded and investigated in line with the centre's policy. Feedback from residents about missing clothing had not been recorded and therefore quality improvements made on foot of these complaints was not evident. If was not evident if the complaints had been effectively dealt with and if the residents were satisfied with the outcome.

Judgment: Substantially compliant

Quality and safety

Residents were well cared for in this centre but poor activity provision was impacting on their daily experience with many reporting there was little to occupy them. Improved oversight of fire safety and infection control would strengthen the centre's safety systems and ensure the ongoing safety of residents and staff.

Good standards of health care were provided and residents were supported to access services as required. Residents' health status was monitored on a routine basis, for example, monthly weights and review of health care risks. Validated assessment tools were used to assess physical needs, for example risk of malnutrition, pressure sore development and falls risk. Overall the standard of care planning was good with exception of residents' social care and activities needs. There were comprehensive and person-centered care plans in place to direct staff to meet the resident's needs where the need was identified, for example wound care. However there were inconsistent assessments of residents' social care needs and abilities and where this was assessed there were no corresponding care plans to direct staff to meet the diverse needs of residents.

Residents and staff had been vaccinated against COVID-19 and arrangements were in place for ongoing vaccination of new residents and staff. The centre continued to implement public health guidance measures for the prevention of COVID-19 and were observed to be using PPE appropriately and had good hand hygiene practices. There were designated hand hygiene sinks on the corridors near the point of care and in treatment rooms.

The centre appeared to be clean to a high standard throughout. There was a colour coded mop and cloth system in place and staff were knowledgeable regarding the use of cleaning solutions and chemicals. Improved oversight of cleaning was required as the management team were unsure about cleaning frequencies. Staff were clearly guided by the centre's standard operating procedures which outlined step by step the procedures for daily cleaning and for deep cleaning of each specific area. From the records viewed it was difficult to see when each bedroom was deep cleaned and staff were not guided on how often to deep clean bedrooms and other rooms in the centre. Commodes and equipment stored in a sluice posed a risk of environmental cross contamination to residents. In addition, oversight of the laundry

system required review as there were risks identified around cross contamination of clean linen which was being ironed in the area of the laundry where dirty linen was delivered.

There were good practices in place around frequent practice of fire drills in the centre. This was very important in terms of the increasing numbers of new staff and the likelihood of ongoing recruitment in order to ensure all staff were competent with the centre's fire procedures. The inspector viewed a sample of fire drills and found that overall there was identified learning and improved evacuation times, however documentation required review to ensure the description of the scenario and the numbers of staff evacuating was clearly recorded. Evacuation plans for all residents had not been prepared therefore staff were not fully guided on the individual evacuation needs for all residents in the centre.

There was confusion around the size of the centre's largest compartment for the purposes of demonstrating and practicing effective evacuation drills. The current largest compartment contained six beds. There were larger compartments in the centre that could hold up to seven, eight and 10 residents however these compartments were not yet occupied. Oversight of the servicing and maintenance of the centre's fire detection and alarm system and emergency lighting required improvement.

Visiting had resumed indoors however not all staff were familiar with the new visiting guidance. Visitors were still encouraged to book visits during busy periods however the centre was not at full occupancy and had ample space to facilitate multiple visits at one time.

Resident rights and choice were respected within the confines of the centre. Bedroom accommodation was mostly single room and residents could undertake personal activities in private. However activity provision was poor and required urgent review.

Regulation 11: Visits

Staff were not familiar with the new visiting guidance and continued to implement some restrictions on visits, for example, only one visitor could visit in a residents room, this was not in line with new guidance and required review to promote the rights of residents. Visitors were observed coming and going throughout the day.

Judgment: Substantially compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in the oversight and supervision of deep cleaning in the centre. Deep cleaning schedules were loose and staff were not guided on how often specific areas required a deep clean. This was discussed with the management team during the inspection and a schedule was to be developed to guide staff and to ensure the centre was cleaned to a high standard.

Commodes were stored in the sluice room. While there was a good understanding of cleaning and decontamination between uses, there remained a risk of cross contamination as commode covers and foot rests were stored on the floor.

Laundry systems also required review to ensure the flow of dirty to clean laundry was maintained in order to prevent cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Evacuation plans were not available for all residents in the centre, these are important for guiding staff on residents' individual evacuation needs. There were 19 evacuation plans prepared for 22 residents.

There was poor oversight of the maintenance of the centre's fire detection and alarm system which was last serviced on 21 April 2021 and was now due. There were no maintenance records available on site for the centre's emergency lighting in line with the regulations. The management team requested these from the competent person during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required to ensure residents' needs were comprehensively assessed and a care plan prepared to address those needs. Residents social care and activities needs were not consistently assessed and care plans were not developed to guide staff to meet their needs.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. 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 professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was not providing opportunities for all residents to participate in meaningful activities in accordance with their assessed needs and preferences. Long periods of inactivity were observed throughout the inspection and residents told the inspector there was often little to do. There was no plan for group activities and residents who chose to remain in their bedrooms were not offered one-to-one activities in accordance with their needs and preferences. Residents had requested more activities through their regular meetings and centre and senior group managers were aware of this. This was discussed on inspection with recruitment difficulties cited as the reason for inaction to date. Lack of meaningful and appropriate activities was impacting on the quality of life of all residents in the centre.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Carrick-on-Suir OSV-0007883

Inspection ID: MON-0033903

Date of inspection: 04/08/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The SOP submitted for registration had been updated on the 05/07/2021. This detailed the staffing changes e.g. there was now a CNM instead of an APIC. Staffing levels are also determined according to the resident dependencies. Many of the residents are low dependency and independently go to town during the day. There is an active recruitment plan in place. The PIC is fully supported by the HR department in the support office. Additional HCAs have commenced since the inspection and there are further HCAs appointed and awaiting Garda Vetting. We plan to continue to recruit weekly in order to ensure that we have sufficient staffing in all departments. Since January the HR department has scheduled and supported with the following interviews: HCA x 25, Nurses x 12, Admin x 5. The HR department in the support office manage all of the paperwork associate with recruitment and schedule the onboarding mandatory education and induction modules. Ongoing. The activities coordinator position had recently become vacant and a new person had been appointed but on the day of the inspection we were awaiting a commencement date. The newly appointed activities coordinator will commence on the 13/09/2021. In the interim we will continue to allocate additional hours for HCAs and the Social Care Practitioner in order to provide activities. The weekly exercise classes continue in addition to mass, movie afternoons and utilisation of our several courtyard areas for outdoor relaxation. We are committed to ensuring that the residents have a meaningful and purposeful quality of life and we had/have a plan in place to achieve same.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC is supported in the role by the support office which has the following departments: HR (who manage all recruitment), Finance (who support the administrator), IT, Facilities and Operations. The rosters now clearly identify the nurse in charge and the on-call arrangements. Complete. Additional management hours for the CNM have been made available and this will be further increased by 30/09/2021. This will enable further supervision. The Quality Manager had been on site several times per week and was supporting the nursing staff with the care planning processes. The Director of Operations had also been onsite weekly in order to operationalise the catering and cleaning departments. The Quality & Governance Coordinator ensured that all of these supports were in place. We accept that opening a new home has many challenges and from previous experience we are aware of the challenges. We plan to continue with our support plans so that we are assured that the governance of the home meets all regulatory standards and we are committed to ensuring same. We are currently updating our operational plan for the next 4 months and this will be complete by 18/09/2021. Furthermore many of our systems enable remote governance therefore in addition to onsite governance the support office teams can also assit remotely.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: This complaint relating to laundry has now been addressed and the complainants are satisfied. There is a new system in place for laundry. Staff now check resident bedrooms daily to check if any new clothing has been brought in to them and they are labelled immediately. Families have also been asked to notify staff if they have brought in any new items of clothing. Complete.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visiting is subject to risk assessment such as community transmission, weekly footfall, resident health, resident wishes, protection of mealtimes etc. All staff are now fully informed and understand the visiting arrangements in place. Complete.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The Director of Operations had been working onsite with the cleaning team in order to induct them with the new Sonas cleaning procedures. The deep clean schedule and standard operating procedure have now been implemented. Complete.

The Ironing board has been put back to its correct place. The maintenance of the correct flow of dirty to clean is supervised daily during the nursing walkarounds. Complete.

A shelf has been installed in the sluice room. Complete.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The recent servicing of the fire detection, alarm system and emergency lighting had been completed and the records to confirm same were retrieved from the service company for the inspector. We will ensure that these are always available onsite. Complete.

All residents now have an up-to-date PEEP in place. This is audited/ensured in the admission checklist. Complete.

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:
The newly appointed activities coordinator and the social care practitioner and the nursing staff will compile a biographical, social and recreational care plan for all residents. The Quality Manager will support with this. The Quality & Governance Coordinator will audit same. 30/09/2021.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The activities coordinator position had recently become vacant and a new person had been appointed but we were awaiting a commencement date. The newly appointed activities coordinator will commence on the 13/09/2021. In the interim we will allocate additional hours for HCAs and the Social Care Practitioner in order to provide activities. The weekly exercise classes continue in addition to mass, movie afternoons and utilisation of our several courtyard areas for outdoor relation. We are committed to ensuring that the residents have a meaningful and purposeful quality of life and we had a plan in place.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	05/08/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	30/09/2021

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	05/08/2021
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.	Substantially Compliant	Yellow	05/08/2021
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	Substantially Compliant	Yellow	05/08/2021

	staff.			
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	05/08/2021
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.	Substantially Compliant	Yellow	05/08/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	05/08/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	30/09/2021

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2021