



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

Issued by the Chief Inspector

Name of designated centre:	St Pappin's Nursing Home
Name of provider:	Silver Stream Health Care Limited
Address of centre:	Ballymun Road, Ballymun, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	10 September 2024
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0044259

About the designated centre

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

St. Pappin's Nursing Home is located in the heart of Ballymun and the registered provider is Silver Stream Healthcare Limited. The centre can accommodate 51 residents, both male and female over the age of 18. Residents are accommodated in bedrooms, ranging from single rooms to three bedded or four bedded rooms. Other facilities include recreational spaces and a large enclosed garden which offers residents the opportunity to enjoy the outdoors in a safe and secure environment. A range of care options are available to suit the personal care needs of residents. The range of long stay, short stay and focused care options ensure residents receive as much or as little support and assistance as they wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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 10 September 2024	11:15hrs to 17:30hrs	Breeda Desmond	Lead
Tuesday 10 September 2024	11:15hrs to 17:30hrs	Ella Ferriter	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day in St Pappin's Nursing Home. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. Inspectors met many of the residents on inspection and spoke with 12 residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided by the 'hard working and friendly' staff. Inspectors spoke with visitors who reported that staff were excellent. They explained that their relative had been acutely unwell in the previous weeks and how staff were so attentive and the resident was 'back independent' again having required additional care for several days. Visitors explained that they love visiting in the family room and use the garden weather permitting. It was evident that the team knew residents well and provided care in accordance with their wishes and preferences. While the person in charge and deputy person in charge were recently appointed, they knew residents really well and vice-versa, and lovely interaction was observed throughout the day between management and residents.

The centre was registered to accommodate 51 residents. It was set out over three floors with resident accommodation on the ground and first floor; staff facilities and the laundry were located on the secure second floor. On arrival to the centre, the inspectors met the nurse in charge, who guided the inspector through the risk management procedure of identification check, signing in and hand hygiene. The entrance to the building was the original church stone façade which lead into the reception area with comfortable seating, and reading material such as the residents' guide, statement of purpose, advocacy services and relevant medical and screening services were displayed. The entrance was wheelchair accessible and lead to the ground floor accommodation. There was lift and stairs access to the first floor.

There were still some visible features of the church throughout the centre and a large mezzanine area on the first floor incorporated the high church ceiling. This was divided into the dining space, and day space to the front of the mezzanine which overlooked reception with views of the beautiful stained glass windows to the front.

The inspectors saw that resident accommodation comprised single and multi-occupancy twin, three and four-bedded rooms. Many residents had personalised their rooms with photographs and personal possessions from home. Some residents' bedrooms were observed to be bright, spacious and comfortable, however, other bed-spaces were dark; some were not laid out to ensure the resident had access to their bedside locker and wardrobe. Some bedroom furniture and armchairs were seen to be worn and the protective surface torn. Flooring throughout the centre was worn and stained. All bedrooms had en suite facilities of shower, toilet and hand-wash basins. There were hand-wash basins in bedrooms for staff use, however, these were not clinical hand-wash sinks. Rooms with oxygen stored or in use had appropriate signage indicating this.

Each floor has a variety of small and large communal areas for use, including dining facilities and sitting rooms. The family room looked out onto the enclosed garden and the garden could be accessed from this room. People visited their relative in private here and family meetings were hosted here as well. The enclosed mature garden had shrubbery, walkways and seating. While most of the garden was a safe space to walk about, a manhole and surrounding flagstones were uneven and protruded and posed a potential falls risk. A covered smoking area was located here with call bell facilities and fire safety equipment. Access to the garden was key-pad coded and residents were observed to independently access the garden throughout the day.

Upstairs, there was a seating area outside the day room with a bird cage for the pet budgie, George; residents enjoyed sitting and chatting with George. Inspectors spoke with residents in the main day room where activities were facilitated, and throughout the day it was a hive of activity. One gentleman boasted that he had the best view from this room with the expansive glass frontage as it overlooked the entrance, garden and beyond.

The inspectors noted activity information and schedules displayed around the centre to inform residents of activities. The previous week, the centre hosted the 'Alpaca' farm and lovely photographs of this were displayed. The schedule of activities was a varied programme that included a knitting club, flower arranging, trips to shops and coffee shops, mass, arts and crafts and bingo, to name a few. During the morning, residents were seen to enjoy the live music with a musician playing the banjo and residents sang along to the well-known repertoire. Throughout the day, staff were seen to sing along with residents as part of their normal routine and interaction. During the afternoon, a game of bingo was held and several residents spoken with reported how much they enjoyed this and looked forward to 'winning loads'. The hairdresser was on site during the inspection. Residents said they enjoyed going to the hair dresser; several residents were seen to have their hair coloured and were delighted with the up-style.

Menus were displayed on the tables in the dining room down stairs, but not upstairs. There were two meal choices available for dinner, and a hot and cold meal option available for tea-time. Snacks were available throughout the day. Mealtime started at 11:50am for residents requiring assistance and 4pm for their tea. Tray service to rooms had two courses on trays. The desert was jelly and ice-cream which was seen to melt while waiting to be delivered to residents' bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the findings of this inspection were that St Pappin's Nursing Home was a well-managed centre where there was a focus on quality improvement to enhance the daily lives of residents. Nonetheless, issues were identified relating to the premises and associated infection control concerns and these are discussed throughout the report.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

St Pappin's Nursing Home is a designated centre for older people, registered and operated by Silverstream Health Care Limited. There was an established senior management team with clear roles and responsibilities; the person in charge and assistant person in charge (ADON) were recently appointed and both were knowledgeable regarding their regulatory roles and responsibilities.

As part of the support structure, weekly meetings were facilitated by the clinical operations manager, where key performance indicators such as infection, pressure ulcers, medical devices and complaints were discussed. Monthly governance meetings were facilitated with senior management, and as part of collegial support, the persons in charge of the 12 centres of the group met to share information and support one another.

Audits of the premises with associated infection control reviews were completed and demonstrated several areas for improvement. Inspection findings correlated with these audit results and are discussed under the relevant regulations. The registered provider outlined that an action plan was developed to address these issues, however, this plan required implementation to address shortfalls.

Notifications of incidents were recorded; while the current management team submitted notifications in accordance with regulatory requirements, some three-day notifications were not submitted by the previous administration. While the complaints policy had been updated to reflect regulatory changes, the complaints procedure was not in an accessible format for residents, and was not displayed in a prominent place for all residents to view. Some records were not available on site for inspectors to review in line with regulatory requirements.

There were adequate staff to the size and layout of the centre. There were no volunteers supporting the service at the time of inspection. The training schedule reviewed showed that training was scheduled to ensure all mandatory training remained current.

Regulation 14: Persons in charge

The person in charge was full time in post and had the requirements as set out under the regulations. She was actively involved in the governance and operational

management of the centre and positively engaged with the regulator throughout the inspection.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff and skill mix to the size and layout of the centre. There was an activities person on duty on a daily basis and external activities company provided activities as well. Staff were allocated responsibility for activation for other occasions to ensure residents had access to meaningful activities.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records demonstrated that the registered provider facilitated mandatory and other training. Training was scheduled for safeguarding in the weeks following the inspection to ensure all staff training remained current. Other training completed by staff included dementia awareness, end-of-life care and medication management for example.

Judgment: Compliant

Regulation 21: Records

Action was necessary to ensure records were maintained in compliance with specified regulatory requirements, as follows:

- records relating to a safeguarding incident were unavailable to the inspectors during the inspection; while some detail was available, this was not comprehensive in line with Schedule 4 requirements
- a review of the controlled drug daily check record demonstrated that the drug count was incorrect for one medication and had not been identified by subsequent nurses checking and administering the controlled drug
- information relating to GP instructions were written up in the nursing daily narrative notes, and not included in the medical notes to ensure accurate records of medical assessment and treatment provided by the resident's medical practitioner.

Judgment: Substantially compliant

Regulation 23: Governance and management

The following required review to be assured that the systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored:

- oversight of maintenance and upkeep of the premises as detailed under Regulation 17: Premises
- oversight of infection control systems and general cleaning of the premises as detailed in Regulation 27, Infection control
- audit relating to medication management did not include oversight of controlled drug management, consequently, a drug count error went unrecognised.

Regarding Risk:

- a fire door in the laundry which lead into the attic was locked and there was no means of opening it in the event of an emergency such as fire
- the manhole in the enclosed garden protruded and the flagstones around it were loose and also protruded; these posed a risk to anyone using the garden
- there was no signage to indicate a change in incline/decline on the corridor to the family room, which posed a falls risk.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Action was necessary regarding the complaints management, as follows:

- while complaints were recorded, complaints relating to the garden had not been resolved as described heretofore
- the complaints procedure was not displayed in a prominent position in line with regulatory requirements
- while a complaints procedure was displayed in the lift, it was not in an easily accessible format for residents to follow.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors observed that staff treated residents with respect and interaction was social, kind and respectful. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Nonetheless, upkeep and maintenance of the premises required attention to ensure it was in accordance with the centres statement of purpose.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to residents to chat and interaction was seen to be leisurely and individualised. A sample of assessment and care plan documentation was reviewed on both floors and these demonstrated mixed findings. While some had detailed information to inform individualised care, others did not. Medical histories informed assessments and care planning in the sample viewed, however, some care plans were not updated when the resident's needs changed. While there were excellent end-of-life care plans there was no detail included in the assessment to inform the care decisions detailed in the care plan. A sample of prescriptions and medication administration records were examined and issues identified are further discussed under Regulation 29, Medicines and pharmaceutical services.

Residents had access to a general practitioner (GP) who attended the centre regularly. The centre had a referral system in place for health and social care practitioners, such as dietitians, tissue viability nurses, speech and language therapists, for when such services were required.

Residents had access to advocacy services and notices were displayed around the centre identifying how to contact advocates. The advocate visited the centre on a regular basis and was on site during the inspection.

While some parts of the premises were clean other areas were visibly unclean. Surface to many chairs and furniture were worn so effective cleaning could not be assured. Inspectors were informed that staff had completed the infection control link practitioner course, however, the associated information regarding the national standards had not been implemented. Other issues were identified regarding the premises and infection prevention and control, and are further discussed under Regulation 17: Premises and Regulation 27: Infection control.

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had access to daily newspapers, radio, and television in communal rooms. Residents' meetings were facilitated every three months and issues raised were followed up by the person in charge. Relatives meetings were also facilitated where the person in charge provide information on the management and clinical governance of the service and sought feedback to enable improvement of the service. Nonetheless, issues were identified regarding residents' rights and these are further discussed under Regulation 9, Residents' rights.

Regulation 11: Visits

Visitors were seen visiting their relatives and friends throughout the day. They were known to staff who welcomed them and provided status updates when appropriate. The family room was used as a visitors room and one relative explained how they enjoyed sitting here with views of the enclosed garden. Other visitors sat with residents in their bedrooms or in day rooms or walked around the garden and enjoyed sitting in the shade.

Judgment: Compliant

Regulation 12: Personal possessions

Action was necessary to ensure that residents had access to and retained control over their personal property including their clothes and other personal possessions, as:

- some wardrobes in shared bedrooms were not within the resident's bedspace and were located at the far end of the room, consequently, they could not easily access their clothes
- some bedside lockers were not beside residents' beds to enable them easy access to their personal possessions while in bed, such as a glass of water or reading material for example.

Judgment: Substantially compliant

Regulation 17: Premises

The following required action to ensure the premises was in line with the registered provider's statement of purpose and as specified in Schedule 6:

- not all areas of the premises were kept in a good state of repair, for example, the flooring and chair covers were worn, stained and torn
- there were large waste bins for recycling in the dining room which was not in keeping with a normal dining room decor
- the manhole in the enclosed garden protruded and the surrounding stone flags were uneven and loose, creating a trip and falls hazard
- there was insufficient furniture available in the dining room on the ground floor for the number of residents accommodated, therefore, it could not facilitate residents who may wish to dine there.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to ensure meals and mealtimes were in accordance with regulatory requirements as follows:

- tray service to bedrooms required attention as courses were served together and cold desserts of jelly and ice-cream were seen to melt on the trays while awaiting serving
- meals were not served at reasonable times in line with normal dining as dinner time commenced at 11:50am for residents requiring assistance, and tea time commenced at 4pm which is considered too early.
- there were no menus displayed to advise and remind residents' of the daily menu in the dining room upstairs.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A copy of transfer letters for times when a resident was transferred to another care facility for treatment were not maintained on site, to be assured that comprehensive information was included to enable the resident to be cared for in accordance with their current needs.

Judgment: Substantially compliant

Regulation 27: Infection control

The following required action to ensure compliance with regulatory requirements, as follows:

- oversight of cleaning was not adequate as many areas of the centre were seen to be visibly unclean, for example, the family room, furniture, hoists and sinks
- there was a strong odour from the carpet on the first floor and it was visibly stained in many areas
- surfaces to furniture, chairs, bedroom wardrobes were observed to be eroded and therefore effective cleaning could not be assured

- a clinical waste bin was located by the hand-wash sink at the entrance to a shared multi-occupancy four bedded room, rather than by the relevant bedside. This increased the risk of cross infection,
- some of the clinical hand wash sinks were not compliant with current mandated infection control guidance
- the hand wash sink in the laundry was not being used for its intended purpose
- there was inappropriate storage of stock in the cleaners' room which impeded effective cleaning.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The following required attention to ensure compliance with regulations and professional guidelines regarding medication management:

- electronic medication prescriptions had the option to select whether a medication was to be crushed, per medication, however, this was not selected in one prescription seen of a resident whose GP requested that their medication was to be crushed. This meant medications were not being administered in accordance with the directions of the prescriber and could lead to errors,
- while a verbal instruction was given by the GP for the resident to receive subcutaneous fluids, this had not been written up in the prescription, so fluids were administered without a written prescription in accordance with professional guidelines and Schedule 3 of the regulations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure assessment and care planning was maintained in line with regulatory requirements, as:

- some care plans were not updated when the assessed needs of residents changed
- care plans were not discontinued when the resident status improved and the particular interventions were no longer required
- while some end-of-life care plans were excellent, others were generic and did not reflect individual wishes and preferences

- there was no detail included in some assessments to inform the care decisions detailed in the care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy, dietetic services, chiropody, tissue viability and palliative care. Residents had access to the national screening programme.

Judgment: Compliant

Regulation 9: Residents' rights

The following required attention to ensure compliance with Regulation 9, Residents' rights:

- privacy curtains in shared bedrooms were see-through and did not provide the appropriate degree of privacy expected or presumed
- some curtains were not of a sufficient width to fully enclose bed-spaces to ensure the privacy and dignity of the resident
- there was one television in some multi-occupancy bedrooms - the positioning of which only allowed one resident to view it, consequently, only one resident had access to the TV
- personal information was displayed in residents' bedrooms including multi-occupancy bedrooms; while some was removed on inspection, this practice did not protect residents' rights to privacy and dignity.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Pappin's Nursing Home OSV-0000178

Inspection ID: MON-0044259

Date of inspection: 10/09/2024

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
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • All records relating to any safeguarding incident will be retained and filed with the investigation. These records will be made available as requested. • The PIC has completed a full and comprehensive review of the controlled drug daily check record. All nursing staff have been met with and have completed their medication management training. Our external Pharmacy have completed an a full and comprehensive review and all issues found have been addressed. • The PIC has reviewed all GP instructions and has requested that the attending GP record their notes in the medical notes. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • To ensure a more comprehensive and transparent oversight of maintenance and upkeep of the premises as detailed under Regulation 17: Premises we are introducing a maintenance log that can be overviewed by the RPT team. Issues are logged locally in the centre and the RPR team can review the isuses remotely and ensure all maintemace concerns are addressed and closed out in a timely manner. All relevant staff will be trained to record all issues as found within their centre. • To increase the oversight of infection control systems and general cleaning of the 	

premises as detailed in Regulation 27, Infection control we have requested our external cleaning contractors to ensure the cleaning standard of the centre is increased. The PIC completes monthly IPC audits and findings are reviewed with the RPR team.

- The PIC will now complete monthly audits relating to medication management that will include oversight of controlled drug management. Our External pharmacy provider has also completed an audit and all non-compliances will be addressed by the PIC and their team.
- Regarding Risk: The fire door in the laundry has a RED key box now to enable staff to unlock the door in case of fire.
- The manhole in the enclosed garden protruded and the flagstones around have been repaired.
- Signage now in place to indicate a change in floor levels on the corridor to the family room.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

To ensure compliance the Registered Provider will have the following implemented and actioned as required:

- The PIC has reviewed all open complaints and closed to the satisfaction of the complainant.
- The complaints procedure is displayed in the reception area and at nominated areas throughout the home.
- An accessible format of the complaints procedure is now displayed in the lift and other areas.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure compliance the PIC will have the following implemented and actioned as required:

- All residents within a shared bedroom will have personal storage within their bed space. This will enable them to have easy access to their personal possessions.
- Bedside lockers are now located by the residents bed.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • To ensure all areas of the premises are kept in a good state of repair, for example, the flooring and chair covers were worn, stained and torn, a full review is underway with the PIC and RPR team. A plan will be agreed for replacemmt or repair as required. The carpaets will be replaced in phased basis with completion by end of January 2025. • The recycling bins have been removed from the dining area. • The manhole in the enclosed garden that protruded and the surrounding stone flags has been completed. • Additional furnutre had been ordered for the dining room to accomadtae any resident that wishes to use the space. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>To ensure compliance the PIC will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • The PIC has reviewed the tray service to bedrooms and has ensured that the courses are not served together. All kitchen and care staff have been instructed re same and PIC will audit under our Dining experience Audit. • The PIC has agreed new meal times with Residents and staff to ensure they are served at an appropriate time. Times are displayed in each dining room. • Menus are now displayed to advise and remind residents' of the daily menu in the dining room upstairs. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>To ensure compliance the PIC will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • A copy of transfer letters for times when a resident is transferred to another care facility for treatment will now be maintained on site and Scanned to the residents care plan. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • A meeting has taken place with our external cleaning contractors to ensure the centre is visibly clean. A member of the RPR team will oversee the external audits completed to ensure ongoing issues are addressed if they arise. • The carpet will be replaced in stages in the first Floor and completed by the end of January 2025. Staged replacement required in order to minimise disruption to residents. • A full review of furniture is underway and a plan will be agreed to replace or repair as required. • The clinical waste bin is now located by the relevant bed and not by the hand-wash sink at the entrance to a shared multi-occupancy four bedded room. • All clinical sinks have now been replaced with compliant sinks. • The hand wash sink in the laundry is now being used for its intended purpose. • All storage areas have been reviewed and items are now appropriately stored. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>To ensure compliance the PIC and RPR will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • All prescriptions have been reviewed and now indicate if a medication is to be crushed. The PIC will complete a review monthly to ensure compliance. • All medications that are administered will be written up in the prescription. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure compliance the PIC and RPR will have the following implemented and actioned as required:</p>	

- The PIC is completing a full review all care plans to ensure they are updated when the assessed needs of residents change.
- The PIC is reviewing the care plans to ensure if the issue is resolved and the care plan is no longer required then it is archived.
- All end-of-life care plans are being reviewed to ensure they reflect individual wishes and preferences.
- All care plans are being reviewed to ensure that they inform the care decisions detailed in the care plan.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

To ensure compliance the PIC and RPR will have the following implemented and actioned as required:

- A full review of our privacy curtains in shared bedrooms is underway. Any curtains found to be transparent will be replaced. The review will also ensure that they provide full privacy to the resident. If they do not they will be replaced.
- The position of the TV will be relocated to ensure all residents can view.
- All personal information re a resident will be displayed within their wardrobe.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	24/10/2024
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly	Substantially Compliant	Yellow	24/10/2024

	and returned to that resident.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/01/2025
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	31/01/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	24/10/2024
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	24/10/2024
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	24/10/2024

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	31/01/2025
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	24/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	31/01/2025

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	24/10/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	24/10/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are	Substantially Compliant	Yellow	24/10/2024

	investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/12/2024
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 than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/12/2024
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	Substantially Compliant	Yellow	31/12/2024

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/01/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/01/2025