



**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:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	03 October 2024
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0040220

About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10-minute drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 43 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Thursday 3 October 2024	09:30hrs to 18:30hrs	John Greaney	Lead
Thursday 3 October 2024	09:30hrs to 18:30hrs	Laura Meehan	Support

What residents told us and what inspectors observed

Overall, there was a pleasant atmosphere in Woodlands Nursing Home. Residents appeared to be relaxed and comfortable in their surroundings. Inspectors met and chatted with many of the residents over the course of the inspection to gain insight into their lived experience in the centre. Residents predominantly gave positive feedback about the centre and were complimentary about the care provided and the responsiveness of staff. A number of residents who were living with a diagnosis of dementia or cognitive impairment were unable to express their opinions on the quality of life in the centre, however, they appeared to be content and comfortable. It was evident that staff knew residents well and provided care in accordance with their wishes and preferences.

Inspectors arrived unannounced at the centre at 09:30hrs and were greeted by a staff nurse. There was a management meeting underway and when this was done, the inspectors held an opening meeting with the two directors of the centre and the person in charge. Following this meeting, inspectors walked through the centre in the company of the person in charge and availed of the opportunity to chat with residents and staff.

Woodlands Nursing Home provides long-term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area, close to the village of Dundrum, Co. Tipperary. It is a single-storey facility that was originally a school that has been renovated and extended to reach its current capacity of forty three residents. Bedroom accommodation comprises seventeen single and thirteen twin bedrooms. Eight of the single rooms and one twin room are en-suite with shower, toilet and hand-wash basin. The remaining bedrooms have hand-wash basins in the room and residents in these rooms share access to communal bathrooms.

Communal space within the centre comprises a large sitting room with an adjacent dining room, a second dining room, a visitor's room and a conservatory that also serves as a visitors' room. There is also an activities room, but this is mainly used to store activity related equipment. There is ready access to two secure outdoor spaces for residents that wish to spend time outside when the weather is suitable.

On the walk around of the centre, inspectors noted that the centre was generally bright, clean and in a good state of repair. Some redecoration had taken place since the last inspection including new floor covering in the sitting and dining room. This considerably enhanced the homeliness of the environment. Bedrooms were viewed and many were found to be spacious with a high degree of personalisation. Some residents had personalised the rooms with ornaments and family photographs.

While the premises was generally in a good state of repair, inspectors did note that some areas required attention. There was a hole in the ceiling of one of the bedrooms. This was done in response to an identified leak in the ceiling and was in

the process of being addressed by maintenance. There was a low wall in one of the enclosed courtyards and some of the cement blocks were loose and posed a risk of injury to residents. The provider committed to addressing this as a matter of urgency. There was also some loose wiring that needed to be secured to the wall.

On the morning of the inspection, there was live music entertainment underway. There were in excess of thirty residents in the sitting room at this time and most were seen to be enjoying the entertainment with some residents dancing with staff. There was a programme of activities on display and the schedule for the day included prayers in the morning, then music and Bingo in the afternoon. Activities were facilitated by designated activity staff that were rostered on duty each day from Monday to Saturday. Throughout the day, care provided to residents was observed to be unhurried, and residents and staff chatted comfortably with each other. Staff were observed to encourage residents to be independent in accordance with their ability. Staff who spoke with inspectors were knowledgeable about residents and their care needs.

Residents told inspectors that they felt safe in the centre and all residents that spoke with inspectors stated they would have no problem in discussing a concern with any member of staff. Residents were very happy with the timing of their meals and the quality of food, snacks and drinks on offer. The food provided to residents was nutritious and there were plenty of choices available at each meal, and during the day.

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

Overall, the registered provider and management team demonstrated a commitment to quality improvement in order for residents to have a good quality of life in the centre. The management team acknowledged the findings of the inspection and expressed a commitment to addressing areas where improvements were required. Overall, this inspection found that ten regulations were either not compliant or substantially compliant indicating that better oversight is required of the quality and safety of care delivered to residents.

This was a one-day, unannounced inspection to monitor compliance with regulations. Inspectors also followed up on the compliance plan submitted by the provider following the previous inspection conducted in October 2023.

Tipperary Healthcare Limited is the registered provider of Woodlands Nursing Home. It is a family-owned and operated company, comprising two directors. The company is also the registered provider of one other nursing home, The Cottage, which is located in the town of Clonmel. Both directors are fully engaged in the day-to-day

operation of the centre. One of the directors predominantly provides oversight of clinical care while the other director acts as general manager, with operational oversight of non-clinical aspects of the centre. The person in charge is supported by an assistant director of nursing (ADON) and a team of registered nurses, health care assistants, kitchen staff, housekeeping staff, activities staff, administration and maintenance staff. There was a stable management team, with clear reporting structures and staff were aware of their roles and responsibilities.

There were systems in place to monitor the quality and safety of the service through a schedule of audits and the collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered including all aspects of residents' care and welfare, the environment, and staffing requirements were discussed at weekly management meetings. The person in charge had prepared an annual review of the quality of care delivered to residents in 2023, and this included evidence of feedback and consultation with residents gathered throughout the year. The system of oversight, however, required review as some of the issues identified during this inspection, were not identified by the centre's own quality review processes. This is outlined further under Regulation 23 of this report.

The centre is registered to provide accommodation for 43 residents, and there were 41 residents living in the centre on the day of inspection. Inspectors found that there was an appropriate level of clinical and support staff to meet the needs of the residents present during the inspection. There was a minimum of one nurse on duty over 24 hours. Staffing levels were in line with those outlined in the centre's statement of purpose.

The provider had identified a range of training deemed mandatory to meet the assessed needs of residents currently residing in the centre. Inspectors reviewed the training matrix, which was utilised to monitor the training needs within the centre. This review identified several gaps in the training which the provider had deemed to be mandatory. There was also a need to enhance the process for induction new staff into the organisation. These issues are outlined under Regulation 16.

Regulation 15: Staffing

The registered provider had ensured the number and skill mix of staff allocated to the centre was appropriate to the assessed needs of residents currently availing of the service within the centre. A review was completed of a sample of the actual and planned roster in place, this was overseen by the person in charge. It was evidenced within the roster that a registered nurse was present in the centre at all times. Nursing care was provided by two nurses during day time hours and one at night. Staffing levels were found to be in line with those outlined in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required in relation to staff training to ensure that staff had up-to-date knowledge and skills for their roles. For example:

- 16% of staff had not completed training in the area of safeguarding vulnerable adults from abuse
- 17% of staff had not received training in the area of complex behaviours.

The induction process required review to ensure there was a documented process for new staff to be introduced to their new work environment; were familiar with the centre's policies and procedures; and were assessed as competent for the roles for which they were employed. For example:

- it was identified that five members of staff had not received mandatory training since commencing in their role within the centre. Three of these staff had been employed in the centre since April 2024
- inspectors completed a review of the induction process afforded to new staff members, which included a policy that had been developed to guide management and staff through the process. It was found from a review of documentation that this policy had not been adhered to. Where a date was meant to be allocated for the completion of mandatory training this had not been assigned to an individual. There was also no follow-up on adherence to the induction programme in place to ensure compliance.

Judgment: Not compliant

Regulation 21: Records

A review was completed of documentation for staff members as required under Schedule 2. A sample of four staff files was completed and evidenced that all required information was present. This included:

- Garda Vetting
- Identification and
- Records of current registration as required.

Judgment: Compliant

Regulation 23: Governance and management

Action was required in relation to governance and management and the oversight of quality and safety in the centre. For example:

- there was inadequate oversight of the induction of new staff into the organisation to ensure they had complied with the requirements of the centre's policy on staff recruitment and induction
- issues identified for action on this inspection were not captured through the provider's audit process, particularly in areas such as medication management, staff training and induction, and assessment and care planning.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of three residents' contracts of care were reviewed. All contained details of the services to be provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider has developed a complaints policy to support residents and staff to submit complaints as required. However, on the day of the inspection it was noted the complaints notice on display advising residents and visitors of the procedure to make a complaint did not accurately reflect the requirements of the regulations in terms of the review process. For example:

- the name and contact details of the person appointed as the review officer
- the correct procedure to follow.

Upon review it was found there was also a need to review the complaints policy as there was conflicting information in relation to the identity of the review officer.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the care and support residents received in Woodlands Nursing Home supported them to have a good quality of life. It was evident that staff were committed to support residents to maintain their independence. Action was required in some areas to support residents achieve the best possible outcomes. These included infection prevention and control procedures, care planning, medication management and communication.

Significant action was required in relation to assessment and care planning. A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed for most residents no later than 48 hours after the resident's admission to the centre and these were reviewed regularly. However, it was found that care plans were not developed for all issues identified on assessment resulting in inadequate guidance on the care to be delivered to each resident. For example, the care plan for one resident was developed while that resident had been on respite in the centre. Despite significant changes in that resident's condition in the interim, the care plan was not updated to reflect the resident's current needs. Findings on assessment and care planning are detailed further under Regulation 5.

Residents' health and well-being was promoted and residents had timely access to general practitioner' (GP) services, specialist services and health and social care professionals, such as palliative care, tissue viability, physiotherapy and occupational therapy, as required.

The premises was designed and laid out to meet the needs of the residents living in the centre and there was adequate communal and outdoor space. Bedrooms were personalised and residents had adequate space for their belongings. Arrangements were in place for the preventive maintenance of equipment such as hoists, beds and bedpan washers. Residents were supported to decorate and personalise their bedroom areas as per their wishes. As required, effective measures were in place to promote privacy in shared bedrooms. The previous inspection identified that some areas of the premises required redecorating, particularly the floor covering in the sitting and dining room. On this inspection, it was found that a new floor covering had been put in place and this significantly enhanced the appearance of the environment in this area. The dining room had also been improved, mainly by removing equipment that was inappropriately stored there, and it was now a more inviting place for residents to have their meals. Despite these improvements, there were some areas of the premises that required attention and these are outlined under Regulation 17 of this report.

Overall, the provider had ensured effective fire management systems were in place within the centre. This included regular servicing of fire equipment including fire extinguishers and emergency lighting. Regular checks were completed by the staff team to ensure all fire safety measures were correct and in working order. This included:

- weekly checks of fire doors
- monthly checks of ski sheets and

- quarterly checks of the fire alarm.

The inspector reviewed a sample of fire evacuation drill records. These were completed through compartmentalised systems. These records were found to be comprehensive and clearly evidenced the scenario set out in the drill. They also evidenced any learning that was required following the drill. Each resident did have a personal emergency evacuation plan which set out the supports required to ensure a safe evacuation in the event of an emergency. These required review to ensure the residents correct bedroom number was present. Action required in relation to fire safety is outlined further under Regulation 28 of this report.

Residents were provided with a variety of recreational opportunities. The programme of activities was led by designated activity staff. On the day of the inspection, residents were observed engaging in activities within the communal day room. Live music was provided in the morning with residents dancing and singing. A game of bingo was held in the afternoon. Resident rights were found to be supported and upheld in the centre. No resident at the time of the inspection had required access to an independent advocate. There were posters visible with contact details should the need arise. Residents were provided with access to telephone facilities, which they could use in private if they should so choose. Newspapers were observed for resident use throughout the centre. Residents opinions were sought through residents' meetings. These were an opportunity to discuss the operation of the centre and to speak about any concerns. However, records of residents' meeting did not have associated action plans to identify who was responsible for addressing any issues raised or to confirm that these issues had been addressed.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were knowledgeable of what constituted abuse and what to do if they suspected abuse. All interactions by staff with residents were observed to be respectful throughout the inspection.

Residents within the centre presented with varying means of communication. A number of individuals were observed by the inspector to communicate through non-verbal means, such as gestures and facial expressions. Staff were observed to interact with residents in a respectful manner through their respective communication means. Staff were observed during the inspection to encourage residents to communicate their preferences in areas such as mealtimes and activities. Within each care plan, residents had a communication plan. Improvements, however, were required in the communication plan and this is discussed further under Regulation 10 of this report.

The provider had a designated area in the centre for the safe storage of medication and medicinal products. All products were sourced from a local pharmacy with measures in place for the delivery of long-term and as-required (PRN) medications. The person in charge informed the inspector that as part of the admission process, all residents were afforded the choice to self-administer their prescribed medication. At the time of the inspection, no residents were self administering their medications. Within the centre, a number of residents were prescribed controlled medications. Overall, the provider had ensured safe practices were present concerning the

administration and monitoring of these medications. This included the counting of medications twice daily and the checking of medication by two staff nurses prior to administration. Despite these good practices, deficits were identified in medication management systems and these are outlined in detail under Regulation 29 of this report.

Regulation 10: Communication difficulties

From a review of a sample of care plans, it was noted that specialist communication supports had not been fully documented. The communication needs of residents had not been assessed to ensure the required supports, such as visual aids and assistive technology were in place. Residents did not consistently have access to communication means to promote their participation in the decision-making process.

Judgment: Substantially compliant

Regulation 11: Visits

The provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors. There was a high level of visitor activity throughout the day of the inspection and visitors spoken with were complimentary of the care received by their relative.

Judgment: Compliant

Regulation 17: Premises

Action was required by the provider in order to conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013. For example:

- there was a low wall in an internal courtyard and some of the cement blocks were loose, posing a risk of injury to residents
- there was a hole in the ceiling in one of the bedrooms
- there were some loose cables that required to be secured in place
- a general storage room was untidy and was being used to inappropriately store cleaning equipment

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the centre presented as clean with a dedicated cleaning staff team in the centre to maintain standards. From what was observed on the day of the inspection however, the centre's infection prevention and control processes required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- not all staff adhered to standard and contact precautions for a resident with a known multi-drug resistant organism (MDRO)
- personal protective equipment (PPE) was inappropriately stored on the floor outside the bedroom of a resident on isolation precautions

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action required in relation to fire safety management systems included:

- while each resident had a personal emergency evacuation plan in place, not all accurately reflected the room currently occupied by the resident
- up to-date fire awareness training had not been completed by 34% of staff
- inspectors observed that a door to a bedroom and a door to an ancillary room were held open in a manner that would prevent them from closing in the event of a fire to inhibit the spread of fire and smoke.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While the provider had developed a medicines management policy to implement and manage the safe and appropriate prescribing, supplying dispensing and administration of medication within the centre, this did not correspond to best practice or reflect current practices within the centre. For example:

- where medicinal products were transcribed from a prescription onto medication administration records sheets (MARS) by registered nurses, this practice was not guided by policy or procedure.

- checks of MARS had not been completed as communicated to inspectors. In a sample of 20 MARS reviewed, six had not been checked as required by the provider
- out-of-date medication was observed in a drug press
- there was also no system to monitor the stock of PRN (as required) medications including the best before date.
- medication which was prescribed for a resident at 1pm had not been administered when reviewed by the inspector at 3.15pm. The MARS did not identify if the medication had been withheld or refused
- for one resident a controlled medication was prescribed as a PRN analgesic. Should this be required to be administered at night when there was only one staff nurse present, there was no guidance on the process for checking the medication prior to administration.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The registered provider had ensured each resident in the centre had an individualised care plan. A sample of these plans was reviewed by both inspectors. While each resident had an initial comprehensive assessment as part of the admission process, action was required to ensure that all residents were appropriately assessed and had care plans in place that reflected their current care needs. For example:

- care plans were not developed for all issues identified on assessment. For example, a resident with a known MDRO did not have a care plan in place to guide the care of the resident to ensure it complied with evidence-based practice. Additionally, a resident who had a diagnosis of epilepsy did not have a corresponding care plan to provide guidance for staff on supports required or to monitor any change in presentation
- where residents had a diagnosis of dementia, there were no plan in place to monitor the progression of the condition or to provide staff with guidance on the appropriate medical and health care to be provided in accordance with best practice.
- a care plan had not been developed for a resident within 48 hours of admission as required by the regulations. The care plan for this resident reflected the resident's care needs on a previous short-term admission and did not reflect the resident's current care needs
- the care plan for a resident with a wound did not reflect the dressing protocol that was currently in place for the resident
- a tissue viability nurse (TVN) had advised that a resident should be referred for further review following two weeks of treatment, however, this had not been done

- the elimination care plan for a resident who had significant skin excoriation did not reflect the toileting needs of the resident. The absence of a toileting regimen could lead to further deterioration in the resident's skin integrity.

Judgment: Not compliant

Regulation 6: Health care

Overall, staff in the centre demonstrated an awareness and knowledge of the health care needs of residents. Each resident within the centre had access to medical practitioner and residents were facilitated to attend healthcare appointments as appropriate. On the day of the inspection, a resident was observed to be supported to obtain medical intervention in the form of a mobile X-ray. Residents were supported to access additional professional expertise such as occupational therapy and physiotherapy as required.

Judgment: Compliant

Regulation 9: Residents' rights

While residents were able to attend residents meetings to discuss the service they received, in instances where residents raised issues at the meetings, an action plan was not developed to ensure any actions were completed to the satisfaction of residents.

It was noted that there were some improvements required to ensure activities offered were in accordance with all individuals' capacities.

- For one resident, it was stated in their care plan that they did not enjoy loud places, however, they were observed in the day room during the music session. Also, when this resident went to bed for periods during the day no activity was provided for them during this time. The resident presented as younger than other residents with no alternative age-appropriate activities on offer.
- Another resident attended an external group on two occasions a week. They told the inspectors they enjoyed this activity. Upon review of this resident's care plan it was noted they would like to determine if there were other activities which they could enjoy outside of the centre. This had yet to be facilitated.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodlands Nursing Home OSV-0000304

Inspection ID: MON-0040220

Date of inspection: 03/10/2024

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have now completed training in Safeguarding of vulnerable adults and Complex behaviours.</p> <p>We have reviewed our induction policy and process, and have added documentation to the process of introducing new staff to the work environment.</p> <p>We will ensure a target date for completion of training is adhered to, where possible before employment commences.</p> <p>We have introduced a follow up meeting 1 month after employment commences to ensure adherence to the process.</p>	
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>As stated above, we have fortified our induction process to ensure it complies with our policy</p> <p>We have begun a series of oversight audits which will allow us to have a closer look at our procedures and identify gaps.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We have reviewed our complaints notice to ensure it complies with regulations</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties: We have reviewed our care plans to include all communication methods specific to each resident's needs. We have introduced cue cards to assist residents in communication. Multi-disciplinary team contacted for further communication assessment to try enhance resident's daily living. This will allow for the appropriate disability services to be involved.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We have repaired the low wall in the courtyard We have repaired the hole in the ceiling Loose cables have been secured We have rearranged and tidied storage room and removed any inappropriate items and informed all staff the importance of keeping it tidy</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

<p>We have spoken to all staff regarding the importance of infection control. 2 staff members are in the process of IPC. (One complete one in January) link practitioner training and will further train all staff in handwashing and general infection control measures. We have begun a randomised check of staff compliance with IPC</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have reviewed all PEEPS to ensure they reflect evacuation plan. All staff have completed Fire awareness training Reminders to all staff that doors cannot be held open</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: We have spoken to staff nurses and ensured that all Kardex are checked and signed by 2 nurses. We have commenced a new stock check to be completed monthly to ensure stock is rotated and out of date medication is removed We have spoken to all staff nurses regarding the importance of correct recording of medication withheld or refused on the MAR sheet. As it states in our policy, when a second Staff Nurse is unavailable, a HCA will check the medication and sign the record</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We have implemented a care plan for MDRO and reviewed all our care plans to ensure that all conditions are covered by an appropriate care plan.</p>	

We have commenced a dementia specific care plan to guide staff in caring for the resident and to monitor the progression of the disease.

We have spoken to our Staff nurses regarding the importance of implementing care plans within 48hrs and ensuring that all care plans are suitable and support 3each resident

We have spoken to all Staff nurses to ensure that wound care plans reflect practice. Also the importance of liasing with allied health care practitioners regarding resident care and following up on suggestions.

We have reviewed all care plans to ensure that they accurately reflect practice

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 We have reviewed all activity care plans to ensure they are appropriate to each resident. For the resident concerned we have purchased sensory equipment to try and enhance their daily life. Multi-disciplinary team contacted for further assessments to enhance resident's daily living. This will lead to better engagement for disability services to be involved in resident's care.

The resident who attends an external group, has many other outings. They are going to a play this week, shopping next week and away to a hotel in January for 5 nights. We shall continue to support all residents to access all activities that will enhance their daily lives.

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	01/11/2024
Regulation 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	01/11/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff	Not Compliant	Orange	30/11/2024

	have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2024
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	01/11/2024
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	30/11/2024
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	31/01/2025
Regulation 28(1)(d)	The registered provider shall make	Substantially Compliant	Yellow	01/11/2024

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/11/2024
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	01/11/2024
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been	Substantially Compliant	Yellow	01/11/2024

	dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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	30/11/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the	Substantially Compliant	Yellow	30/11/2024

	request of a complainant, the decision referred to at paragraph (c).			
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.	Not Compliant	Orange	01/11/2024
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 it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/11/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/11/2024
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	01/11/2024

	practical, ensure that a resident may communicate freely and in particular have access to voluntary groups, community resources and events.			
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