



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

## Issued by the Chief Inspector

Name of designated centre:	Nazareth House Nursing Home Sligo
Name of provider:	Nazareth House Management
Address of centre:	Church Hill, Sligo Town, Sligo
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0000369
Fieldwork ID:	MON-0037852

## About the designated centre

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

Nazareth House Nursing Home, Sligo is a modern, purpose built centre that opened in 2007. It replaced an older nursing home building on the site that had been operational since 1910. Residential care is provided for 70 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre is located in Sligo town and is a short walk from bus services and the train station. The building is divided into two residential units- Holy Family and Larmenier. Both units are organised over two floors and accommodate 35 residents. Each unit provides an accessible and suitable environment for residents. Bedroom accommodation consists of 30 single and 20 double rooms all of which have ensuite facilities that include toilets, showers and wash hand-basins. There are additional accessible toilets located at intervals around the units and close to communal rooms. Sitting/dining areas are located on each floor. A range of other communal areas are accessible to the units and include an oratory, a coffee dock, gallery area, library, gardens and a shop that provide additional spaces for residents' use.

In the statement of purpose the provider describes the service as aiming to provide a high standard of compassionate, dignified person centred care in accordance with evidence based best practice. The staff seek to develop, maintain and maximise the full potential of each resident.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	64
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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
Wednesday 15 March 2023	09:15hrs to 17:50hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Residents informed the inspector that they liked living in the designated centre and that they were content with the support received from the staff team. Residents were content in the company of staff and it was clear that the staff knew the residents very well. While residents expressed their satisfaction with the care provided the inspector found that a number of improvements were required in order to ensure that;

- Resident social care needs are met on a consistent basis.
- There are sufficient storage facilities available in the designated centre.
- Current systems for monitoring service provision are effective.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene and face covering. Prior to the inspection the provider notified the Chief Inspector of one positive case of COVID-19 located on one of the four units in the designated centre. On the day of the inspection the provider informed the inspector that this resident had recovered and was no longer in isolation and that there were no other suspected or positive cases in the designated centre.

Following an introductory meeting with the person in charge and the assistant director of nursing, the person in charge accompanied the inspector for a walk around the centre. The inspector observed that the centre was clean and free from mal odours. Communal areas were tastefully decorated, while corridors were adorned with paintings created by residents. There is a hairdressing facility which is available for residents three days a week. A cafe style coffee dock had recently been re-opened and was well attended by residents and their relatives on the day of the inspection. This facility was open to residents and their relatives and friends as an alternative meeting place outside of the residents individual room or residential unit. There was a dedicated visitors room available on the ground floor should residents wish to meet their relatives in a quiet space.

A shop was located on the ground floor which was operated by volunteers and contained various items of confectionery and stationary, this facility was open from 11.30am until 2.30pm three days a week. The activity room was also located on the ground floor and was furnished with items from times past, such as transistor radios, a range for cooking, a spinning wheel, and an old fire place. Staff confirmed that residents liked this room and that it was a trigger for residents to discuss items familiar to them in their younger days, however the inspector did not see this facility being used by residents on the day of the inspection. The centre comprises of two houses called Holy Family and Larmenier with each providing accommodation to 35 residents on units located on the ground and on the first floor level. Accommodation

is provided in a mixture of 30 en-suite single bedrooms and 20 twin bed en-suite bedrooms with each unit identical to each other in terms of layout. Communal day spaces consisted of a home style layout with a living area complemented by an adjoining dining space. All of the home style living areas were found to be well laid out with sufficient seating and tables available for the residents to use. These areas were well used by residents throughout the day.

Resident rooms were tastefully decorated with personal items and memento's. Rooms were spacious and comfortable with sufficient storage space available for residents to store their personal belongings. Rooms were also observed to contain TV's, chair, and included a lockable storage unit. One en-suite facility did not have a call bell in place although the adjoining bedroom was unoccupied on the day of the inspection and the person in charge confirmed that arrangements were in place to repair the call bell. However a number of hoists were being stored inappropriately in the communal areas which impacted on communal space that was available for residents to mobilise safely in these areas..

Residents who spoke with the inspector said that they felt safe in the centre and that if they had a concern that they could talk to any member of the staff team. The inspector found that staff were compliant with their safeguarding training and those spoken with were confident that this training along with the designated centre's safeguarding policy and procedure would assist them in maintaining residents safety and in identifying any concerns that needed further investigation. Residents were observed to move about freely within their own unit and could access other areas of the centre should they wish. The provider had identified a dementia friendly area within one of it's units which supported residents who walked with purpose and facilitated their unrestricted access to a safe and secure garden area.

Residents were observed sitting down to their lunch time meal. On the whole residents said that they liked the food provided. Residents also said that if they did not like what was on the menu they would be provided with an alternative meal. Food appeared to be well prepared and nicely presented. The choice on the day of the inspection was a meat or a fish dish which residents said they enjoyed. The inspector observed the lunch meal service on one unit and found that residents who required support with their eating and drinking were provided with timely support in an unhurried manner. However, observations on another unit found little interaction between staff and residents with support provided more on a task orientated level as opposed to a more person centred approach.

While there are numerous facilities available in this designated centre for residents to use in order to pursue their recreational and occupational interests, support for residents to follow these interests was found to be limited. Although there was evidence that activities were planned for each of the four units the inspector found that there was no planned schedule of weekly activities prepared in advance or displayed on these units or on resident notice boards to inform residents of what activities would be available for them each day. Furthermore the care planning documentation to identify and support residents engagement at both group and individual level required improvement to ensure residents social care needs are

consistently met.

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 impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a well-established management structure in place which clearly defined the roles of staff working in this centre. Overall this was a well run designated centre which demonstrated the provider's capacity and capability to comply with the regulations as defined in the Health Act 2007. While there was a commitment on behalf of the management team to create positive health and social care outcomes for the residents, there were some aspects of governance and management, staffing, record management and quarterly notifications submissions that required improvements.

This risk-based inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended). The inspector also reviewed the actions from the compliance plans of the last inspection in March 2022 and found that some commitments made in that compliance plan had not been fully implemented by the provider.

Nazareth House Management is the registered provider for Nazareth House Nursing Home which was developed by the Sisters of Nazareth, in 2007. The registered provider is involved in the management of several other designated centres in Ireland and maintains regular contact with this centre. The registered provider also maintains centralised departments such as human resources, information technology, staff training and finance all of which this designated centre has access to.

There was a well-established nursing team in the centre, with the person in charge supported in their role by an assistant director of nursing, a clinical nurse manager and a team of nurses. The team also included health care assistants, activity staff, maintenance and a part-time physiotherapist. A number of key services provided by the designated centre had been outsourced such as house keeping, catering and laundry support. The registered provider maintained service level agreements with the provider of these services to ensure that the service met the agreed standards.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided which included a range of clinical and non clinical audits. It was evident that the provider was keen to improve the quality of services provided to residents and to learn from information collected from these processes. However, some of the current systems in place were not effective in identifying where improvements were needed and the actions required to bring about the

required improvement, this is addressed in more detail under Regulation 23, Governance and Management. Furthermore following the previous inspection in March 2022 the provider had not taken all of the actions required to ensure that all residents had access to meaningful activities in line with their preferences and capacity to participate.

There were few restrictive practices observed during the inspection. There were no bed rails in use in the centre at the time of the inspection. Some restrictive practices however were found not to have been reported to the office of the chief inspector such as sensor alarms through the quarterly notification process.

There was a recruitment campaign underway to recruit four staff nurses, with their vacant positions currently back filled with regular agency cover. Of the three health care assistant vacancies in the centre two had already been recruited and were awaiting start dates. There was no additional resources identified for the provision of social care support at the time of this inspection. There was an out of hours management roster in place during the week while there was regular onsite management cover during the weekend. There were improvements found under Regulation 16, training and development where all staff were found up to date with their mandatory training requirements for fire safety, moving and handling and safeguarding.

### Regulation 15: Staffing

The inspector was not assured that the number and skill mix of staff available on the day of the inspection was able to meet the assessed social care needs of 70 residents given the layout of the centre. The current allocation of staffing resources to provide and co-ordinate meaningful activities and social engagement for all residents on the day was not sufficient. The inspector observed that even with support of care staff on the units there were not sufficient staff available to ensure that the activities provided met the social care needs and preferences of all of the residents especially those with complex needs.

Judgment: Not compliant

### Regulation 16: Training and staff development

The inspector reviewed training records and found that there were good levels of oversight to ensure that staff attended training required for their individual roles. The inspector found that all staff had attended mandatory training and those staff spoken with in the course of the inspection were confident in their abilities to fulfill their roles as a result of knowledge acquired at training.



Judgment: Compliant

### Regulation 21: Records

While there were a number of records made available and reviewed in the course of the inspection, some cleaning records were unavailable on the day of the inspection. However records received by the inspector from the provider post inspection, to confirm that rooms had a deep clean when they became vacant, did not assure the inspector that records were being adequately maintained. The cleaning record submitted post inspection referred to a room deep clean which occurred in April 2022.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place which identified lines of accountability and authority. Staff spoken with in the course of the inspection were confident that they could perform their designated role and that they were aware of their responsibilities. There were systems in place to underpin and monitor the quality of services provided such as a regular review of clinical indicators such as falls, wounds, nutrition and hydration and medication respite and infection prevention and control. The provider was keen to learn from information gathered during these monitoring events however current systems had not identified

- Risks associated with poor storage practices in high risk areas such as sluice facilities increased the risk of cross infection.
- That current storage facilities within the designated centre were not sufficient and posed a risk to residents.
- While there were good levels of oversight, risks assessments were not routinely reviewed as an agenda item during the centre's weekly meetings.

The provider had prepared an annual plan of quality and safety for 2022 which incorporated the views of residents and family members and the provider confirmed satisfaction questionnaires were in progress for 2023.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The quarterly notification of incidents with regard to the use of restraints in the

designated centre had not been submitted to the office of the Chief Inspector in line with regulatory requirements. This was evidenced where sensor alarms had been introduced to mitigate risk in the care of residents however their use was omitted on the quarterly returns.

Judgment: Substantially compliant

## Quality and safety

Overall residents were provided with a range of organised health care supports combined with timely access to medical services which ensured positive health care outcomes. While there were opportunities for residents to engage in social care activities, this was not consistent and meant that residents assessed social care needs may not always be met and resulted in poor social care outcomes for residents. In addition, there were a number of actions required on behalf of the provider to ensure compliance with the following Regulations, Care Planning, Premises, Infection Prevention and Control, and Residents rights.

Resident health care needs were met in this centre, there was access to a choice of general practitioners and there was regular support from allied health care services. Psychiatric services were in attendance in the designated centre providing assessment and guidance for residents mental health needs on the day of the inspection. A review of residents nutrition and hydration care plans found that they were based on an appropriate nursing assessment. In circumstances where a dietitian or other therapists made recommendations, such as the introduction of a nutritional supplement or changes to the consistency of a resident's food, the relevant care plans were found to be updated with these recommendations.

Care plans for residents social care needs however, were not well organised. Activity care plans did not provide enough information for them to be reviewed as to their relevance for the individual resident. Some activity care plans were limited in their identification of residents social care interests and there was an over reliance on residents spiritual needs as their main activity or often a focus on residents watching TV as a key activity. Records identifying residents participation at activities was inconsistent. In some cases there were no daily care notes made for resident's activities for at least three days.

During the walk around the inspector found resident transfer equipment such as hoists to be stored in communal areas. Some of these hoists were stored near to resident bedroom doors and had the potential to impact on residents entry and exit of their room. In addition, the storage of transfer equipment in their current location had the potential to impede on the safe evacuation of residents in the event of a fire emergency. The majority of hoists were also found to contain resident slings which were required to be stored in residents individual rooms to avoid the risk of cross contamination.

The inspector was not assured that the current storage practices in the sluicing facilities met the required infection prevention and control standards. A number of items were stored in these facilities which could impact on cross contamination such as clothing which was regularly used by staff when taking out the waste for removal. In addition access to a sink located in another sluice facility was hampered due to the volume of commodes stores in this facility.

While there were records available to confirm daily cleaning practices were in place, the current system to confirm that communal mobility equipment had been cleaned in between resident use was not sufficiently robust. There were no records available to confirm that wheelchairs stored in the equipment room had been cleaned in between resident use. In addition records to confirm that rooms were deep cleaned post infection outbreak or departure of resident were not available on the day of the inspection. A record submitted to the inspector post inspection was dated April 2022 and did not provide the required assurance that rooms were in receipt of a deep clean when they became vacant. There was no other recent record submitted to the inspector.

Resident's were supported to access advocacy services as and when needed. On the day of the inspection advocacy services were on site supporting a resident. Although there was limited recreational support found on the day of the inspection, residents were supported and encourage to exercise choice in other aspects of their care. Residents were observed exercising choice in how they would like personal care support, the clothes they wanted to wear. Visiting was well supported in this centre with residents observed to receive visitors throughout the day. Residents who required support with responsive behaviours were provided with appropriate levels of intervention that respected their autonomy and individuality.

### Regulation 11: Visits

Visitors were seen coming and going throughout the day. There were no restriction on families visiting their relatives. There were numerous locations available for relatives either to visit the loved ones in private or in communal areas.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to a lockable facility within their room environment to store personal items securely. There were sufficient storage facilities including wardrobes and presses available in resident rooms to allow easy access to personal belongings. There were systems in place to promote effective laundry management which included a regular collection and return programme.

Judgment: Compliant

### Regulation 17: Premises

While the premises was suitable for the number and needs of the residents living in the centre, there were limitations on storage space which had the potential to impact on resident safety and on the risk of cross contamination in the designated centre. This was evidenced by,

- The storage of hoists in communal spaces near to resident rooms.
- Gaps in safe storage practices as described under Regulation 27.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Staff were knowledgeable around residents dietary requirements. This included any diet modifications or special requirements made by allied health care professionals. Meals observed on inspection that were served to residents were found to be appetising and nutritious, there was choice available for residents on the day of the inspection. There was also access to hydration facilities found on all units in the centre. There was effective clinical oversight of residents nutrition and hydration requirements found in the records reviewed.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy met the requirements of the regulations and addressed specific areas of the Regulation such as unexplained absence of a resident, self-harm, aggression and violence, accidental injury to residents, staff or visitors and the prevention of abuse. At the time of this inspection the provider was currently reviewing their safety statement as part of their policy review.

Judgment: Compliant

### Regulation 27: Infection control

There were gaps in safe storage practices in the centre which had the potential to lead to cross contamination. This was evidenced by,

- Hoist slings were seen to be stored over hoists located in communal areas of the centre.
- The system for ensuring communal equipment was cleaned in between resident use required improvement.
- There were a number of items inappropriately stored in a number of sluice rooms which included, clothing, ruck sacks and catheter stands.
- There were no sinks located in the cleaners store which meant the cleaners had to use the sluice facilities to dispose of dirty cleaning liquids, the dual use of the sluice area increased the risk of cross contamination.
- Cupboards used to store incontinence wear were unsecured and increased the potential for cross contamination.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector acknowledged that the internal care management system was undergoing an upgrade which meant that not all information was available on the current electronic system. This meant that some areas of resident care was still being updated manually. A review of care plans on the day of the inspection indicated that,

- Social care plans for residents needed to be developed as they did not contain sufficient information in terms of residents interests and on how they would like to spend their time.
- A personal care care plan did not reference how residents chiropody care needs were being met.
- There were gaps found in the recording of daily care records and in some cases the recording of these records did not reflect the individual care interventions that were identified in the residents care plan.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents living in this centre were provided with appropriate health care support which included access to general practitioners and psychiatric services. There were arrangements also in place to access allied health care services such as dietitians, speech and language therapists and tissue viability nursing support for the

management of wound care. There was access to in house physiotherapy services three days per week.

Judgment: Compliant

### Regulation 9: Residents' rights

There was insufficient opportunities for residents to participate in activities in accordance with their interests and capacities. Residents were observed across the four units of the centre watching television for long periods of the day without any other organised activity available for them to engage in. A number of residents preferred to remain in their room however the inspector did not observe any in room activities being provided for these residents.

Care records indicated that there was an over reliance on activities such as a residents attending a mass service, or watching TV. While there was an activity schedule displayed on individual units on a daily basis, there was no weekly programme of activities displayed on each unit and this meant that residents could not plan in advance what activities they preferred to attend. A satisfaction questionnaire was however being developed for 2023 to capture resident and family views on the quality of the service provided.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 Nazareth House Nursing Home Sligo OSV-0000369

Inspection ID: MON-0037852

Date of inspection: 15/03/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Registered Provider will come into compliance with Regulation 15: Staffing by;</p> <ul style="list-style-type: none"> <li>• Ensuring the designated centers staffing compliment is kept under review to ensure the delivery of safe and effective care adhering to all applicable legislation and standards; and</li> <li>• Increasing the current allocation of staffing resources to provide and co-ordinate meaningful activities and social engagement for all residents;</li> <li>• Increasing the number of volunteers who specialize in the delivery of arts and crafts that are available to the designated centre to enhance the existing activity and entertainment programme.</li> <li>• Incorporating the role of Physiotherapist who is employed in the designated centre to participate in the activity programme for the delivery of activities that promote the health and wellbeing of the residents;</li> <li>• The designated centre has appointed 3 volunteers since the inspection was completed to complement the staffing structure in the delivery of meaningful activities for the residents.</li> </ul>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            The Registered Provider will come into compliance with Regulation 21: Records by;            Ensuring all requested records are made available for inspection on the day of inspection; and            Reviewing records developed to ensure that they provide sufficient detail, clarity and are comprehensive to meet the purpose of the record.</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>The Registered Provider will come into compliance with Regulation 23: Governance and Management by;</p> <ul style="list-style-type: none"> <li>• Evaluate the systems in place that underpin and monitor the quality of services provided which include the regular review of clinical indicators such as falls, wounds, nutrition and hydration and medication respite and infection prevention and control to ensure that they are effective and drive continuous improvement; and</li> <li>• Continue to ensure that the findings of risk assessments provide an integral part of the governance and management strategy within the designated centre.</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Registered Provider will come into full compliance with Regulation 31: Notifications of Incidents by;</p> <ul style="list-style-type: none"> <li>• Ensuring the quarterly notification of incidents with regard to the use of restraints in the designated centre is submitted to the office of the Chief Inspector in line with regulatory requirements; and</li> <li>• Cascading the learning from this Inspection to all staff members who may be involved in the collection of data for the development of submissions to the office of the Chief Inspector.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will come into compliance with Regulation 17: Premises by;</p> <ul style="list-style-type: none"> <li>• Conducting a review of the designated centre to ensure that storage spaces are adequate and meet best practice; and</li> <li>• Following this review an action plan will be developed to address any areas of</li> </ul>	

improvement required.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Registered Provider will come into compliance with Regulation 27: Infection Control by;

- Conducting a review of all storage spaces to ensure they meet best practice and related IPC guidance and implementing corrective measures when identified;
- Ensuring that there are safe storage practices in the centre that prevent cross contamination; and
- Cascading the learning from this inspection to all staff so that they are informed of the improvements necessary to promote effective IPC controls.

In relation to the Inspectors findings the following actions have taken place:

- Hoist slings will not be stored over hoists located in communal areas of the centre. Hoist slings will be stored in a new location designated for this purpose,
- Procedures for ensuring communal equipment is cleaned between resident use has been introduced and will be monitored to ensure they are effective with staff informed of their responsibilities;
- All items inappropriately stored in a number of sluice rooms have been removed;
- The cleaners stores will be upgraded with the installation of disposal sinks
- Cupboards used to store incontinence wear will be secured to remove the potential for cross contamination.

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 Registered Provider will come into compliance with Regulation 5: Individual assessment by;

- Conducting a review of all care plans and assessments in place to ensure they are person centred and direct the implementation of the correct interventions and support required for the resident in agreement and consultation with the resident;
- Continue to audit all care plans to identify any gaps in required information that directs the delivery of safe and effective care;

- Maintain a robust supervision process for staff members who are involved in the development of care plans and assessments; and
- The provision of additional education and training to any staff member when this is identified as being necessary.

The findings of this inspection will also be shared and discussed with all staff members involved in the developing and maintaining care plans and assessments of residents.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The Registered Provider will come into compliance with Regulation 9: Residents Rights by;</p> <ul style="list-style-type: none"> <li>• Conducting a review of all activities available to residents considering the lifestyle choices and preferences of the resident;</li> <li>• Adjusting the activity programme to ensure that it meets the expressed needs/preferences of the individual residents;</li> <li>• Offering activities through the provision of activities that promote the health and wellbeing of our residents such as strength and balance games; and</li> <li>• Expand the range of impromptu activities such as music, pet therapy, art and bowling that have been introduced into the activity programme.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/05/2023
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	30/05/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	18/05/2023

	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	30/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/05/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	18/05/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	30/05/2023

	paragraph (2), for a resident no later 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	30/05/2023