



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

Issued by the Chief Inspector

Name of designated centre:	Pilgrims Rest Nursing Home
Name of provider:	Pilgrims Rest Nursing Home Limited
Address of centre:	Barley Hill, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	11 July 2024
Centre ID:	OSV-0000376
Fieldwork ID:	MON-0042735

About the designated centre

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

Pilgrims Rest Nursing Home is a purpose built single storey bungalow style building which is registered to accommodate 33 residents. It is situated in a rural location 2 miles outside the town of Westport on the Newport Road. The centre provides care to residents who require long term care and residents who require respite care, convalescence care or who have palliative care needs. Accommodation for residents is provided in 19 single bedrooms, 16 of which have ensuite toilet and wash hand-basin facilities and seven double bedrooms, four of which have ensuite toilet and wash hand-basin facilities. The communal space consists of a dining room, three sitting rooms, a smoking room and a visitors' room. There are five showers/bathrooms that include toilets and a further four communal toilets located throughout the building. There is also a private enclosed garden area for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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 11 July 2024	09:00hrs to 18:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who expressed a view told the inspector that they felt "safe living here". While the majority of residents living in the centre were happy with the service and care provided, this inspection found that a review of restrictive practices in place was required to ensure that residents rights were promoted and upheld.

This was an unannounced inspection and on arrival to the centre, the inspector met with the person in charge. Upon arrival the inspector was guided through the centre's visiting and infection prevention and control procedures. Although there was no known outbreak in the centre, the person in charge requested staff and visitors to wear face coverings as a precautionary measure due to an increase of Covid 19 infection in the community.

Following the introductory meeting with the person in charge, the inspector did a walk around of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining and communal rooms.

The inspector observed that residents did not have long to wait when they needed staff assistance. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Observations confirmed that staff were aware of residents care and support needs and all staff and resident interactions were found to be positive and respectful.

Residents could tell the inspector who the person in charge was and the inspector observed residents interacting freely and comfortably with them and the provider during the day.

An activities schedule was on display for residents at reception, which was varied and interesting. The centre had a resident dog called Teddy who mingled freely with residents and staff throughout the day and was cared for and fed by a resident. The inspector observed residents enjoying the company of the dog during the day and it added to a homely environment in the centre.

Overall, the general environment including residents' bedrooms, and communal areas and toilets were clean, warm and odour free. Alcohol hand gel dispensers were available for use and staff were seen to use good hand hygiene techniques.

The inspector visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose.

The designated centre provides accommodation for 33 residents in single and twin bedrooms some of which have en-suite facilities. At the time of this inspection there were 33 residents living in the designated centre. The centre was nicely furnished, well lit, and welcoming. There were a number of tastefully decorated communal spaces which were observed to be well used by residents throughout the day. The inspector observed that there was regular supervision of these areas by staff to maintain resident safety.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Most residents' bedrooms with the exception of twin bedroom number four, had sufficient personal storage space available for residents to store their belongings. The provider had plans to reconfigure bedroom four to address this issue and made these plans available to the inspector on the day. In addition the inspector observed that call bells had been removed from nine of residents bedrooms which left these residents without the ability to call for staff.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were supported by staff. It was evident that staff were aware of each resident's individual needs and had received appropriate training to support residents who became agitated or anxious.

Observations of a meal service confirmed that residents were provided with timely and patient support to enjoy their meals. The dining facility was well laid out but space was limited during the first sitting at 12:30 as there were many comfort chairs in use by residents at this time. Residents were served their meal in an unhurried manner and did not have to wait in between the serving of the main meal and dessert. Meal options on the day of inspection included beef or chicken.

The next two sections of the report will 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

This is a well-managed designated centre, with a management and staff team who are focused on providing a quality service to residents and on improving their well being while living in the centre. There were management structures and resources in place that ensured appropriate care was being provided to residents.

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector also followed up on the providers compliance plan submitted following the last inspection in October 2023. Significant improvements were found in relation to the premises with the exception of one twin room which was in the process of being reconfigured.

Pilgrim's Rest Nursing Home is operated by Pilgrim's Rest Nursing Home Limited. There was a clearly defined management structure in place. There are two directors one of whom has an active day to day role in the operation of the centre. The person in charge works full time in the centre and is supported by the director. The person in charge was also supported in their role by a senior staff nurse who deputises for the person in charge when they are absent from the centre. A team of nurses and carers, an activity coordinator, auxiliary staff and a maintenance person . There is also an administrator to support the management team.

Staff working in the centre told the inspector that the management team were approachable and were present and available in the designated centre. This was validated by the inspector who observed members of the management team regularly in the communal and corridor areas of the centre talking with staff and residents on the day of inspection. Residents and families were familiar with the person in charge and the director and said that they were available and approachable if they wanted to speak with them.

Staff were clear about their roles and the standards that were expected of them in their work. Staff said they were well supported and that they had good access to training and updates. Staff demonstrated appropriate knowledge and skills in their day to day work. A review of training records found that all staff were up to date with the completion of their mandatory training. There were established recruitment processes in place and all staff had Garda vetting in place before they started working in the centre.

The provider had ensured there were adequate staffing resources in place to meet the residents' clinical and social care needs. This was in line with the providers statement of purpose and appropriate to the size and layout of the designated centre. The inspector reviewed minutes of staff meetings and found that staff were appropriately supervised and informed in their roles. Staff meetings included discussions on a range of topics including clinical care, training and safety.

Some improvement was required to ensure archived records were securely stored to preserve and maintain confidentiality of residents medical and nursing information.

Management used a number of systems to monitor the quality and safety of the service, such as clinical and operational audits. Audits completed included nutrition, medication management, staffing, dependency levels, staff moving and handling practice, residents personal care audits and infection control. The person in charge had been proactive and was in the process of developing and implementing key performance indicator tools to monitor and assess performance in key areas. However, the inspector found that the management team had failed to review

restrictive practices in place in the centre and as a result there was no clear plan in place to ensure restraints were being managed in line with the national policy on restraints. This impacted on the rights of residents in the centre and is discussed further under Regulation 9 : Residents' Rights.

Governance and management meetings were held to discuss recruitment, staffing levels, risk management, complaints, the facilities and areas of the service requiring improvement. Overall there was good oversight of the service being delivered to residents in the centre, that ensured care provided was effective and that residents were supported to live a good quality of life.

A comprehensive annual review of the service had been completed for 2023 and was made available to the inspector.

The inspector reviewed a number of resident contracts for the provision of services and found that all residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. The contracts reviewed were in line with the regulations.

The person in charge was found to communicate effectively with the office of the Chief Inspector and submit notifications in a timely manner.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and records reviewed evidenced that all staff had received training in safeguarding and safety, manual handling and fire safety. The inspector found that training in other areas such as infection prevention and control, managing behaviour that is challenging, cardio pulmonary resuscitation (CPR), and medication management was also in place. Staff were supported and facilitated to attend training.

All new staff complete an induction programme to ascertain competency in their assigned role. The person in charge had ensured that all staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up-to-date and included all of the resident information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector found that some residents archived nursing and medical records were not kept in a safe and secure manner. The inspector observed several records for archiving were inappropriately stored in an unlocked cupboard in a store room which was also unlocked. This posed a risk that these personal and confidential records could be accessed inappropriately.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place with defined roles, and clear lines of authority and accountability.

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme.

There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification of incidents were submitted to the Chief Inspector when required and at quarterly intervals.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and were supported by staff who were caring and knowledgeable of each resident. Their health and social care needs were met by timely access to health care and an activities schedule which was varied and interesting. The inspector was assured that residents were provided with high standards of nursing and health care in line with their needs and preferences. However, improvement was required in relation to residents rights and the use of restrictive practice in this centre. This is discussed further under Regulation 9: Residents Rights.

The centre is a single storey purpose built facility providing accommodation for residents in 17 single rooms most of which have en suite facilities and seven twin rooms. There were sufficient communal toilet and showering facilities for those that did not have full en suite facilities. These facilities were located within close proximity to residents' bedrooms and communal area's.

The overall environment was homely and well decorated and there was a comfortable atmosphere in the centre. The inspector observed that some residents had brought in personal items and photographs from home to decorate their bedrooms.

The inspector spent time in the dining room during lunch observing the residents dining experience and to assess if residents were assisted in a timely and dignified manner which was unhurried or task orientated. There was a choice of meals offered at lunchtime and the menu for the day was on display. The food looked and smelt appetizing and the inspector observed residents enjoying and finishing their meals. There was good social interaction observed between residents themselves and also with staff members supporting and assisting with eating and drinking. Staff were very attentive and patient towards residents needs and were familiar with their

preferences at mealtimes. Staff documented the quantities of food and drinks consumed by residents that required assistance and this was transferred into their input and output care records. Residents who spoke with the inspector expressed satisfaction with the food, snacks and drinks.

There was evidence of good practices in relation to infection control, such as the availability of alcohol hand rub located at key points throughout the centre. The inspector found that the person in charge had also carried out a review into the last infection outbreak in December 2023 to identify best practice. However, further improvements were needed in relation to the storage of equipment and supplies, including the segregation of clinical and non clinical items and a review of the system in place to ensure health care equipment was clean and dry before use to prevent cross contamination.

The laundry was clearly segregated into clean and dirty zones and clean items were stored separately. Residents clothing was labelled and laundry staff were familiar with many items of clothing and whom they belonged to.

In regards to fire safety, the inspector observed some good fire safety systems were in place. Service records were available for the various fire safety and building services and these were all up to date. The inspector spoke with various staff members on duty in regard to fire safety and evacuation procedures. Staff were confident and knowledgeable with the practiced evacuation procedures. Some improvement was required in the oversight of fire safety checks in the centre and to ensure that these checks were consistently completed.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with some focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process. The information reviewed in residents progress notes was comprehensive and related directly to the agreed care plan interventions. Improvement was required in relation to the accuracy of some details recorded in personal emergency evacuation care plans and the correct moving and handling procedures required for some residents in the event of an emergency.

There were clear procedures in place to protect vulnerable residents, for example all staff had a Garda vetting certificate in place and had completed face to face safeguarding training on site which was facilitated by the Health Service Executive Safeguarding Team. Staff were able to tell the inspector what they would do in the event of an allegation being reported to them and the appropriate steps they would take. Residents told the inspector that they felt safe and were able to talk with a member of staff if they had any concerns. Residents were clearly comfortable in the presence of staff and staff and resident interactions were respectful and unhurried.

The inspector found that residents enjoyed a varied and meaningful social activities on the day of inspection. However, the inspector found that the activities and recreational opportunities for residents with cognitive needs and those less able to

participate in group activities were limited and mainly consisted of viewing television in a separate sitting room across from reception. This was not in line with the interests and capacities of these residents and was not recorded in their care plans as activities of interest.

Furthermore, records of their participation in activities for these residents were inconsistently recorded so the inspector could not be assured that the residents were offered opportunities to participate in activities in line with their capacity and interests. Furthermore, the inspector observed two residents in assisted chairs sleeping in the reception area of the centre for extended periods of time with little meaningful interaction from staff other than supporting the residents with personal care or mealtimes.

The inspector did not find that there was a commitment to minimal restraint use in the centre and some practices observed were not in line with national restraint policy guidelines. Alternatives to the use of restrictive equipment were not demonstrated and the removal of some call bell facilities from residents bedrooms were not considered by the provider as a form restraint. This posed a risk of prolonged use of these restraints or unnecessary restriction which infringed on the rights of these residents.

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- the layout of twin bedroom four did not allow for the placement of a bedside chair and bedside locker beside the bed for one resident accommodated in this room. In addition the space around the bed did not allow ease of access for assistive equipment if required as the bed was positioned against the wall.
- emergency call bell facilities were not available in nine bedrooms currently being used by residents with advanced dementia.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed a mealtime sitting in the dining room and was reassured that residents were offered choice and were supported with eating and drinking. There was adequate quantities of food available and it appeared wholesome and nutritious. Residents were observed enjoying and finishing their meals. Staff provided assistance to residents in a respectful, encouraging and patient manner.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed numerous examples of good practice and the designated centre was visibly clean throughout. The centre had appropriate systems in place to ensure and promote safe practices in infection prevention and control. However, the following areas required some improvement in order to align with best practice:

- A review of storage practices to ensure appropriate segregation of clean and dirty items was consistently applied. Healthcare equipment which had been in use was being stored in a room with incontinence wear which increased the risk of the cross contamination.
- A system to ensure health care equipment was cleaned consistently in between use needed to be implemented as there was no way to tell which equipment had been cleaned or required cleaning in between use.
- A review of the drying process for items such as urinals and bed pans following the sluicing process. These items were being placed on a shelf to dry in the sluice room as opposed to a drying rack and this did not facilitate complete and thorough drying to reduce the incidence of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had adequate precautions in place against the risk of fire, however the fire doors in a high risk service area which included the laundry room, a hot press room and a store room were propped open. These doors were closed by the person in charge during the inspection.

Personal emergency evacuation plans needed improvement to accurately reflect what was required to evacuate residents from the centre in a timely manner in the event of a fire emergency during the day or at night.

The lint drawer of the dryer was coated and heavily clogged with lint when checked by the inspector. Furthermore, the door of the lint drawer was difficult to open and close and contained a sliding door lock bolt.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented in consultation with the resident and their families.

The inspector reviewed the care planning arrangements in respect of six residents and found that they were initiated on admission and informed by a comprehensive assessment. There was evidence to show a holistic approach to care and that care plans were reviewed at regular intervals, not exceeding four months. Where residents' condition changed, care plans were updated to ensure they reflected residents' current health care needs. Falls and wounds were managed well and preventative measures were put in place and appropriately reviewed at regular intervals. Care plans clearly detailed the care needs for each resident and were accurate and up to date. Personal emergency evacuation plans for the residents reviewed needed more details in relation to the moving and handling procedures required in the event of an emergency.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies and procedures. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to protect residents at all times. All staff had Garda vetting in place before commencing employment in the centre.

All staff were facilitated to complete face to face training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector carried out observations throughout the day in the bedrooms and communal area's of the designated centre. These observations showed that on the day of the inspection there were some residents who were not engaged in meaningful activities and had limited access to social interaction with staff or with other residents. Residents seated comfortably in the small lounge across from the reception area or in their bedrooms did not have the same opportunities to

participate in activities as the other residents that were seated in the large lounge next door to the dining room. The inspector observed activities taking place in the large lounge room with residents in the morning and afternoon but did not observe residents sitting in the small lounge taking part in activities. This was further validated by an absence of activities recorded in these residents daily care records.

Residents could not chose to access the dining room between meals without the assistance of staff to open the locked doors to these areas for them.

Residents in bedrooms with two beds shared one television which did not ensure that each resident had choice of television viewing and discrete listening.

The layout of one twin bedroom did not assure the inspector that each resident could undertake personal activities in private. For example, the location of the beds and the bed screen curtains in this room did not allow for ease of access by staff to both sides of beds to carry out care and transfer procedures without negatively impacting on the privacy of both residents' occupying the room.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The restrictive practices in place in the centre did not reflect best practice guidance and did not ensure that restraints were used in the least restrictive manner and for the minimum amount of time required.

There was an over reliance on the use of bed rails in this centre. Although the 20 residents with bed rails in place had been risk assessed these assessments had been predominantly signed by a family member of the resident and therefore the inspector was not assured that this was in line with the residents choice or wishes. Furthermore, there was no evidence to suggest that other methods had been considered and there was no evidence to suggest that a review of the use of bed rails was carried out in consultation with the residents concerned. This practice was not in line with the National Standards for Residential Care Settings or the Department of Health's guidance; Towards a Restraint Free Environment in Nursing Homes.

Nine residents had their call bells removed from their rooms, although a risk assessment had been completed the inspector was not assured that these residents could call for help or assistance when required or in the event of an emergency. This practice restricted the residents freedom of choice and their right to seek help if needed. There was no evidence that alternative call facilities had been considered or that the removal of these call bells had been reviewed in line with the residents needs or personal choice. During the day the inspector heard two residents on different occasions audibly calling out to staff for assistance from their bedrooms. Both of these residents did not have a call bell facility in their bedrooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for Pilgrims Rest Nursing Home OSV-0000376

Inspection ID: MON-0042735

Date of inspection: 24/07/2024

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: Currently nursing, medical and staffing archived records are being stored in unlocked cupboards in a storeroom. Locks are to be installed on the cupboard spaces where archived records are being stored. Excess archived records to be moved to the manager's office.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Management and nursing staff have carried out a review of the use of call bells for all residents. Call bells are now available in all rooms. When in their rooms residents with dementia are on a high level of observations.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A review of storage practices will take place to ensure proper storage and segregation of items. Process will include sign off by the Nurse in Charge to ensure better overview of this</p>	

A drying rack is being sourced for the sluice room	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff to ensure that fire doors in high-risk areas are kept closed at all times PEEPs have been updated to capture information about the use of ski sheets in the event of a fire Daily cleaning of the lint drawer by housekeeping staff will be spot checked by Management team</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Management will review the activities timetable with the residents and the Activities Coordinator to ensure that all residents have access to activities daily to meet their needs. The Activity Coordinator has completed the Sonas Training Programme and this will be incorporated into the Activities Programme.</p> <p>Management will also ensure that the resident's engagement with activities will be recorded in their daily care records</p> <p>On admission residents are made aware of the resources available in their rooms. Residents are encouraged to use individual radios or assistive technology, such as iPads and laptops in their bedrooms. This information will also be captured in the contract of care.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:	

A review of the use of bedrails will be undertaken with the staff and residents. We will explore the use of bedrails and offer alternatives to this, to include the use of crash mats and low low beds

Residents who request the use of bedrails for security and well being will be encouraged to sign the consent form for use and this will be documented in the residents daily care records, risk assessment and care plan

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 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	16/01/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	16/10/2024
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	16/11/2024

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2024
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	30/09/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/09/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/09/2024

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	31/10/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/10/2024
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	31/10/2024