



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

## Issued by the Chief Inspector

Name of designated centre:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Adare Road, Croagh, Limerick
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0042046

## About the designated centre

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

Adare and District Nursing Home is a designated centre which is located in the village of Croagh, a few miles from Adare, Co. Limerick. It is registered to accommodate a maximum of 84 residents. The entrance to the centre is the foyer and this is an expansive place with seating areas for residents and visitors to gather. Most of the building is single storey with a two-storey edifice to the right of the foyer which houses two single occupancy apartments. The centre comprises two units: The Main House (46 bedded) and The Willows (35 bedded) which is the memory care unit. Bedrooms are single and twin occupancy and all have en suite shower, toilet and wash-hand basin facilities. Additional toilet and bath facilities are located throughout the centre. Each unit has their own main dining room, smaller dining room, day room, quiet room and resting areas. Residents have access a sensory room, and to paved enclosed courtyards with seating, parasols, garden furniture and raised flowerbeds. Adare and District Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

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

Number of residents on the date of inspection:	78
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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 1 May 2024	10:00hrs to 19:55hrs	Rachel Seoighthe	Lead
Wednesday 1 May 2024	10:00hrs to 19:55hrs	Una Fitzgerald	Support

## What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents were supported to enjoy a good quality of life, supported by a team of staff who were kind and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and their lives in the centre. Inspectors heard positive feedback, such as 'everything is just right ' and the majority of residents who spoke with inspectors were satisfied with the quality of the service they received.

This was an unannounced inspection which was carried out over one day. The inspectors were met by the person in charge upon arrival to the centre. Following an introductory meeting, the inspectors walked through the centre, giving an opportunity to meet with residents and observe their lived experience in the centre.

Adare and District Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is situated on the outskirts of the village of Adare in Co. Limerick. The centre is registered to provide care to a maximum of 84 residents. There were 78 residents living in the centre on the day of this inspection. The centre was a purpose-built, two storey facility and resident bedroom and communal accommodation was provided in two separate units, known as the main centre and the willows unit. Most of the resident communal and bedroom accommodation was laid out on the ground floor, and there were also two single occupancy apartments, accessible by stairs from the reception area.

The main centre accommodated 49 residents and care was provided to 35 residents in the willows unit. The atmosphere in the centre was welcoming. There was a spacious reception area which was bustling with activity. Seating areas were arranged to the front of the reception and several residents were noted to be relaxing here, watching the comings and goings of visitors to the centre. A fish tank was displayed for resident interest and this area was attended by residents throughout the day of the inspection. There was a constant staff presence here and inspectors observed residents engaging with staff, while others were relaxed, reading, knitting and receiving visitors. Inspectors noted that information for residents was displayed in the reception, including daily menus, activities schedules and details regarding advocacy services. Inspectors observed that three different versions of the centres complaints procedure was displayed the reception area, which could cause confusion for residents or visitors who wish to raise a complaints or concern.

Residents living in the main centre were seen to move freely throughout the unit and there were a variety of communal areas, including a dining room, spacious sitting rooms and a visitors room. Inspectors noted that two trolleys which contained resident care records were inappropriately stored in a communal sitting room. One trolley was unsecured and records were easily accessible. This was brought to the

attention of the person in charge. Inspectors walked through the main centre and noted that many resident bedrooms were personalised with items of significance, such as photographs and ornaments. Inspectors observed that the layout of some twin bedrooms meant that there was limited bed-space available for residents who required specialised seating and mobility equipment. In addition, privacy curtains did not provide full coverage in all resident bedrooms.

Inspectors observed that there were many areas of the premises in both residents private accommodation and communal areas that were in a poor state of repair. Residents were provided with wardrobes and bedside lockers for their clothing and personal effects. However, inspectors noted that there was damage to several bedside lockers in multiple resident bedrooms. There was visible damage to floor surfaces along circulating corridors and resident bedrooms and floor coverings were noted to be discoloured and torn, which could present a risk of falls. Multiple resident bedrooms were observed to have chipped paint on walls, doors and skirting. Inspectors observed that painting was in progress on the day of inspection.

Inspectors observed that there was inadequate storage space for products to support care. A large supply of continence care equipment was being stored on the floor of one resident bedroom. Inspectors received feedback from the resident who stated their preference for their continence equipment to be stored discreetly.

The willows unit provided care for residents who were living with dementia. There were several communal spaces for resident use, such as a large day room, a sensory room and a well-maintained enclosed courtyard. Resident bedroom accommodation was provided in twin and single bedrooms and the decor in this unit was designed to support and facilitate residents to move independently around the unit. Inspectors noted that resident bedroom doors were brightly painted, to replicate front doors and feature wallpaper and tactile murals were displayed throughout the unit. Corridors were wide and handrails were fitted to support resident mobility.

Inspectors were informed that residents personal clothing and linens were laundered off site, labelled and redistributed by the staff team. Inspectors observed three large baskets of unlabelled resident clothing in the laundry room. The person in charge informed inspectors that a new laundry labelling system was in the process of being implemented and the unlabelled items in the laundry room were due to be tagged, as part of the new system.

Residents had access to spacious dining facilities and there was a choice of menu displayed. Residents gave positive feedback about the quality and quantity of food provided, which was described as 'excellent' and 'great'. Residents informed inspectors that they were satisfied with the activity schedule in place and records showed that a social care programme took place on a daily basis. The activities schedule included dancing, bingo, outdoor exercises, pet therapy, quizzes and music activities. Residents who chose to remain in their bedrooms were offered one-to-one activities sessions. Regular outings were arranged to a local garden centre and a community bingo game. Visitors were facilitated to visit residents, and inspectors

observed visits occurring during the inspection.

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 on the quality and safety of the service being delivered.

## Capacity and capability

This one day unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection, in relation to training and staff development, records, notification of incidents and governance and management. Inspectors found that on this inspection, while there were management systems in place and some action had been taken, the provider had failed to fully implement a compliance plan submitted following the inspection in August 2023. Further oversight was required, to achieve and sustain compliance with Regulation 16: Training and staff development, Regulation 21: Records, Regulation 23: Governance and management, Regulation 31: Notification of incidents and Regulation 34: Complaints Procedures.

Mowlam Healthcare Services Unlimited Company is the registered provider for Adare and District Nursing Home. The person in charge was supported in their role by a regional health care manager and a director of care services in the senior management team. Within the designated centre, the person in charge was supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities. The assistant director of nursing deputised in the absence of the person in charge.

Inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. There was a registered nurse on duty at all times to oversee the clinical needs of the residents.

There were management systems in place to monitor the quality and safety of aspects of the service. This included clinical and environmental audits of the clinical records, restrictive practices, call bell response times, maintenance of the premises. The findings of these audits facilitated the development of quality improvement actions. However, the supervision systems in place to ensure that all quality improvement actions from audits were implemented were not fully effective. For example, a falls prevention audit completed in December 2023 had identified the requirement for replacement of flooring along several corridors in the centre. The person in charge communicated audits findings to the provider however, action had

not been taken to address the risk at the time of this inspection.

A review of the training records confirmed that all that staff had access to mandatory and professional training. However, review of the supervision arrangements in place to ensure that services were delivered to a high standard found that areas such as the cleaning and the monitoring of the care was not fully effective. For example, inspectors found that, although cleaning schedules had been signed by cleaning staff to confirm that an area had been cleaned on the day of inspection, some of these areas were visibly dirty. In addition, actions developed to address the risk of falls in the centre had not been implemented.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, a potential safe-guarding incident had not been notified to the Chief Inspector in the required time-frame, as required by Regulation 31: Notification of incidents. This is a repeated finding.

The inspectors reviewed a sample of staff files and found that they contained all of the required information as set out under Schedule 2 of the regulations. However, resident records were not stored securely.

An annual report on the quality of the service had been completed for 2023. The report was completed in consultation with residents and set out the service's level of compliance, as assessed by the management team.

### Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors found that staff were not appropriately supervised to ensure that care was delivered in line with the centres policies. For example:

- The management team had implemented a staff allocation system to ensure the supervision of residents in the communal sitting room in the main unit. However, inspectors observed that this room was unattended by staff on several occasions throughout the inspection. This is a repeated finding.
- Inspectors noted that some areas of the centre were visibly unclean, however



- records were signed to demonstrate that the rooms had been cleaned.
- Records in place on food and fluid intake were not populated with sufficient detail. For example, two resident records reviewed had the word "full" recorded as their nutritional intake for breakfast and lunch. There were no further entries made until the next day. The records were in place as the resident were losing weight and their monitoring of intake was required to inform the best action to take.

Judgment: Substantially compliant

### Regulation 21: Records

The registered provider did not maintain records as required under Schedule 2 and 3 of the regulations. For example,

- Resident care records, which contained confidential information, were stored in an unlocked trolley in a resident communal room, and therefore easily accessible.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems to monitor the quality of the service provided were not fully effective to ensure that all areas of the service were appropriately monitored. For example:

- While there was evidence of audits being carried out by the person in charge and action plans developed to inform quality improvement, there was ineffective monitoring to ensure that the improvement actions identified had been implemented and had led to the required improvements in the service.
- Poor oversight of maintenance systems meant that the upkeep of the residents living and bedroom accommodation was not adequate.
- Issues identified in relation to fire precautions, as detailed under Regulation 28, had not been identified through the centres own checking system.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge failed to inform the Chief Inspector of a notifiable event relating to an alleged safeguarding incident, in accordance with Regulation 31. This is a repeated finding.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Inspectors found that complaints management was not in line with regulatory requirements or the centres' own complaints policy. For example:

- a resident who reported a complaint in relation to access to personal care did not have this complaint documented as such, there was no record of an investigation and consequently, the complaint was not resolved.

Judgment: Substantially compliant

### Quality and safety

Overall, most residents' health care needs were delivered to a satisfactory standard of evidenced-based care. Residents received care and support from a team of staff who knew their individual needs and preferences. Residents were complimentary of the care they received and reported feeling safe and content living in the centre. However, the findings in relation to fire precautions, premises, infection control and assessment and care planning did not align with the requirements of the regulations.

The risk of fire had been assessed in the centre and there were systems in place to mitigate identified risks. Records showed that fire fighting equipment, fire alarms, systems and emergency lighting had been serviced within the required time frames. Regular fire drills were completed to ensure that residents could be evacuated in a safe and timely manner. However, inspectors found that containment of fire and smoke was not assured due to several gaps under fire doors.

The centre was found to be spacious, well-lit and warm and residents' accommodation was individually personalised. However, inspectors identified many areas of the premises which were in a state of disrepair such as wall and floor surfaces. Furthermore, the organisation of storage was not adequate to meet residents' needs.

There was a policy and procedure in place to support infection prevention and control practices. However, inspectors noted that good standards for infection prevention and control were not maintained in some areas of the centre, such as the

sluice room and resident bedrooms.

Inspectors reviewed a sample of residents' care records. A pre-admission assessment was carried out by the person in charge to ensure the centre could meet the residents' needs. Records showed that nursing staff used validated tools to carry out assessments of residents' needs upon admission to the centre. These assessments included the risk of falls, malnutrition, assessment of cognition, and dependency levels. However, a review of resident records found a comprehensive assessment of need was not always completed and therefore the care plan was not reflective of the current needs of the residents. For example, a resident who had experienced significant weight loss had no nutritional risk assessment completed when the weight loss was first observed. There was a two month gap between when the resident was first identified as at risk to when appropriate action was taken.

Records demonstrated that residents were referred to allied health specialists such as tissue viability nurses, and speech and language therapist. A physiotherapist and occupational therapist were employed in the centre and residents were referred to occupational. A review of residents' records found that residents had timely access to a general practitioner (GP) as requested or required.

The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included music, art and games. Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Information regarding advocacy services was available in the centre and discussed at resident meetings. Residents were supported access this service, if required.

Records demonstrated that residents were consulted about the operation of the centre through regular meetings and the completion of satisfaction surveys. Minutes of resident meetings showed that agenda items included laundry, activities and complaints. Inspectors found that residents could exercise choice over many aspects of their day, such as when to get up, where to have their meals and what activities to attend.

There was a policy in place for the prevention, detection and response to allegations or suspicion of abuse. Staff were provided with safeguarding training. The provided acted as a pension agent for 12 residents and records viewed by inspectors demonstrated that there were appropriate arrangements in place.

The inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors, as they wished. Visitors were observed attending the centre on the day of inspection.

## Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents'

families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

Judgment: Compliant

### Regulation 17: Premises

A review of the premises confirmed that the following areas meet the requirements of the regulations, as required under Schedule 6:

- There were a number of damaged wall surfaces in resident bedrooms, paint was missing and plaster was exposed. This meant that these surfaces could not be effectively cleaned.
- Floor coverings on corridors and in multiple resident bedrooms were damaged and torn and uneven. This was also a falls risk to the residents walking along the corridors.
- Feature wallpaper displayed for resident enjoyment, was torn along several corridor walls in the memory care unit.
- Several bed ends were damaged and two hoist surfaces were noted to be worn, with sharp edges.
- Multiple resident bedside lockers were damaged and the drawers could not be closed.
- Resident curtains were ripped and in a poor state.
- The layout of some twin bedrooms meant who required the use of assistive equipment and seating could not carry out personal activities in private without encroaching on the space surrounding the second resident's bed space.

There was insufficient suitable storage space in the designated centre. This was evidenced by:

- Storage of large quantities of incontinence wear on a residents bedroom floor.

Judgment: Not compliant

### Regulation 27: Infection control

The designated centre did not fully meet the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- There were areas of the centre that were not cleaned to an acceptable

standard on inspection. This included the designated smoking room, resident bedrooms and en-suite bathrooms.

- The equipment drying rack in the sluice room in the main centre was visibly unclean and some items of equipment stored on the drying rack which were designated for resident use were dirty.
- Shower traps in resident en-suite bathrooms were visibly unclean.
- The surface of two hoists were visibly unclean.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Inadequate fire precautions were observed on this inspection. For example:

- Paint supplies were being stored in one stairwell that may serve as an escape route in the event of an emergency.
- There was a large gap under the kitchen and dining room door in the main unit and multiple bedroom doors had visible gaps between the door and the floor under when closed. This may impact on the effectiveness of a door to contain smoke or fire in the event of a fire emergency.
- Several smoking aprons areas were damaged and flame retardant furnishings were not provided in the resident smoking room.
- Staff responses to what action to take in the event of a fire were inconsistent.
- An individual risk assessment for a resident who smoked was not accurate. This meant that not all appropriate steps were taken to identify hazards, to minimise the risk of an incident

The information contained in several resident personal emergency evacuation procedures (PEEPs) was not an accurately reflection of the residents mobility requirements. This could cause a delay in the event of a fire safety emergency.

The lint collection chamber in the domestic dryer was full on the day of inspection. This posed a risk of fire in the laundry.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Individual assessments were not always completed to ensure a comprehensive assessment of residents needs. For example:

- Residents at risk of malnutrition were not appropriately assessed and therefore did not have an effective care plan developed to address the clinical

risk.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
There were facilities for residents to engage in recreational and occupational opportunities.  Residents had access to radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.  There was an independent advocacy service available in the centre.
Judgment: 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0042046

Date of inspection: 01/05/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Since the inspection, the person in charge (PIC) has met with all staff regarding the supervision arrangements in the main sitting room and the allocation of staff for supervision will ensure that there is always at least one staff member present in the sitting room while residents are in the room.</li> <li>• The PIC and senior management team will conduct spot checks to make sure staff adhere to the supervision plan.</li> <li>• The PIC arranged three days of Clean Pass training for new members of the housekeeping team to enable them to understand and apply in practice the appropriate cleaning procedures, protocols and expected standards.</li> <li>• The PIC will monitor the cleaning standards through daily walkabouts to check cleaning standards, and by conducting Infection Prevention &amp; Control (IPC) and Environmental Hygiene audits. If deficits in cleaning standards are identified, they will be brought to the attention of the housekeeping team and addressed immediately.</li> <li>• The IPC Committee agenda will include discussion on standards of cleaning; committee members will be encouraged to provide feedback on areas where they feel more emphasis needs to be placed by the housekeeping team. The housekeeping team will be represented on the IPC Committee.</li> <li>• The PIC met with nurses and HCAs to ensure that food and fluid intake records are recorded in sufficient detail to support the dietitian and nurses in providing appropriate interventions to ensure adequate nutritional intake for residents. Food and fluid intake charts will be used for a 3-to-5-day assessment period for residents who are unable to maintain adequate nutritional or hydration status. During this assessment period, the PIC and senior management team will check intake charts daily to ensure that they are fully and accurately completed and that there are appropriate descriptions of the dietary intake.</li> <li>• Following the inspection, the PIC arranged MUST training for all nurses to highlight the importance of completing MUST assessments as part of the overall nutrition care plan for all residents.</li> </ul>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• Following the inspection, the PIC has relocated the resident' files to an appropriate and safe area where they can only be accessed by designated personnel. The files are securely stored in a locked cabinet.</li> <li>• The PIC has reiterated to all staff the importance of maintaining confidentiality and storing resident records safely and securely.</li> <li>• The PIC and Administrator will conduct spot checks to make sure residents' record cabinet is locked at all times.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC will continue to conduct audits in accordance with the annual audit schedule in the centre. The PIC will ensure that the audit findings are accurately reflected and and these will form the basis of the action plan to be developed and implemented. The action plan will address the deficits identified and the plan will be reviewed to ensure that quality improvements have been implemented and sustained.</li> <li>• The PIC and Facilities Manager have identified the resident areas that require improvement and a programme of works will be agreed to address these areas. Since the inspection, there are spare curtains available to accommodate the deep cleaning schedule, the call bell system has been upgraded in one wing of the home, which has allowed critical spare parts to be made available to ensure the remainder of the centre has a fully operational nurse call system The programme of works will be phased until the end of this year, including the purchase of bedroom furniture as required to replace old or damaged items of furniture.</li> <li>• The furniture in some shared bedrooms will be rearranged to ensure that both occupants of the room can enjoy their own living space without encroaching on their fellow occupant.</li> <li>• We will provide enhanced oversight of maintenance systems in the centre to ensure that the upkeep of resident bedrooms and living areas is maintained to a high standard.</li> <li>• All fire doors will be reviewed in the centre to ensure that they close properly and that there are no gaps underneath, above or between the doors.</li> </ul>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• The PIC will review all incidents including ABC charts to address the issues and determine whether there are incidents that are notifiable to chief inspector.</li> <li>• The PIC will ensure that staff understand the importance of notifying all incidents to the nurse in charge and/or PIC as soon as possible so that the incident can be addressed, escalated as appropriate, investigated and notified to the appropriate authorities as outlined in the centre’s Safeguarding policies. All incidents will be recorded by nursing staff.</li> <li>• We will conduct a Safeguarding Workshop in the centre, to be chaired by the Healthcare Manager, Quality &amp; Safety. The workshop will focus on the roles and responsibilities of staff at all levels, including management staff, in recognising, reporting, escalating, investigating and notifying all suspicions and allegations of abuse.</li> <li>• The PIC will ensure that all staff have received training and refresher updates on Safeguarding as required.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The PIC will encourage feedback from residents and their families and will ensure that all complaints and concerns are recorded, investigated and addressed to the satisfaction of the complainant within the appropriate timeframe in accordance with the centre’s Complaints Policy and Procedure.</li> <li>• We will schedule a Communications and Complaints workshop. This will help to develop an open and transparent culture where staff listen to feedback from residents and their families and can recognize when a complaint is being made, and understand each individual’s responsibility in reporting, recording, investigating and resolving complaints. The workshop will be attended by staff at all levels, including management.</li> <li>• We will ensure to record any adverse comments or concerns raised at Residents’ Meetings as complaints and investigate them in accordance with the centre’s Complaints Policy and Procedure.</li> <li>• The PIC will review all complaints to determine whether there could be an allegation of abuse contained therein. If so, this will be notified to the Authority.</li> <li>• All complaints will be discussed with Healthcare Manager and reviewed as part of the centre’s Monthly Management Meetings.</li> </ul>	

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The Facilities Manager has scheduled a programme of works to address areas that will not comply with Regulation 17. This includes repairing/replastering and redecorating damaged wall surfaces so that they can be effectively cleaned.
- Flooring contractors have been engaged to repair damaged flooring and replace floor coverings as required which will reduce the risk of resident falls.
- Walls with torn wallpaper will be redecorated.
- Hoists will be serviced and will be repaired or replaced to ensure they can be safely used for residents and that they do not pose a risk of injury to residents or staff.
- New bedside lockers have been ordered and old, damaged lockers will be disposed of. Damaged bed ends will be replaced.
- Replacement curtains have been ordered and torn curtains have been removed and discarded.
- The Facilities Manager will reconfigure the layout of the shared rooms where residents may encroach on each other so that each resident in the room will have their own space and will not encroach on their fellow occupant.
- All equipment and consumables will be safely and appropriately stored in the centre.

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

- Following the inspection, the PIC arranged for the housekeeping team to ensure that the areas highlighted as unclean during the inspection were thoroughly cleaned to a high standard. The PIC and Housekeeping Supervisor will monitor cleaning standards by conducting walkabouts and random spot checks.
- We will provide the Clean Pass training course to all housekeeping staff in the centre so that they fully understand the principles of infection control and can adhere to the expected cleaning protocols and standards.
- The PIC and ADON will closely monitor standards of environmental hygiene and adherence to IPC standards in the home.
- The PIC and Housekeeping Supervisor will monitor cleaning schedule of rooms, smoking rooms -suite bathrooms and ensure cleaning standards are maintained.
- The equipment drying rack has been thoroughly cleaned and the PIC will ensure that any equipment stored on the rack is clean.
- The checking and cleaning of shower traps has been added to the housekeeping cleaning schedule and this will be monitored by the Housekeeping Supervisor.
- All equipment used for residents will be cleaned regularly in accordance with the

cleaning/decontamination of equipment schedule, which will be monitored by the PIC and ADON.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The paint supplies that were stored in the stairwell were removed following the inspection.
- The Facilities Manager will arrange for the kitchen and dining room doors to be repaired so that the gaps between the doors and the floor are minimized.
- We will provide flame retardant furnishings in the resident smoking room.
- The PIC will ensure that all staff have received fire safety training and annual refresher updates. Additional fire safety training sessions have been scheduled for this purpose.
- The PIC has provided new fire retardant aprons for the resident smoking room to replace old aprons that had been damaged.
- The PIC will carry out individual risk assessments for all residents who smoke to identify hazards and minimize the risk of an incident.
- The PIC and senior management team reviewed all PEEPS to reflect accurately residents' mobility requirements.
- The PIC met with cleaning staff to highlight the importance of cleaning the lint collection chamber of domestic dryer to avoid the risk of fire. The PIC and Housekeeping Supervisor will monitor same.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Individual assessments were not always completed to ensure a comprehensive assessment of residents needs. For example:

- The PIC and ADON will review all residents' nutritional assessments to ensure that they accurately reflect the residents' status and that the care plans reflect their assessed care needs.
- Additional training has taken place for nurses to ensure they understand the MUST assessment tool and can apply it in practice for individual residents and identify appropriate action to address the clinical risk.
- The nutritional status of residents will be discussed at the centre's monthly management team meetings.
- All key performance indicators, including nutritional status, will be discussed at a

weekly senior management meeting attended by the PIC, ADON/CNM.

- The PIC/ADON will oversee nutritional care plans and dietetics referrals to ensure there are timely interventions to address any concerns regarding the nutritional status of residents.

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2024
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.	Not Compliant	Orange	31/12/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/07/2024
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	Substantially Compliant	Yellow	31/08/2024

	effectively monitored.			
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	31/08/2024
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	31/08/2024
Regulation 28(1)(d)	The registered provider shall make 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	Substantially Compliant	Yellow	31/08/2024



	fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	31/08/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints	Substantially Compliant	Yellow	31/07/2024

	procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/08/2024