



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

Issued by the Chief Inspector

Name of designated centre:	West Clare Nursing Home St Theresa's Kilrush
Name of provider:	Sundyp Limited
Address of centre:	Leadmore East, Kilkee Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	19 March 2024
Centre ID:	OSV-0000451
Fieldwork ID:	MON-0042526

About the designated centre

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

St. Theresa's Nursing Home is a purpose built single-storey facility which can accommodate up to 39 residents. It is located close to the town of Kiltrush. It accommodates both male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite, convalescence, palliative and dementia care. Bedroom accommodation is provided in 24 single bedrooms, six twin bedrooms and a three bedded room. All of the bedrooms have en suite toilet and shower facilities, except one which has direct access to its own dedicated shower/toilet room. There is a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. Residents also have access to secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 March 2024	09:00hrs to 17:15hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in West Clare Nursing Home, St. Theresa's Kilrush, told the inspector that they enjoyed a good quality of life in the centre and that staff treated them with respect. The inspector found that residents received a satisfactory standard of person-centred care from a team of staff, under the supervision of a structured management team. Residents expressed high levels of satisfaction with the service, including the provision of meaningful and engaging activities that supported them to develop good social connections with other residents, and staff.

The inspector was met by a clinical nurse manager on arrival at the centre. Following an introductory meeting, the inspector walked through the centre, reviewed the premises, and met with residents and staff.

On the morning of the inspection, the atmosphere was observed to be relaxed and pleasant for residents. Staff were observed attending to residents requests for assistance in their bedrooms promptly. A small number of residents were observed sitting in the communal dayroom watching the morning news on the television. Other residents were seen walking through the corridors, and meeting other residents for a chat. While staff were busy attending to residents' requests for assistance, residents were observed to receive patient and person-centred care from the staff. Call bells were answered promptly by staff. Staff were observed attending the communal area frequently to provide residents with assistance and supervision.

The centre is registered to provide accommodation to 39 residents. The premises was warm, well-lit, clean in most areas, and comfortable for residents. The provider had improved aspects of the premises since the last inspection such as reducing the number of beds in a multi-occupancy bedroom in order to provide residents with more equitable personal space. New floor coverings had also been installed in the kitchen area. The décor was colourful and comfortable throughout, and all areas of the centre were appropriately furnished to create a homely environment. The inspector observed some items of furniture, such as bedside tables, where the surface was observed to be not intact, resulting in these areas not being amenable to effective cleaning. Residents also had unrestricted access to outdoor areas including a bright enclosed garden which contained a variety of suitable seating areas and garden furniture. The inspector observed that this area was used to store a large clinical waste bin. This was unsightly and could impact on the residents enjoyment of their outdoor space, in addition to presenting a risk of infection.

Residents were observed to enjoy a variety of communal and private areas located around the premises. Communal areas contained comfortable furnishings for residents. Residents were observed to spend most of their day in the day room, which was observed to be a hub of activity. Residents told the inspector that they enjoyed spending time in those areas as they could chat to staff near the nurse's station and also meet visitors.

On walking around the centre, the inspector observed that areas occupied by residents, such as the dining room and communal spaces were visibly clean. Residents informed the inspector that they were satisfied with the cleanliness of their bedrooms and that their bedrooms were cleaned daily by staff. However, the inspector observed that some areas of the premises were not cleaned to an acceptable standard. This included some communal toilets and showering facilities. Equipment used by residents was not observed to be managed in a manner that promoted effective infection prevention and control. Toileting aids were stored on the floor of residents bedrooms and basins were stored on the floor beside toilets in en-suites.

The inspector observed that fire doors were fitted with automatic door closures devices. This ensured that doors would close automatically to contain the spread of smoke and fire in the event of a fire emergency. However, the inspector observed numerous fire doors held open with pieces of equipment and furniture, thus compromising the function of the fire doors.

Residents expressed their satisfaction with their bedroom accommodation and were satisfied with the storage facilities for their personal clothing and possessions. Resident's personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff returned their laundry to their bedroom frequently throughout the week.

The dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

There was a large notice board at the main reception area that displayed a variety of information for residents. This included information on safeguarding services, advocacy, complaints procedure, and the daily activities schedule. Residents also said that they felt their opinions were listened to at residents' meetings and that their rights were respected.

Residents were provided with opportunities to express their feedback about the quality of the service during daily one-to-one interactions with the management.

Residents had access to religious services and mass was provided for residents on the day of inspection. Residents told the inspector that staff continuously sought their feedback on how to improve the service.

There were activities provided to residents throughout the day. Residents told the inspector that they could choose what activities they would like on a daily basis. The inspector spent time observing the interactions between residents and staff and observed that staff supported residents to enjoy the social aspect of activities. Staff were also observed spending time with residents in their bedrooms chatting.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced inspection, carried out over one day, 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 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in April 2023. Notifications submitted by the provider in relation to adverse incidents involving residents were also reviewed on this inspection.

The findings of this inspection were that the provider had taken action to ensure premises was laid out to meet the needs of the residents, and that issues in relation to fire containment risks identified on the last inspection had been addressed. While the provider had taken some action to improve infection prevention and control practices, further action was now required to ensure adequate staffing resources were available to effectively clean the centre, as this continued to impact on some aspects of environmental hygiene. While there was an established management structure overseeing the quality and safety of the service, the management structure was not consistently available and this impacted on effective oversight in a number of areas that included the supervision of staff. Action was also required to ensure that management systems were effectively implemented by the management team to ensure a safe, consistent and quality service was provided to residents living in the centre. This included the systems of record management and incident management.

The registered provider of West Clare Nursing Home St. Theresa's Kilrush is Sundyp Limited. The organisational structure had remained unchanged since the the previous inspection. A director of the company represented the provider in engagement with the Chief Inspection, and was also the person in charge. The person in charge was supported by an assistant director of nursing, and two clinical nurse managers. On the day of inspection, the person in charge was on leave and a clinical nurse manager deputised in their absence. An assistant director of nursing was not on duty on the day of inspection, however they attended the centre to meet the inspector and support the inspection process.

The inspector found that the management resources for nursing oversight and governance were not consistently in place. A review of staffing rosters and allocation records found that on a number of occasions, a clinical nurse manager was required to suspend the management component of their role to cover vacant shifts in the housekeeping and laundry department as a result of inadequate staffing resources. This arrangement was found to impact on the monitoring and oversight of aspects

of the service such as residents clinical care records, the supervision of staff, and infection prevention and control.

The quality and safety of care provided to residents was monitored through a range of clinical and environmental audits. The audits included reviews of adverse incidents involving residents, nutrition, complaints, antimicrobial usage, and other significant events. There was a schedule of weekly and monthly audits that were completed by the clinical management team. A review of completed audits found that some audits were effectively used to identify risks and deficits in the service, and informed the development of quality improvement action plans.

Risk management systems were underpinned by the centre's risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk, and priority. Where risks to residents were identified, controls were put in place to minimise the risk impacting on residents. Risks were frequently reviewed by the management team to ensure the controls in place to manage risks to residents were effective.

While there were systems in place to record and investigate adverse incidents and accidents involving residents, there were aspects of the incident management systems that were not robust. For example, each incident record contained a section for management personnel to review the incident to identify learning and quality improvement actions following an adverse incident. However, a review of incident records found that this section had not been completed in a number of records reviewed. Consequently, some records did not evidence that incidents had been investigated or analysed to identify possible contributing factors to the incident occurring, or to identify learning so that similar incidents could be prevented. This impacted on the providers ability to effectively identify and mitigate risks to residents.

Record management systems consisted of a paper- based system. A sample of staff personnel files were reviewed and were found to contain all the information required by Schedule 2 of the regulations. This included a vetting disclosure for each member of staff in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, some records required to be maintained in respect of Schedule 3 and 4 were not consistently maintained. This included records pertaining to the directory of residents and the record of a complaint.

A centre specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. However, a record of a complaint regarding the quality of care provided to a resident had not been documented and managed within the complaints register, in line with the centre's own complaints procedure. As a result, there was no record of how the issues of complaint were resolved to the satisfaction of the complainant.

The policies and procedures, as required by Schedule 5 of the regulations, were reviewed by the inspector. Policies were under review at the time of the inspection to ensure they were reviewed at intervals not exceeding three years, in line with the requirements of the regulations.

On the day of inspection, the number and skill mix of staff on duty during the day was sufficient to meet the resident's assessed care needs, and in consideration of the size and layout of the designated centre. The provider had increased the number of health care staff on duty in recognition of the increased occupancy and dependency of residents in the centre. However, a review of the staffing rosters found that planned housekeeping and laundry staffing levels were not always maintained due to inadequate availability of staffing resources. This impacted on some aspects of the quality of environmental hygiene. While the provider was aware of this risk, and recruitment was ongoing, the provider had not considered alternative arrangements to ensure the planned staffing levels could be maintained.

There was a training and development programme in place for all grades of staff. A review of staff training records found that all staff had up-to-date training in fire safety, safeguarding of vulnerable adults, and infection prevention and control. Additional training had been provided to staff with regard to the nutritional care of residents, restrictive practices, and dementia awareness.

There were systems in place to induct, orientate and support staff. The person in charge, assistant director of nursing, and clinical nurse managers provided clinical supervision and support to all staff. However, the arrangements in place to supervise and support staff to ensure that staff implemented their training with regard to fire safety, infection prevention and control, and to ensure records were appropriately maintained, were not effective. This resulted in poor practice in these areas being observed on the day of inspection.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities staff and administration staff.

However, there was insufficient housekeeping staff resources in place to sustain planned rosters, and respond to planned and unplanned leave. This resource issue is addressed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by;

- poor fire safety awareness as evidenced by fire doors held open with pieces of furniture and wooden wedges.
- inadequate supervision of staff allocated to the cleaning process, and infection prevention and control practices.
- poor supervision of staff to ensure records were maintained in line with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Some records of incidents in which a resident suffered an injury did not contain all the information required under Schedule 3(4)(j) of the regulations. For example, there was no results of an investigation, learning, or action taken.
- The directory of residents was not maintained in line with the requirements of Schedule 3(3). For example, records of residents sex, marital status and transfers to hospital were not consistently maintained for all residents.
- A record of a complaints, including a review of the complaint and the actions taken by the provider in response to a complaint was not maintained in line with the requirements of Schedule 4(6).
- Some records were not maintained in a manner that was accessible. For example, records pertaining to residents clinical care records were poorly organised, difficult to review, and not easily accessible.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that there were sufficient staffing resources in place to consistently maintain planned staffing levels in the housekeeping and laundry department, in line with the centre's statement of purpose.

The management structure, as described in the centre's statement of purpose, was not consistently available. A review of staffing allocation documents and rosters found that inadequate levels of available housekeeping staff resulted in a clinical nurse manager suspending their supervisory role to support housekeeping and carry out laundry duties. This impacted on aspects of the service such as the supervision of staff, and the oversight of infection prevention and control.

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- There was poor oversight of record management systems to ensure compliance with the regulations.
- The incident management system was not robust to ensure effective oversight of incidents to identify opportunities for learning and improving the service.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A review of the policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4.

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and safety was promoted. While the registered provider had taken some action to ensure residents safety in relation to infection prevention and control and to ensure residents care plans reflected their assessed needs, the actions taken were not sufficient to bring the service into full regulatory compliance. This inspection found that restrictive practices were not always appropriately assessed and continuously reviewed.

A review of a sample of resident's assessments and care plans found that resident's needs were assessed prior to admission to the centre, to ensure that their care needs could be met. Following admission, a nursing assessment was completed to identify residents individual support needs, their daily routine, and potential risks to residents such as the risk of falls and the risk of malnutrition. However, the outcome

of the assessments was not always used to inform the development of care plans that reflected person-centred guidance on the current care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs.

Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with access to medical and health care services.

The centre was promoting a restraint-free environment and a number of residents were using physical restraints such as bed rails. There was evidence that most residents were involved in decision making with regard to the use of bed rails.

The needs and preferences of residents, who had difficulty communicating, were identified by staff. Efforts were made to support resident's to communicate their views and needs directly. Residents who required supportive equipment to communicate were provided with such equipment. Residents care plans reflected their communication needs and preferences.

A review of the care environment found that the provider had taken action to improve the standard of cleanliness in some areas of the centre. Responsibility for the monitoring the quality of environmental hygiene and infection prevention and control practices had been delegated to the clinical nurse manager team. However, the requirement for the nurse management team to support housekeeping duties, as a result of inadequate staffing resources, impacted on the consistent monitoring and supervision of infection prevention and control practices and the quality of environmental and equipment hygiene. The inspector found that while the standard of cleanliness had improved in areas such as bedrooms and en-suites, areas such as some communal toilets were not clean on inspection. In addition, equipment used by residents was not always managed in a way that promoted effective infection prevention and control. The inspector observed poor practice such as the inappropriate storage of residents toileting aids on the floor of multi-occupancy bedrooms and shared toilets.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings evidenced that residents feedback, with regard to the quality of the service, was used to improve the service. There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents had access to television, radio, newspapers, and books. Internet and telephones for private usage were also readily available.

Arrangements were in place for residents to receive visitors. There was no restrictions placed on visiting to the centre.

Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed, and supported to enable residents to make informed choices and decisions.

Staff demonstrated an appropriate knowledge of each residents communications needs, and the aids and appliances required by some residents to support their needs, in line with the residents individual care plan.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The provider had failed to take action to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by findings of;

- Inadequate staffing resources available to maintain planned staffing levels allocated to the cleaning of the centre. This impacted on the provision of a consistent service that ensure a high standard to environmental and equipment hygiene was maintained.

The environment and equipment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- Areas of the premises were not cleaned to an acceptable standards. This included communal toilets and bathrooms, and a storage area.
- Equipment used by residents such as urinals were not appropriately cleaned and decontaminated after use. In addition, the equipment was stored inappropriately on the floor in toilets along side residents basins used for personal hygiene.
- Residents personal care items were not stored in a manner to reduce the risk of cross infection. Items belonging to a number of residents were stored in a cabinet in a communal bathrooms. This included an electric razor, topical creams and solutions.
- A clinical waste bin was not secured, and was inappropriately stored in the residents enclosed garden.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Care plans were not always guided by a comprehensive assessment of the residents care needs. For example, a resident's care plans did not accurately reflect the needs of the resident and did not identify interventions in place to protect residents when identified as being a high risk of falls.
- Two residents with complex care needs did not have the assessment outcomes relating to a chronic care condition incorporated into their care plan. This meant that their care plan did not guide the staff on the person-centred and evidenced-based care to be delivered.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents were supported to retain their own general practitioner (GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral.

The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Residents told inspectors they had a choice about how they spend their day.

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
Capacity and capability	
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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	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 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for West Clare Nursing Home St Theresa's Kilrush OSV-0000451

Inspection ID: MON-0042526

Date of inspection: 19/03/2024

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"> • Managers will with the RPR/DON at each shift do a walk through of the building and surrounds with Maintenance and also ensure knowledge of Policies & Procedures/training is put into practice. • The management team has re-educated the staff on fire safety awareness and the management team audit compliance with fire safety procedures during the daily walk through of the building. • The management team along with the staff have reviewed the cleaning process and IPC practices to ensure all staff are aware of expected practice. This is audited during the daily walk through of the building. • The management team ensure staff supervision of records management regularly and this is monitored at monthly governance meetings. 	
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"> • A full review of all incidents that have taken place in the last 6 months has been completed. Any identified learning has been identified and implemented. All incidents going forward will be completed to include a detailed investigation, any learning identified and actions taken. This will be discussed at our weekly governance meetings and will be an agenda item so as to ensure no incidents are missed and all corrective 	

actions are complete and learnings are shared.

- A review of the directory of residents was carried out following the inspection, all information that was missing has been added and the directory will be completed immediately if any requires updating. This is reviewed weekly/monthly by the PIC.
- The method of recording complaints has been reviewed and reorganised in a manner that shows that a clear review of the complaint and any actions taken are clearly available and easily available to review.
- The maintenance of resident's records has been reorganised and are maintained in a manner that makes them accessible to the appropriate staff. This ensures that all records can be reviewed easily.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- At all times we strive to ensure full staffing however due to unplanned absences this is not always possible and we have employed above our staff requirements in the hope to prevent a similar occurrence in future. Also a review of what the DON with the ADON's review day to day on walk rounds to support and highlight areas in need of further attention.
- Incident management systems have been reviewed and updated so as to ensure effective oversight of incidents and to identify opportunities for learning and service improvement.
- The DON and ADON are auditing and supervising the record management systems to ensure compliance.
- Incident management systems have been reviewed and updated so as to ensure effective oversight of incidents and to identify opportunities for learning and service improvement.

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

- A full review of the domestic staffing levels were carried out and an increase of staffing levels has been implemented
- The cleaning practices of the domestic staff has been reviewed and a clear cleaning schedule is in place to ensure that all areas are thoroughly cleaned to a high standard. This is audited by the PIC/ADON daily during the daily walkabout of the building.

- Staff have been re-educated and retrained on the cleaning of equipment. All items have been removed from the floor and are now appropriately stored off the floor. This is monitored daily by the PIC/ADON.
 - All items belonging to residents had been removed from the cabinet on the day and staff informed to not place Residents personal items within. All residents personal items are stored in their bedrooms. This is checked by the PIC/ADON.
- The clinical waste bin has been appropriately secured and is no longer located in the residents enclosed garden.

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:

- An audit has been conducted of all resident's care plans so as to ensure they accurately reflect resident's current needs. Any issues identified have been rectified. An audit of care plans is carried out monthly by the PIC and ADON so as to ensure they accurately reflect resident's current needs.
- As part of the audit discussed above these issues have been corrected and all staff have been made aware of the issues identified and any learning from audits is shared with staff so as to ensure compliance with this regulation.

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	19/03/2024
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 and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	19/03/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	19/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Substantially Compliant	Yellow	19/03/2024

	the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	19/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	19/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	30/04/2024

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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