



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

Issued by the Chief Inspector

Name of designated centre:	Greenhill Nursing Home
Name of provider:	Saivikasdál Ltd
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 September 2024
Centre ID:	OSV-0004584
Fieldwork ID:	MON-0042479

About the designated centre

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

Greenhill Nursing Home is situated in a residential area approximately half a mile from the centre of Carrick-on Suir on the main Waterford road. Local amenities are all within easy access of the centre. The registered provider of the centre is Saivikasdál Ltd and Greenhills Nursing Home is purpose-built and residents' accommodation comprises of single bedrooms and one twin bedroom, most with en suite facilities. The layout of the centre comprises of three wings, each with its own large day room. Day rooms are arranged with a comfortable lounge area and a dining area. The main dining room is located by the main reception, this is a large room with views of the enclosed landscaped garden. Residents have access to the garden via many exits. The garden has walkways, seating areas, a smoking shelter, raised flower and vegetable beds for residents' enjoyment. Greenhills Nursing Home provides accommodation for 55 residents. The centre employs approximately 49 staff and full-time nursing care is provided for both male and female residents with low to maximum dependency. It caters for long-term care, convalescence care and for people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
--	----

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 10 September 2024	08:50hrs to 17:15hrs	Aisling Coffey	Lead
Tuesday 10 September 2024	08:50hrs to 17:15hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspectors was that they were happy and liked living in Greenhill Nursing Home. Residents spoken with were highly complimentary of the centre and the care they received. In terms of the centre, one resident informed the inspectors that "I am happy here; I have the things I need". In terms of care and attention, residents told the inspectors that they were treated well and "couldn't fault" the service received. When it came to the staff that cared for them, residents informed the inspectors the staff were very kind and "did their best" for every resident. Visitors who spoke with the inspectors provided equally positive feedback, referring to the high level of care received by their loved ones and the communication with them as family members. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspectors arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspectors chatted with many residents and spoke in more detail to 13 residents and four visitors to gain an insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The single-storey premises are set out over three wings, "A Wing", "B Wing", and "C Wing". Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various communal areas. These communal areas included a large dining room accessible from the main reception area and three smaller day rooms on each wing. The centre was seen to be suitably decorated throughout with paintings and pictures.

There was an onsite laundry service where residents' personal clothing was laundered. This area was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

Bedroom accommodation consists of 53 single bedrooms and one twin bedroom. The bedrooms of B Wing and C Wing have en-suite facilities that include a shower, toilet, and wash hand basin. The 13 single bedrooms on A Wing contain a wash hand basin and access to shared toilet and shower facilities. Bedroom accommodation throughout the centre had a television, call bell, wardrobe and seating facilities.

Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs. However, not all residents had access to a lockable

storage space. Additionally, the inspectors found the water from wash hand basins in resident bedrooms and en-suite bathrooms to be very hot. These matters will be discussed further under Regulation 17: Premises.

The centre's internal garden was clean and tidy, with level pathways for residents to stroll. The garden was landscaped, featuring mature trees, bushes, raised planters and comfortable seating. The external grounds around the centre were also clean, tidy, pleasantly landscaped and had level tarmac pathways.

A number of residents chose to smoke. The centre had a smoking area for residents within the garden containing protective equipment, such as a call-bell, ashtrays, fire blanket and fire extinguishers. However, the inspectors also observed smoking occurring in an undesignated area, which did not have the necessary protective equipment to support residents in smoking safely and protecting them in the event of a fire. This and other fire safety matters are discussed under Regulation 28: Fire precautions.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. While no activities occurred in the morning, bingo and painting took place in the afternoon in the A Wing and B Wing dayrooms. The inspectors observed no activities throughout the day on C Wing where groups of up to eight residents sat for lengthy periods in the dayroom with the television on but without other meaningful activation. Several residents were seen relaxing in their bedrooms, listening to the radio, and reading papers and books according to their preferences. While some residents expressed satisfaction with the level of activities and entertainment available, two residents stated that there were insufficient activities geared towards their interests and capacities.

Residents had access to local and national newspapers, radios, television, telephones and internet services. There were arrangements in place for residents to access independent advocacy services. Roman Catholic mass was celebrated in the centre every month.

Residents could receive visitors within communal areas or in the privacy of their bedrooms. Multiple families and friends were observed visiting with their loved ones during the inspection day.

Lunchtime at 12:30pm was observed to be a sociable and relaxed experience, with half of the centre's residents choosing to eat in the main dining room. Residents were also seen eating in their bedrooms and three day rooms. Staff provided discreet and respectful assistance where required. Meals were freshly prepared onsite in the centre's kitchen. The menu choices were displayed as pictures in the dining room, and the food served appeared nutritious and appetising. A choice of meals was offered, and ample drinks were available for residents at mealtimes and throughout the day. Residents spoke positively to the inspectors about the food quality, quantity and variety.

While the centre was appropriately decorated, generally clean and in good repair, some areas required attention to comply with the regulations and provide a pleasant living environment. This will be discussed under Regulation 17: Premises.

Overall, the ancillary facilities at the centre generally supported effective infection prevention and control. Clean and dirty areas were distinctly separated, and the workflow in each area was well-defined. For instance, the housekeeping room included a janitorial sink and space for storing and preparing trolleys and cleaning equipment. This room was neat and clean, with surfaces that were easy to clean. The cleaning carts were fitted with locked compartments for safe chemical storage. The centre had no designated clinical room for the storage of sterile supplies and equipment. Supplies were stored in cupboards in the manager's office, and the dressing trolley was stored in the reception area. There was one sluice room in the centre and the provider had recently purchased a new machine for the reprocessing of bedpans and urinals.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan. The registered provider had progressed with the compliance plan from the January 2023 inspection. Improvements were identified concerning Regulation 16: Training and staff development, Regulation 23: Governance and management, Regulation 12: Personal possessions, and Regulation 5: Individual assessment and care plan. Following this inspection, further actions were required concerning a number of regulations as set out in this report.

Saivikasdal Limited, a company comprising two directors, is the registered provider. Both directors are medical staff, with one of the directors representing the provider for regulatory matters. This director is onsite in the centre three days per week and is actively engaged in the centre's operations. The person in charge reported to this director. Within the centre, a clearly defined management structure operates the service day-to-day. The person in charge is supported in their role by an assistant

director of nursing, a team of nurses, healthcare assistants, catering, housekeeping, activity coordinators and administration staff.

The provider had management systems to monitor the quality and safety of service provision. These systems included both operational and staff meetings where quality and safety were the focus. This was evidenced by minutes of both management and staff meetings. A comprehensive audit schedule covered medication management, documentation, accidents, restraint usage, residents' rights, and health and safety. These audits identified deficits and risks in the service and had time-bound quality improvement plans and accountable staff identified to address deficits.

The provider also had systems to oversee accidents and incidents within the centre. Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. Records reviewed found that incidents, such as falls, were being analysed to identify trends and causal factors to reduce risk. These findings were seen to be recorded in individual resident risk assessments and also shared with the broader staff team by the person in charge. Notwithstanding this good practice, this inspection found that some areas of oversight needed to be more robust to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents reflected in the review.

The provider had sufficient staff on duty to meet the assessed needs of residents. Staff spoken with were clear about roles and responsibilities. The records reviewed found staff were appropriately trained and supervised.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated the assistant director of nursing to the role of IPC link practitioner. The assistant director of nursing was due to complete the national programme for IPC link practitioners later this year. The provider had managed three outbreaks this year. The most recent outbreak affected 12 residents, with one resident being transferred to the hospital for further support. The outbreaks appeared to have been well managed with support from the Department of Public Health and the Health Service Executive Community Support Team. There were adequate housekeeping staff to meet the needs of the centre. For example, three housekeeping staff worked from 8:00am to 3:00pm daily. Cleaning records viewed on the day of inspection evidenced that all rooms were cleaned daily and deep cleaned regularly.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each

day to meet the assessed needs of the residents. Two registered nurses were working in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received a comprehensive induction covering key aspects of care and procedures in the centre. This induction was followed by a staff appraisal process where the person in charge regularly reviewed the staff members' skills and performance. The provider had a training programme supporting staff in their roles. Staff had received training concerning safeguarding vulnerable adults at risk of abuse, fire safety, management of responsive behaviours and infection control. An ongoing training schedule was in place to ensure all staff remained up-to-date with these training programmes.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement in areas such as premises, activities provision, infection control and fire precautions as found on inspection day.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Arrangements for recording accidents and incidents were in place and were notified to the Office of the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by supportive and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive care planning, good access to healthcare services and opportunities for social engagement. Residents told the inspectors they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, some actions were required to ensure safe and effective care delivery concerning the upkeep of the premises, infection control and fire precautions.

Overall, the premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There was an on-site laundry service, and internal and external grounds were maintained. There were multiple comfortable communal areas for residents and visitors to enjoy. Notwithstanding this good practice, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had robust fire safety processes in place. Preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety training and evacuation drills in the centre and knew the procedure to follow in the event of a fire. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. Where a resident required an evacuation aid, this was seen to be in place in their bedroom. There was a system for daily and weekly checking of the fire alarm, means of escape, fire safety equipment, and fire doors. All doors to bedrooms and compartment doors had automated closing devices. A number of fire doors were checked on the inspection day and found to be in good working order. The centre had a small number of residents who chose to smoke. The designated smoking area had the necessary protective equipment, including a call bell, fire blanket, fire extinguisher and fire retardant ashtray. Notwithstanding these good practices, further actions were required to ensure that residents and staff were adequately protected in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

The inspectors identified some good practices in infection prevention and control. For example;

- Residents colonised with multi-drug resistant organisms (MDRO) were clearly identified and cared for with the appropriate precautions.
- Waste, laundry, linen and sharps were managed to prevent the spread of infection.
- An infection prevention and control assessment formed part of the pre-admission and hospital transfer records.
- The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic usage was monitored and analysed monthly. Antimicrobial stewardship information was also available in a folder. Staff were aware of the national "skip the dip" initiative to reduce the use of urine dipsticks.
- Documentation reviewed relating to Legionella control assured that the risk of Legionella was being effectively managed in the centre. For example, unused outlets were flushed regularly, and routine monitoring for Legionella in hot and cold water systems was undertaken.

Following the January 2023 inspection, the provider had risk assessed the availability of designated staff hand hygiene sinks. Two sinks were changed to elbow-operated taps, a sink in the manager's office and the staff changing room. Notwithstanding this improvement, some opportunities still exist to improve hand hygiene practices, as discussed under Regulation 27: Infection control.

The inspectors found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had religious services in-house every month. Residents could communicate freely and had access to telephones and internet services throughout the centre. Residents also had access to independent advocacy services. Notwithstanding this good practice, some improvements were required to activity provision to ensure all residents had opportunities to participate in activities in accordance with their interests and capacities.

Regulation 10: Communication difficulties

Residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms and storage facilities. However, several bedrooms were found not to have secure storage for valuables and money, which is referenced under Regulation 17: Premises. The centre had a tidy, well-organised onsite laundry for laundering residents' clothing. Residents were complimentary about the laundry service received in the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, showed signs of wear and tear. The paint was scuffed on some walls and chipped on doors, door frames, and skirting boards.
- The hot water supply in residents' bedrooms did not incorporate thermostatic control valves or other suitable anti-scalding protection. The provider undertook to review this requirement.
- Several bedrooms did not have lockable storage units for the safekeeping of resident's possessions.
- The flooring in one of the resident's bedrooms was damaged and the reception area carpet had a large stain.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents transferred to and from the hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon the resident's return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, some further actions were required to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services(2018), for example:

- A number of urinals were reused without being cleaned in the bedpan washer and were visibly dirty. This could lead to a catheter-associated urinary tract infection or a urinary tract infection.
- Staff coats were stored in a linen room on C Wing. This meant that linen used for residents may be contaminated by outdoor clothing and this increased the risk of cross contamination.
- Barriers to good hand hygiene practices to prevent the spread of infection were observed. For example:
 - Some of the alcohol gels in the wall-mounted hand sanitisers were out of date.
 - Not all the residents' bedrooms had easy access to a wall-mounted hand sanitiser.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider's arrangements for maintaining means of escape required review, for example:

- Inspectors observed hoists being stored and charged on two bedroom corridors, posing a potential obstruction for residents and staff on this horizontal escape route. The charging of hoists on bedroom corridors also introduces a risk of fire to the protected escape route.

- The emergency escape route from the dining room and C Wing's corridor led into the centre's internal garden. The garden was secured with two padlocked gates. Staff confirmed the key for the padlocks was held at the nurse's station, meaning that staff would have to re-enter the building to access the padlock keys to provide escape from the garden.

Precautions against the risk of fire and provision of suitable building services required review, for example:

- While the centre had a designated smoking area for residents containing protective equipment, such as a call bell, an ashtray, and a fire extinguisher, the inspectors observed smoking occurring in an undesignated area. Records reviewed found this had been happening for several months. This undesignated area did not have the necessary protective equipment to support residents in allowing them to smoke safely and protect them in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, chiropody and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 9: Residents' rights

The provision of activities observed for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While bingo and painting took place in the afternoon of the inspection, up to eight residents on C Wing sat in the dayroom with the television as the primary source of stimulation for the day. Additionally, two other residents informed the inspectors that insufficient activities were geared towards their interests and capacities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Greenhill Nursing Home OSV-0004584

Inspection ID: MON-0042479

Date of inspection: 10/09/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will strengthen our systems as required to be fully effective in identifying risks and driving quality improvement in areas such as premises, activities provision, infection control and fire precautions as found on inspection day.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have commenced an audit of the internal décor and a schedule of improvements works will be ongoing.</p> <p>The temperature of the hot water in the taps in resident’s rooms has been reviewed by our Plumbing and Heating contractor and has been reduced. This will be monitored by our plumbing contractor on an ongoing basis.</p> <p>We are working with our plumbing contractor to put thermostatic valves in all taps in the designated centre. This will be completed by February 1st 2025.</p> <p>Following on from the Inspection we have provided a lockable storage unit for each resident in their room.</p> <p>We have replaced the floor in the resident’s room identified on Inspection Day.</p> <p>The carpet at reception will be deep cleaned and brought up to standard.</p>	

--	--

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

A separate location for staff coats has been identified and staff coats will no longer be allowed in the linen press, this has been communicated to all staff.

We have a daily cleaning schedule in place which we have strengthened with a specific daily cleaning schedule for the urinals and commodes which will be monitored by the senior carers.

Staff were provided with an alternative storage facility for coats.

We reaudited our hand sanitizer dispensers. All out of date alcohol gels have been replaced and an additional hand sanitizer dispenser has been put in place as specified. This will continue to be audited as part of IPC.

These changes have been communicated to all the staff.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

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

Hoists will be charged in a designated area of the day room at night instead of corridor.

A waterproof keylock box has been put in place behind the small locked gate adjacent to the dining room to facilitate egress in both directions in the event of a fire.

A fire blanket has been placed in the area in the front of the building where one resident chooses to smoke.

All required protective equipment is now in situ and we are in the process of installing a call bell in this area which will be communicated to the resident and all staff. This will be completed by Friday November 1st.

A fire extinguisher is available adjacent to this area.

These changes have been communicated to all the staff.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Nursing Home will carry out a review on how the current activity schedule is meeting all our resident's needs.</p> <p>This will include consultation with residents and staff and take account of the residents "key to me" where residents cannot express a preference.</p> <p>As already planned Sonas program has commenced for the residents in the C wing day room.</p>	

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	30/01/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	07/10/2024

	associated infections published by the Authority are implemented by staff.			
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	01/11/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	07/10/2024
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	30/01/2025