Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SignaCare Killerig
Name of provider:	Signacare Killerig Ltd
Address of centre:	Killerig, Carlow
Type of inspection:	Unannounced
Date of inspection:	11 April 2024
Centre ID:	OSV-0005454
Fieldwork ID:	MON-0042909

About the designated centre

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

SignaCare Killerig Nursing Home is situated a short driving distance from Tullow town in County Carlow. The centre provides accommodation for 45 residents. It caters for both male and female residents aged over 18 years of age. Residents are accommodated in 35 single bedrooms and 5 twin rooms, each with ensuite shower, toilet and wash basin facilities. Bedrooms are located on the first and second floor. The ground floor mostly consists of spacious communal areas and various services such as catering, laundry and treatment rooms. Care services provided at SignaCare Killerig include residential care, convalescence, respite and palliative care for residents. The provider employs a team of staff in the centre to meet residents' needs. This team consists of registered nurses, care assistants, an activity coordinator, maintenance, housekeeping and catering staff. According to their statement of purpose, value is placed on the uniqueness of each individual and the centre is guided by a commitment to excellence that ensures every resident will enjoy passionate and professional care. They aim to enhance the ability of residents to participate in and contribute to daily life. Facilitating residents' independence and choice in how they plan their daily lives. The centre aims to provide a person centred approach to care where staff will endeavour at all times to deliver quality care informed by best practice and complying with all relevant standards and legislation ensuring the residents are involved in all aspects of planning and decision making.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 April 2024	09:20hrs to 18:20hrs	Aislinn Kenny	Lead
Thursday 11 April 2024	09:20hrs to 18:20hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the person in charge and staff in Signacare Killerig Nursing Home were working to improve the quality of life and promote the rights and choices of residents in the centre. Residents spoken with on the inspection days were complimentary of the service they were provided with. The inspectors met with most residents during the inspection, with six residents spoken with in more detail. Residents said the staff were 'respectful and kind', and one resident said, 'Staff are so good'.

The reception area of the centre was very spacious, clean, bright and well maintained. There was a seating area and coffee dock located here and residents and visitors were observed enjoying refreshments together on the day of inspection. The residents' bedrooms were located on the first and second floor along with a small seating area and pantry on each floor. Sitting rooms, dining room, the coffee dock, hairdressers, communal spaces and offices were all located on the ground floor.

Residents had the use of a number of communal rooms and these were decorated in a comfortable and homely style. A spacious passenger lift was available to ensure residents could access both floors with ease. A secure outdoor area was landscaped with a variety of shrubs and plants and contained appropriate seating and shading for residents' use. The doors to this area were unlocked and residents could access them as they wished. Residents' bedroom accommodation comprised single and twin-occupancy rooms with en suite facilities. Residents' rooms overlooked surrounding green spaces and residents told inspectors they enjoyed having these views, many residents had bird feeders close to their windows to observe birds coming and going. Overall, residents' bedrooms were nicely decorated and personalised with photographs and memorabilia.

Clinical hand-wash sinks had been installed on the corridors; however, the clinical hand-wash sinks in the treatment rooms did not meet the required standard. Overall, inspectors found that the centre was spacious and clean; however, action was required in relation to some areas where floor coverings were damaged, and there was visible damage to some walls and ceiling surfaces, as discussed in this report.

During the day of the inspection, the inspectors found a number of risks and issues of concern relating to fire safety. An immediate action plan to clear the escape routes was given on the day of the inspection, and all items were removed. Fire safety deficits are further described under Regulation 28: Fire precautions.

Residents were observed on the day engaging in activities in the large communal rooms and interactions between staff and residents were observed to be courteous and kind.

Sufficient dining facilities were provided throughout the designated centre. Inspectors observed the lunch-time meal and saw that it was a relaxed and social occasion for residents, who sat together in small groups at dining tables. Residents were mostly complimentary of the food they were served. The lunch was observed to be well presented, warm, and with ample amounts on the plate. The meals were home-cooked on-site and there was tea, coffee and cakes served throughout the day also.

The next two sections of the report present the findings of the inspection in relation to capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, residents received a good standard of care and were supported to enjoy a good quality of life. The centre had a good history however, a decline in regulatory compliance was noted on this inspection. Significant improvements were required in relation to the management of records, notification of incidents, governance and management arrangements for the monitoring and oversight of the quality and safety of care specifically in respect of residents' individual assessment and care plans, governance and management, and fire safety. There were also improvements required on the management of challenging behaviours, infection control, premises and complaints these will be discussed under the respective regulations.

This was an unannounced inspection, carried out over one day by inspectors of social services, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Signacare Killerig Limited is the registered provider for Signacare Killerig. The company is part of the Virtue Intergrated Care Group, which has a number of nursing homes nationally. The company has three directors, one of whom is the registered provider representative. The daily running of the centre was overseen by the person in charge with the support of the registered provider. The person in charge worked full-time and was supported by a clinical nurse manager, a team of nurses and health care assistants, activity co-ordinators, house keeping team, catering, administration and a full-time maintenance person.

Minutes of staff meetings were reviewed and key items relating to residents' care were found to be discussed a these meetings with follow up actions documented. However, the last governance meeting minutes were not available for review on the day of inspection. There was a schedule of audits in place by the centre and gaps were identified where audits had not taken place in line with the schedule; for example a complaints audit was not recorded to have taken place as per the

schedule. While there was evidence of residents' meetings taking place and residents were involved in the running of the centre there was no evidence of residents' input into the annual report for 2023.

Staff records were examined and they contained the information required under Schedule 2 of the regulations. However, not all records to be kept in the designated centre in respect of each resident were retained in the designated centre for a period of not less than seven years. This resulted in Schedule 3 records not being readily available for inspection.

The incident log was reviewed and inspectors found that not all notifiable incidents had been notified to the Chief Inspector of Social Services as further discussed under the regulation.

Contacts for the provision of care were viewed and the sample viewed contained details of the service provided and any fees associated with this service.

There was a complaints procedure displayed in prominent position within the centre. There was a nominated complaints officer who dealt with and oversaw the management of complaints. However, the complaints procedure did not fully meet the requirements of the regulation and will be discussed further under Regulation 34: Complaints.

Regulation 19: Directory of residents

The directory of residents maintained at the centre, recorded the information required to meet regulatory requirements.

Judgment: Compliant

Regulation 21: Records

Records to be kept in the designated centre in respect of each resident, were not retained in the designated centre for a period of not less than seven years. This resulted in Schedule 3 records not being readily available for inspection as the archive room was outside of the designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

The monitoring and oversight systems of key areas, such as assessment and care planning and fire safety precautions were not effective and did not ensure the safety and well-being of the residents.

- Inspectors were not assured that there was adequate management oversight of fire safety in the centre. This is detailed under Regulation 28: Fire Precautions. An immediate action was given on the day of inspection to remove items from fire escape routes. These items were removed before the end of the inspection.
- Governance meeting minutes were not available since August 2023, a record of a meeting taking place in early April was sent to inspectors following the inspection.
- There were gaps identified in audit schedules such as audits for medication management and complaints which were not recorded to have taken place
- The annual review did not contain information on residents' input
- Greater oversight of the premises was required as discussed under Regulation 17:Premises to ensure the lived environment was appropriately resourced and well-maintained at all times.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined. These included details of the service provided, fees to be charged for such services and detailed the residents room number and occupancy.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors identified that two notifiable incidents had occurred; however, the Chief Inspector had not received the appropriate notifications. The person in charge submitted the required notifications retrospectively.

There were three notifications that had not been submitted within three working days of the incident occurring.

Judgment: Not compliant

Regulation 34: Complaints procedure

- The complaints procedure on display did not identify a review officer. This was amended on the day of inspection.
- A review of the record of complaints found that a small number of complaints were not managed in line with the centre's complaints procedure. For example, a complaint had not been closed within the required time frame, another complaint reviewed did not have all of the appropriate details recorded.

Judgment: Substantially compliant

Quality and safety

This inspection found that the kind and caring staff working in the centre promoted and respected residents' rights. Residents' needs were being met through very good access to medical, health, and social care services and opportunities for social engagement. However, inspectors found that improvements were required to monitor the quality and safety of care delivered and practices in respect of care planning arrangements, infection control and fire safety.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken to ensure that the centre could provide appropriate care and services to the person being admitted. However, the inspectors saw that some of the comprehensive assessments to support the additional needs of the residents with associated care plans were not completed within 48 hours of the admissions to the centre. Inspectors also reviewed a sample of files of residents with a range of needs and found that some care plans in respect of the wound and nutritional changing needs were not in place. This is discussed further under Regulation 5: Assessment and care plans.

The inspectors saw that the food provided to residents was of high quality and that all meals, including those of a modified consistency, were nicely presented and served to residents. Inspectors observed that residents who were assessed and required supervision while eating were appropriately supervised.

Residents' rooms had access to outside balconies and the inspectors were informed that the doors on some of the bedrooms had already been changed, and there was

a plan in place to replace the balcony doors to ensure that residents had free access to the balconies. The height of the balconies and terrace barriers required review to ensure they were sufficient to prevent falls for residents using this area.

Inspectors were assured that staff knew the residents well and were familiar with the antecedents that may trigger episodes of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). However, appropriate assessments such as ABC assessment (Antecedent, Behaviour, Consequence) were not completed according to the centre's policy and two behavioural support care plans were not in place.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene and infection prevention and control (IPC). Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. There were up-to-date IPC policies, which included COVID-19 and multi-drug resistant organism (MDRO) infections. The premises were of suitable size to support the numbers and needs of residents living in the designated centre. However, improvements were required to premises and infection prevention and control, which is discussed further in this report under Regulation 17 and Regulation 27.

The centre did not act as a pension-agent for any residents. The inspectors reviewed the safeguarding measures in place and found that not all staff were knowledgeable about all aspects of safeguarding vulnerable adults, and the provider did not take all reasonable measures to protect residents, as evidenced under Regulation 8: Protection.

Inspectors observed that there were no restrictions on visitors who inspectors observed being welcomed into the centre during the inspection.

During the day of the inspection, the inspectors found a number of risks and issues of concern relating to fire safety. An immediate action plan to clear the escape route was given on the day of the inspection, and all items were removed. Fire safety deficits are described under Regulation 28: Fire precautions.

Regulation 17: Premises

A review of the premises found that some areas did not fully comply with the requirement of Schedule 6 of the regulations. For example;

- Safe floor covering was not in place in all parts of the centre for example; there was carpet missing on areas of the stairs which meant residents or staff were at risk of tripping or falling

- Some items of furniture and equipment were not in good working order for example; a sofa in the activity area was damaged and not fit for purpose. Some toilet seats required replacing in en-suites, inspectors were informed these were on a schedule for replacement.
- Emergency call facilities were not accessible in Jack's bar and the Meditation/Prayer room as there were no call-bells located in these rooms.
- A call-bell monitor was missing in the corridor on the second floor. Inspectors were informed that the staff members were using pagers to ensure that the residents' call-bells were answered in a timely manner.
- Sluice rooms did not include lockable storage cabinets

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Food was freshly prepared in the centre's own kitchen. The inspectors saw that there was a good choice available at each meal, modified diets were nicely presented, and table settings were suitable. The residents had access to fresh drinking water at all times.

Judgment: Compliant

Regulation 27: Infection control

Action was required 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;

- While the centre identified an Infection prevention control (IPC) link person, there was not an appropriately qualified infection prevention and control link practitioner in place to increase awareness of infection prevention and control and antimicrobial stewardship issues locally.
- Flooring covering, such as carpets on the stairs and in the activity room, and the marmoleum covering in some of the bedrooms and communal areas, was visibly damaged and stained and required repair work, which made cleaning and disinfection of this area difficult.
- Inspectors observed that a number of hoist slings were not being placed in some residents' rooms in line with the provider's own procedures. In addition, multiple hoist slings were placed on a hoist that had been recently used by staff to transfer a resident. These slings had no labels to indicate if they were

cleaned and to whom they belonged. This posed a cross-infection risk to residents.
- The surface of some of the shower chairs and commodes in several residents' bathrooms was rusted and, therefore, could not be effectively cleaned.
- The hand washing sink available in the treatment rooms did not meet the recommended clinical hand hygiene specifications. This finding did not support effective hand hygiene by staff involved in providing clinical treatments to residents.
- On the day of the inspection, inappropriate storage practices were observed. For example, the bed wedges and mattresses were stored on the floor, and the hoist was stored in front of the lift or in the prayer room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not have adequate precautions in place against the risk of fire. For example;

- There was no safety signage in place to denote the potential hazards where oxygen was stored or in use

The registered provider did not ensure that appropriate arrangements were in place to ensure that means of escape were maintained clear at all times.

- Inspectors observed practices in which a chair and a trolley with linen and towels blocked a fire exit and fire door; A bird feeder was blocking an external fire exit door on the second floor. An immediate action was issued on the day and all of these issues were removed before the end of inspection.

The registered provider did not make adequate arrangements for detecting, containing and extinguishing fires for example;

- A fire extinguisher was missing in the pantry on the second floor.
- A door frame in the sluice room was not completed with fire seals
- The sealing around the pipes in the laundry room was falling off the floor, creating holes in the wall. There were holes in the ceiling and missing ceiling tiles. Inspectors were informed that this was due to the maintenance work. These issues posed a risk to the containment of smoke and fire in the event of an emergency.
- A door stopper was used to keep a fire door open. An immediate action was issued in this respect and this was removed promptly

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident were assessed and an appropriate care plan was prepared to meet these needs. For example:

- Assessments and care plans for newly admitted residents were not always completed within 48 hours following the admission.
- While the care plans were evaluated, from the sample of care plans reviewed, they were not all formally reviewed on a four-monthly basis to ensure care was appropriate to the resident's condition and changing needs.
- There was no care plan created for two residents with wounds to support their wound healing.
- Where a resident experienced weight loss, the Malnutrition Universal Screening Tool (MUST) assessment was not correctly calculated, and there was no nutritional care plan in place to support residents with appropriate interventions/actions to achieve their nutrition goals.
- A number of manual handling assessments in the residents' wardrobes were not updated on a four-monthly basis as per the centre's policy. In addition, the instructions for manual handling support of residents in the event of a fire emergency differed from those described in the manual handling assessment on some of the Personal Emergency Evacuation Plans (PEEP).

Judgment: Not compliant

Regulation 6: Health care

Records showed that residents had timely access to their general practitioner (GP), health and social care professionals, and specialist medical and nursing services, including psychiatry of older age, community palliative care, TVN (tissue viability specialists), chiropodist and others as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, inspectors saw that appropriate behavioural assessments were not consistently completed according to the centre's policy.

Two residents with experience of responsive behaviours did not have behavioural support care plans in place to inform a holistic approach to managing residents' responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

While the centre had an up-to-date safeguarding policy and all staff were facilitated to attend training on safeguarding residents from abuse, the inspectors found that staff did not follow the centre's policy on Adult safeguarding. However, staff who spoke with inspectors were not aware of their responsibility to protect residents and create safeguarding care plans for residents with responsive and inappropriate behaviours, where the residents posed risks to other residents, staff, and visitors, especially in the communal areas, caused harm to themselves, or were at risk of being harmed due to their responsive behaviours.

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 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for SignaCare Killerig OSV-0005454

Inspection ID: MON-0042909

Date of inspection: 11/04/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Director of nursing has reviewed the storage space within the designated building in order to ensure that all records are kept within the designated center. The records currently archived in a secure area will be transferred to this space and kept in line with regulation 21.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Director of Nursing and the Senior clinical team have reviewed all care plans and assessments. As a result of the audit ,an action plan was created and all issues noted have been addressed. All PEEPS and manual handling assessments have been reviewed and updated. The facilities manager and the Director of nursing have introduced a daily fire walk to ensure there are no doors obstructed at any time. All staff have had health and safety refresher training. All audits are now all up to date and will be monitored by the regional director monthly. The annual review although reflected the residents survey outcomes, the Director of nursing is reviewing the format to give the outcomes more prominence in the review.	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
A system has been put in place to ensure the timely submission of notifications.
To include when the Director of nursing is on annual leave .This will be monitored by the Regional Director and Director of Quality and Safety.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints procedure was amended on day of inspection to include the independent review person .The complaints process will be audited monthly to ensure that all documentation is present and that the complaint is closed in line with the regulation 34.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Removing the carpet on the stairs and ensuring safe clean flooring.
• Sofa to be removed.
• An audit is being carried out on all toilet seats and will be replaced.
• Call bell installed in Jacks bar and prayer room.
• A call monitor installed in the corridor on the second floor.
• All sluice rooms are accessed by swipe cards so only accessed by clinical staff.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• DON will take over as an IPC link person (having a Level 9 Certificate in IPC) until The CNM gains her qualification as an IPC link person.
• A flooring buffer has been ordered to ensure appropriate cleaning and disinfection and

the damage in the marmoleum will be repaired.
• The carpets will be removed and replaced with marmoleum.
• More slings had been ordered and allocated/ labeled to the resident for individual usage.
• New shower chairs had been ordered, replacing the old ones that did not meet the IPC criteria.
• Clinical hand washing sinks for our three treatment rooms have been ordered.
• Wall hooks have been ordered and will be used to store the crash mats and bed wedges- removing the risk of having them on the floor.
• The hoist storing area has been clearly identified for all staff- proper storage will be monitored trough the management's daily environmental walks/ spot checks

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The safety signage for oxygen was in the building however it had been omitted in the sitting. The facilities manager put the signage in the sitting room immediately.
• All exits are clear and a daily check in situ.
• A fire extinguisher is in place in the pantry.
• Door frames for the sluice room have been ordered and will be replaced.
• The sealing on the pipes has been replaced and ceiling repairs planned.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All care plans and assessments have been audited and reviewed by the senior clinical team .This will be audited monthly by the director of nursing .The pre admission assessments are being audited by the Director of nursing .A review has taken place of the nutritional status of all residents to ensure accurate assessment and care planning .Training for the clinical team has been scheduled on MUST assessments .All PEEP have been reviewed and are in place for all residents .

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All residents that suffer from responsive behavior have been reviewed and safeguarding care plans implemented. The support care plans are in place for residents identified as having intermittent responsive behaviors .	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All safeguarding training is up to date .All staff are aware of the different elements of safeguarding and the Director of nursing has met with staff to ensure comprehensive understanding post training .	

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	30/06/2024
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Not Compliant	Orange	20/06/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/06/2024

	consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/06/2024
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	30/06/2024
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	15/06/2024
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.	Not Compliant	Orange	28/06/2024

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/06/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	20/05/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints 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.	Substantially Compliant	Yellow	10/05/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	20/05/2024
Regulation 34(6)(a)	The registered provider shall ensure that all	Substantially Compliant	Yellow	10/06/2024

	complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	20/05/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/07/2024

Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/05/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/05/2024