



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

Issued by the Chief Inspector

Name of designated centre:	St Kieran's Care Home
Name of provider:	Laurel Lodge Nursing Home Ltd
Address of centre:	The Pike, Rathcabbin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 September 2021
Centre ID:	OSV-0005584
Fieldwork ID:	MON-0033995

About the designated centre

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

St. Kieran's nursing home is a single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 23 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining and day rooms as well as an enclosed garden area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 September 2021	10:30hrs to 19:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and took place over the course of one day. The inspector spoke with residents and relatives and spent some time observing staff interacting with residents to see what life was like for residents living in the centre. The inspector found that residents were well looked after and content with their lives in the centre. A comfortable familiarity was seen to exist between residents and members of staff. Those residents who were more dependent and who could not talk with the inspector, appeared comfortable and did not show any signs of anxiety or distress. Both residents and staff welcomed the inspector and were happy to talk about life in the centre.

On arrival, the inspector was met by the person in charge who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checks, were implemented prior to entering the centre. After an opening meeting with the person in charge, the inspector was guided on a tour of the centre, where he met and spoke with residents in their bedrooms and in communal areas.

St. Kieran's Care Home is a two storey premises located in a rural area of north Tipperary, not far from the Galway and Offaly borders. The centre is registered to provide care for 23 residents. All resident' accommodation and communal areas are on the ground floor. There are some staff facilities on the first floor but much of this area is currently unused. On the day of the inspection there were 19 residents living in the centre. Bedroom accommodation comprises nine twin bedrooms and five single bedrooms. One bedroom has an en suite toilet and all other bedrooms share communal bathroom facilities. An additional shower facility had been installed since the last inspection to meet the minimum requirement of the regulations to have at least one bath/shower for every eight residents.

The design and layout of the centre supported the free movement of residents throughout the centre. Residents were encouraged and supported to mobilise freely. While the centre was generally clean throughout, the centre was in need of some redecoration. Some of the paintwork on doors and door surrounds was scuffed. The paintwork on an emergency exit door at the end of one of the corridors was in need of cleaning.

Residents had free access to an outdoor area through a door from the sitting room. This door was identified as an emergency exit and had a key in the lock. The person in charge informed the inspector that the key was left in the lock permanently but the door was rarely locked. The inspector requested the provider to review this emergency exit in light of a potential risk for the key to be misplaced.

There was a gazebo in the outdoor area with some comfortable seating in which residents could spend time out in the fresh air, weather permitting. This area was also used for outdoor music sessions as part of the activity programme. The outdoor

area was enclosed with low fencing, which could be easily scaled. This posed a risk of residents that may have a cognitive impairment absconding from the centre. The gate from this area to the car park was also open, as there was some renovations taking place externally. The provider was requested to incorporate these risks into the risk register and also to mitigate the risks where indicated.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them. Residents were facilitated to have visitors and discussions with visitors indicated they were happy with the arrangements in place. Visitors also expressed satisfaction with the care received by residents and were complimentary of staff. However, a significant number of residents were accommodated in twin bedrooms and adequate arrangements were not in place for these residents to receive visitors in private.

Residents talked about how difficult it had been during the recent restrictions and how glad they were that things were starting to get back to normal. Residents were very grateful to managers and staff for keeping them safe during the COVID-19 pandemic and remarked how well the team had done not to have a COVID-19 outbreak in their home.

Significant work had been done in relation to fire safety since the previous inspection. This included the installation of a new cross corridor fire door to sub-divide a fire safety compartment. Other cross corridor fire doors had been replaced and the inspector noted that there was a good seal in these doors when closed to minimise the escape of smoke and flames in the event of a fire. There was a need of further review of fire safety measures. An emergency exit at the end of a corridor was controlled by a key that was stored in a break glass unit. A spare key was also stored with a set of keys held by a member of the nursing staff. The provider was requested to review this arrangement due to the potential risk of a key being misplaced or the difficulty in using a key in an emergency situation. A review was also required of the secondary means of evacuation from a number of bedrooms close to the nurses' station. The corridor on this route was narrow and evacuation could potentially involve manoeuvring a mattress or a wheelchair through a ninety degree bend on the corridor. There was also a steep slope on the corridor leading towards the exit. Evacuation drills had not incorporated this route into their simulated emergency scenarios.

Residents were complimentary of staff in the centre and commented that they were responsive to their needs. Some residents mentioned that it had been quiet in the centre during the height of the COVID-19 pandemic but that things had improved now. The inspector was told that a range of individual and group activities were held each day by allocated staff members.

Staff spoken with by the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs. The inspector observed staff taking time to communicate with

residents as they went about their various tasks.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service provider and present the findings under each individual regulation assessed.

Capacity and capability

The provider ensured that the centre was adequately resourced. There was a clearly defined management structure with clear lines of authority for the day to day operation of the centre. Improvements were required in the centre's quality and safety monitoring arrangements.

The registered provider of St. Kieran's Care Home is Laurel Lodge Nursing Home Limited, a company comprising two directors. The management structure was clear with the management team consisting of a person in charge and a clinical nurse manager. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care.

On the day of inspection, the staffing numbers and skill-mix were appropriate to meet the support requirements of residents. Staff were supported to access training to support them provide evidence-based care to residents. Staff spoken with stated that they were happy with supervision arrangements and were supported to attend training relevant to their roles.

The management team had oversight of the care being delivered to residents. There was an audit schedule and system in place for auditing practices such as falls, wound care, medication management and the environment. As discussed in the relevant regulations in this report, a number of required improvements were identified on this inspection. A review of the centre's own monitoring system was required to ensure that the programme of audits was sufficiently robust to capture these deficits.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre free of COVID-19. A high percentage of residents and staff had received both vaccinations to offer them protection against COVID-19. The centre was seen to adhere to the most up-to-date guidelines in relation to infection control procedures.

There were low levels of complaints recorded and the provider worked hard to ensure that complaints or concerns were resolved at an early stage. Residents confirmed that they were aware that they could register a complaint if they were unhappy with any aspect of the service provided.

Registration Regulation 4: Application for registration or renewal of registration
Floor plans submitted as part of the registration renewal process did not include the laundry as part of the designated centre.
Judgment: Substantially compliant
Regulation 14: Persons in charge
The person in charge had the required experience and qualifications specified in the regulations. Residents were familiar with the person in charge and it was evident that she was involved in the day to day operation of the centre.
Judgment: Compliant
Regulation 15: Staffing
A review of the staff roster, the observations of the inspector and discussions with residents indicated there were adequate numbers and skill mix of staff to meet the assessed needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
Training records viewed indicated that all staff had attended up to date training in mandatory areas such as fire safety, manual and people handling, safeguarding residents from abuse and responsive behaviour. All staff had also completed infection prevention and control training with particular focus on COVID-19.
Judgment: Compliant
Regulation 21: Records
A review of a sample of four personnel files identified that a full employment history

was not in place for one member of staff and another member of staff had one employment reference instead of the required two references.

Judgment: Substantially compliant

Regulation 23: Governance and management

Oversight of quality and safety required improvement as evidenced by the deficits identified in this report in relation to the management of risk, fire safety, infection prevention and control, and assessment and care planning.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to:

- ensure that it reflected the addition of a new shower and that this was also included in the floor plans
- ensure that it reflected the current management arrangements

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of complaint and incident records indicated that notifications required to be submitted to the Chief Inspector were submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. The complaints procedure was on prominent display. A review of the complaints log identified that complaints were investigated and the outcome of the complaints process was relayed to the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were in place and all had been reviewed at a minimum of every three years.

Judgment: Compliant

Quality and safety

Overall, the feedback from residents was positive and the inspector was satisfied that residents were happy living in the centre. Staff appeared to be kind and caring and all interactions between staff and residents observed by the inspector were respectful. Improvements were required predominantly in the areas of assessment and care planning, risk management, fire safety, and infection prevention and control. Each of these issues are discussed in more detail under the relevant regulation.

While all residents had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. Most staff were vaccinated and they continued to record their temperature at the commencement of their shift and again later in their working day. While there were good infection control systems in place and the centre had been successful in preventing an outbreak of COVID-19 in the centre, some improvements were required. The laundry area required reconfiguration to enable the segregation of clean and dirty linen and also to prevent cross contamination of supplies stored proximal to a washing machine.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

Significant work had been done in relation to structural fire safety arrangements. A fire safety risk assessment had been completed in February 2020 and a record was available confirming that all of the works identified as being of high and medium priority had been addressed. Works completed included the correction of breaches in fire stopping, replacement of fire door sets and the replacement of evacuation ski sheets. However, the observations of the inspector and discussions with staff indicated that three final exit doors were controlled with a key and the

recommendations in the fire safety risk assessment had not been completed in relation to these doors. Three other doors with a similar locking mechanism had been addressed through the connection of the locking mechanism to the fire alarm system, so that they would automatically unlock when the fire alarm was activated. Some improvements were also required in relation to the secondary evacuation route in one area of the premises. Adequate assurances were not provided that all residents accommodated in bedrooms on the corridor leading to the nurses station could be evacuated in a timely manner should there be a need to evacuate resident via this route. The provider gave assurances that this would be addressed as a matter of urgency.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All residents who spoke with the inspector reported that they felt safe in the centre. The person in charge advised that all staff had received training in safeguarding vulnerable adults from abuse, staff spoken with confirmed that they had received training and training certificates were available in the sample of staff files reviewed. In instances of allegations of abuse, records indicated that these were notified to the Chief Inspector as required by the regulations. Records indicated that these were investigated and the investigation was conducted by an independent person when this was indicated. Assurances were given that any required improvements would be addressed.

A review of the restraint register indicated that eight of the nineteen residents living in the centre had bed rails in place when they were in bed. While all residents were risk assessed prior to the use of bed rails and records indicated the exploration of alternatives, the proportion of residents using bed rails is considered high. Discussions with staff indicated that bed rail usage was not always in keeping with national guidance on the use of restraint.

All residents were assessed on admission using recognised assessment tools. The assessment process, however, could benefit from a comprehensive resident assessment on which care plans would be based. Care plans were developed and these were seen to be personalised. Discussions with staff indicated that they were knowledgeable of each residents preferences and care needs. However, a care plan was not in place for one resident even though they had been admitted in excess of 48 hours prior to this inspection.

Residents had good access to medical care and medical notes seen by the inspector indicated that they were reviewed regularly. There was good access to allied health and specialist services such as dietetics, occupational therapy, speech and language therapy and mental health services. A physiotherapist visited the centre each week and review residents individually as required.

Regulation 11: Visits

Visits were seen to take place in a small entrance lobby immediately inside the front

door, which does not support residents' rights to receive visitors in private.

Judgment: Substantially compliant

Regulation 17: Premises

Improvements required in relation to the premises included:

- paintwork was damaged on some doors and on the cupboard under a wash hand basin in a bathroom
- the thermostatic control for hot and cold water required adjustment as the temperature of the water from the hot taps was too hot and posed a risk of scalding to residents
- there was inadequate storage space resulting in hoists being stored in bathrooms

Judgment: Substantially compliant

Regulation 26: Risk management

Improvements were required in relation to the identification and management of risk. For instance:

- the low fence surrounding the outdoor space was not included on the risk register. This posed a risk of residents that may have a cognitive impairment absconding from the centre
- a slope leading from a residents area to the nurses station was quite steep and was not identified as a risk on the risk register
- the door to an outdoor area leading to the laundry was open and could be accessed by residents. There were steps immediately outside the door which could be a fall hazard for residents should they access this area unsupervised.
- the door to the sluice room was found to be unlocked on two occasions and the room could be accessed by vulnerable residents
- key controlled emergency exits were not included on the risk register

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- the design and layout of the laundry did not support the segregation of clean and dirty linen and posed a risk of cross contamination. For example, soiled linen was segregated in an area that was also used to store clean linen. A washing machine and dryer were located in a store room that was used to store supplies such as incontinence wear, gloves and paper towels.
- incontinence wear was stored in communal bathrooms
- one of the bathrooms did not have a paper towel dispenser or soap and the paper towel dispenser in another bathroom was empty
- a urine bottle was stored on top of a cistern in a communal bathroom
- while the centre was generally clean, there was no checklist to record what had been cleaned each day

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- a review was required of the secondary evacuation route for residents occupying bedrooms on the corridor leading from the day room towards the nurses office. The provider was requested to provide assurances that all residents accommodated in this area could be evacuated via the secondary evacuation route in a timely manner should the primary evacuation route not be accessible
- a linen trolley was stored on a corridor partially obstructing an evacuation route
- recommendations contained in a fire safety risk assessment in relation to key controlled final exit doors had not been addressed for three of the six doors cited in the risk report
- records in residents' bedrooms verifying that evacuation sheets were properly fitted were not completed on a daily basis in accordance with the centres' own recommendations

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The book used to record the stock balance of medications requiring special control measures was signed in advance by a nurse. The record indicated that the stock balance was correct at 20:00hrs even though it was still only 13:00hrs when viewed by the inspector.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review was required of the assessment and care planning process. For example:

- a comprehensive assessment was not completed for all residents on which the development of personalised care plans could be based
- a care plan was not in place for a resident admitted on respite
- anomalies in weight records were not adequately investigated to ascertain if sudden changes in a resident's weight were in fact accurate
- the care plan for a resident with diabetes indicated that a resident's blood sugar level should be recorded daily; staff informed the inspector that it should in fact be done weekly; a review of records indicated that on occasion the interval between testing extended to a fortnight
- recommended observations were not always conducted following a resident experiencing an unwitnessed fall

Judgment: Not compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics and physiotherapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a high incidence of bed rails in use. The inspector was informed that in at least one instance, this was at the request of a relative.

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe and would have no problem approaching management or staff if they had any concerns. All staff interactions with residents were seen to be respectful. The centre was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. There was evidence that issues raised by residents were acted upon. Issues discussed at a recent meeting included menus, staffing, visiting and entertainment. There were also resident and relative satisfaction surveys and the feedback was predominantly positive.

There were no restrictions on resident's movements within the centre. Residents were observed to be moving about as they wished both inside and outside the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Kieran's Care Home OSV-0005584

Inspection ID: MON-0033995

Date of inspection: 09/09/2021

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Statement of Purpose to be updated to include the laundry floor plans 31/10/2021	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Of the 2 staff members identified, one has left and the other has given their notice to leave. Therefore no personnel files of ongoing staff will remain incomplete. 14/10/2021	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The Provider Representative and Person in Charge communicate at least twice daily on the phone where all relevant issues are discussed. The Provider Representative visits the site two times a week where all issues are discussed in person. Audits, policies and any current issues are reviewed on site at these meetings. Going forward these meetings will be documented more to make them more official.

12/11/2021

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Statement of purpose is now updated to reflect new shower and current management arrangements.

14/10/2021

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

All residents that reside in St Kierans will be offered a choice of where to receive their visitors.

If they reside in a shared double room unfortunately Public Health will not allow visits to take place in their rooms due to Covid 19 restrictions. These residents will be offered the following choices

1. In the lobby in the front hall
2. In the Dinning Room
3. In the Main Office which will be left free for their privacy
4. Outside weather permitting

Residents that reside in a double room not shared or in a single room will be offered as above or their bedroom

12/11/2021

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Paintwork already completed</p> <p>Thermostatic control for hot and cold water has been adjusted to more appropriate levels, to avoid scalding risks.</p> <p>Storage space has been updated with new shelves added, in conjunction with issues raised.</p> <p>Any other issues regarding premises to be completed by end of month.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Fence out the back has been raised to come in line with current height regulations.</p> <p>The exit door to the Laundry area has been fitted with a key pad which removes the risk of a resident exiting the nursing home through this door.</p> <p>The slope and steps outside this door has been resurfaced to reduce the steepness on the slope.</p> <p>The door on the corridor leading to this area has been removed which widened the corridor and hand rails have been fitted too accommodate residents in this area.</p> <p>All Key controlled Emergency exits will be included on the risk register</p> <p>By 30/11/2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:

Laundry is now closed, and outsourced to a third party .

Checklists to be implemented correctly and in a timely manner for recording purposes.

Issues around incontinence wear storage and paper towel/soap dispensers dealt with accordingly.

By 31/10/2021

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Secondary evacuation review to be conducted

Fire safety risk assessment to be updated and addressed for 3 exit doors.

Evacuation sheets records in bedrooms to be addressed and brought in line with centre recommendations

A fire drill has been carried out to reflect the area of concern where a resident could not be evacuated on a ski sheet via the secondary route. This resident can easily be evacuated in a wheel chair and a fire drill has been carried out for this. The door has been removed in that part of the corridor to widen the corridor and reduce the sharp turn hence increase the speed of evacuation. The trolley that was previously stored in this corridor has been removed.

The plan to change the window in this room to a door to allow speedier evacuation via ski sheet is a working progress. While waiting for this to be completed close observation in regards to the types of residents been accommodated in this zone of the nursing home continues, to keep residents in this area at a low independence level.

There is currently one wheelchair resident in this area and one mobile resident

Evacuation sheets records in bedrooms have been addressed and brought in line with center recommendations

20/11/2021

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Immediate action taken to ensure that more care is taken around medication stock balances recording by nurse on duty.</p> <p>Completed 20/10/2021</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All assessments including comprehensive assessments are been completed for residents within 48hrs of admission.</p> <p>Care plans are completed within 48hrs of admission using the comprehensive assessment as a guideline</p> <p>All care plans and assessments will be reviewed every 3 months or sooner if required to reflect the current status of the residents</p> <p>12/11/2021</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Bed rails incidence remains proportionally high due to the relatively high dependency levels of the residents on site. Ongoing reviews and recording in place to ensure that they are only used in line with individual risk management and as published by the Dept of Health.</p> <p>20/10/2021</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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2021
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not	Substantially Compliant	Yellow	30/11/2021

	the resident's room, is available to a resident to receive a visitor if required.			
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	31/10/2021
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	22/10/2021
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	31/10/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout	Substantially Compliant	Yellow	30/11/2021

	the designated centre.			
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	31/10/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/10/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	22/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/10/2021
Regulation 5(2)	The person in	Not Compliant	Orange	22/10/2021

	charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	22/10/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	22/10/2021