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:	Stella Maris Nursing Home
Name of provider:	Star of the Sea Limited
Address of centre:	Baylough, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0005614
Fieldwork ID:	MON-0033853

About the designated centre

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

Stella Maris is a small family-run designated centre located in a residential area in the town of Athlone. Twenty-four hour general nursing care is provided for up to 25 residents, both male and female over the age of 18. The majority of residents living in the centre are accommodated on a long-term basis, however short-term respite and convalescence care are also provided. Care is provided for people with a wide range of needs including physical and sensory disability, dementia, acquired brain injury and for all levels of dependency. The designated centre comprises of a converted house over two floors, accessed via a lift. Accommodation is provided in nine twin rooms and seven single rooms (eleven of these have en-suite facilities). Communal areas include a dining room, two sitting rooms, a smoking room and visitors' room. Residents have access to a safe enclosed garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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
Wednesday 1 September 2021	09:10hrs to 17:45hrs	Marguerite Kelly	Lead
Wednesday 1 September 2021	09:10hrs to 17:45hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

The inspectors met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were kind and caring, that they were well supported and happy living in the centre. Residents reported that communication in the centre was good and that staff kept them up-to date regarding the restrictions and the COVID-19 pandemic. The inspectors acknowledged that residents and staff living and working in centre have been through a challenging time and they have been successful to date in ensuring that residents had not been infected with COVID-19.

Inspectors arrived unannounced to the centre and staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following their arrival the inspectors carried out a tour of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms. The centre consisted of two floors and the bedroom accommodation was provided in a mixture of single and twin bedrooms, some en-suite and others not.

This was a two storey facility with resident accommodation on both floors, with lift and stairs access to the first floor. There was COVID-19 advisory signage, hand sanitizer, temperature check and sign in sheets by reception.

The day room was spacious and had access to the outdoor decking area, however there was some inappropriate storage of wheelchairs, boxes and staff jackets next to the door which was the fire exit. This had the potential to block/hinder the exit in the event of a fire. Also some of the fabric cushions and chairs in this area were worn and not clean. The TV was accessible for all residents in the day room and throughout the day age-appropriate music and programmes were played on the TV. Residents were observed partaking and enjoying a number of individual and group activities. There was a health care assistant responsible for the activities on the day of inspection, alongside her health care duties. They were seen to encourage participation and stimulate conversation. During the pandemic, different activities had been sourced, and included using zoom on the TV for activities, for example listening to a choir and playing Bingo. Residents told the inspector how they enjoyed partaking in a range of activities, and were enjoying a quiz with lots of amusement on the day. The activities schedule was displayed and was accessible to residents. One resident reported 'we do watch a lot of TV'.

There was a smoking area between the day room and fire exit. It was seen to be in use throughout the inspection. At times inspectors noted the smell of smoke in the day room, staff reported it was likely from the door opening to the room, and some of the smoke smell coming out. There was an extractor fan in the room and windows were open. Inspectors noted the smell of smoke coming from a bedroom upstairs, the provider noted the resident had been asked not to smoke in their

room.

Mealtimes were observed on the day and residents were served in a helpful and social manner. There was a choice for meals and residents spoken with provided positive feedback on the quality of meals served.

Through walking around the centre, inspectors observed that most residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space and storage for personal items, however, in at least two double rooms the closet of one resident was obstructed by the other residents' privacy curtain.

During the walk-about of the centre inspectors saw many examples of where the organisation of the centre, cleaning standards, and the premises could impact on the safety of residents with regard to infection control and fire risks. Including the following observations;

- disorganised and inadequate storage arrangements,
- shared equipment was not effectively cleaned,
- worn and torn fabrics, including seating, mattresses and pillows.
- wheel castor's on some equipment, commodes and trolleys were rusted which prevented effective cleaning
- areas that were visibly unclean including communal bathrooms and sitting rooms

In addition the procedures and schedules for housekeeping and environmental cleaning were not specific and required greater detail to inform staff to adequately perform their duties. However, colour coding cloths and mops were in use and the cleaning staff had a good knowledge of which chemicals to use and where.

The décor in the centre was showing signs of wear and tear and many of the wooden doors, door frames and skirting boards were chipped. Barriers to effective hand hygiene practice were also identified during the course of this inspection for example there were a limited number of clinical hand wash sinks available for staff use. Findings in this regard are further discussed under the individual Regulations.

Capacity and capability

While there was some good practice in relation to complaints management, staff training and promoting residents rights, improvements were required in governance and management. This was to ensure the centre was operating in line with regulations and national guidance, and also that it was being effectively monitored.

This was an unannounced risk inspection by inspectors of social services to:

- Monitor the centres compliance with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- Review contingency arrangements in place during the COVID-19 pandemic.

Star of the Sea Limited is the registered provider of Stella Maris Nursing Home. The management team operating the day-to-day running of the centre consisted of the Person in Charge and a Deputy Director of Nursing who were also the provider. They each worked 3 days in the centre, covering 6 days between them. In addition, there was a CNM as part of the management team. The person in charge and deputy director of nursing were on call for cover out of hours and at the weekends. The centre is a two story building and is registered to accommodate 25 residents. On the day of inspection, there was 23 residents accommodated in the centre.

The staff team on the day of Inspection providing direct care to residents consisted of one registered nurse on duty and four health care assistants. The nurse on duty was responsible for coordinating and supervising the care provided to residents, and for oversight of the centre due to leave of the management team. Evening time staffing levels consisted of one nurse and two healthcare assistants and this reduced to one nurse and one healthcare assistant after 8 pm. Healthcare assistants were also responsible for providing activities, laundry, and one period of support in the kitchen. They were not allocated to these separate roles day by day but by parts of the day. This would be a concern with staff potentially moving from care to laundry to kitchen for wash-up increasing infection prevention and control risks and cross contamination. The centre was staffed with one housekeeper per day, 9 to 3 pm, six days a week, and two in the seventh day. There was one cook per day 8-6 pm with responsibility for all catering duties. On the day of inspection, the nurse was observed to be busy and carrying out multiple duties such as assessing residents, medications, answering the telephone and providing clinical care. The person in charge and deputy director of nursing arrived to support the inspection.

On one of the previous Inspections it was noted that there was inadequate numbers of showers for the amount of registered beds and so the centre had increased the amounts of showers and also had refurbished some of the existing showers. However, it was also reported on a previous Inspection the smell of smoke escaping from the smokers room was an issue, and Inspectors noted the same again during this Inspection.

Inspectors were not assured there were sufficient staff to fully meet residents needs, especially at night, when there were only two staff on duty to manage any incidents that may occur, including an evacuation in the case of a fire alarm. A number of residents required 2:1 support which would leave other residents unsupervised. The providers advised there were on-call arrangements relating to people in building but they were not formally reflected in the staffing roster in centre. Cleaning arrangements were also identified to be inadequate as evidenced by the unclean areas, furnishings and equipment in the centre. Additionally, staffing numbers on the rosters did not align with the staffing numbers required as per the

centres statement of purpose and function

The person allocated to provide activities for residents held multiple responsibilities for the duration of their shift this potentially interrupted the provision of activities to residents. This was seen to occur a number of times during the inspection, for example a resident in the corridor needing support with mobilisation and the activity being paused while that support was provided.

Inspectors reviewed the training records and all mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults were up to date. The centre maintained a complaints log. Resident confirmed to inspectors that they would not hesitate to raise a concern or complaint with the management team and were confident the issue would be resolved.

The person in charge had completed the annual review of quality and safety of care in the centre for 2021. There was evidence of quarterly governance and management meetings and inspectors reviewed the minutes of the last meetings dated 13th August 2021. Action was required to ensure that issues identified during these meetings were appropriately actioned and completed. Also that quality improvements arising from audit findings should be incorporated into these meetings to improve outcomes for residents.

Inspectors found that there were gaps in the systems to assess, evaluate and improve the quality and provision of the service, as the provider had not identified many of the issues identified during the inspection. There was an audit schedule to measure and improve the quality and safety of the service provided to residents. However, the audits seen needed revising as they did not inform, for example hand hygiene audits were completed monthly but there were no percentages to see how well staff were cleaning their hands. No Quality Improvements Plans were associated to review the deficits and drive good practice.

Inspectors reviewed Infection Control audits completed in February of 2021. These audits assessed the cleanliness and hygiene standards of various locations in the centre including bathrooms, bedrooms and sluice rooms. However, the cleaning audits were not effective in promoting quality improvements as they had identified stains, dust and debris but no plan followed this audit to address deficits.

Regulation 15: Staffing

The number of staff was not sufficient at all times to meet residents needs and having regard to the layout of the centre, which was over two floors.

The cleaning staff were available for 6 hours per day, which was not sufficient to ensure the premises and equipment were clean as evidenced by the findings on the

day.

The night shift consisted of one RGN and one health care assistant. Two staff would not be sufficient to manage in the event of an emergency in the centre, such as a fire.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a varied training programme in place to ensure staff are appropriately skilled. All mandatory training was up to date, which included fire safety, safeguarding,and manual handling. Infection Prevention and Control training was also up to date via HSE land.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined management structure in place, oversight arrangements were not fully effective.

There were periods of time when the overall management was being provided by the nurse responsible for the delivery of care in the centre,

and none of the management team were available in the centre.

The management systems in place did not fully support oversight of the centre, for example, audits were not identifying areas to be addressed and were not informing quality improvements.

The provider had not identified risks with infection control and fire safety which could impact on the safety and well being of residents and staff.

The COVID-19 Contingency plan was completed and seen during the inspection, but it was not detailed in relation to how the centre would cohort if a COVID-19 positive area was required.

It was also noted staffing was not sufficiently resourced. The number of nursing staff available had reduced since the statement of purpose was submitted to the office of the Chief Inspector, and the provision of a separate activity coordinator role was not in place.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place, that covered who would manage complaints, the time lines for them to be responded to, and oversight that the process was followed correctly. The steps for making a complaint were displayed in the centre, and residents advised they knew who to raise issues with if they needed to.

Judgment: Compliant

Quality and safety

Residents health and nursing care needs of residents were being met, and there was a focus on residents rights and choices in the centre. Action was needed to improve infection control practices and care plan records. Some issues in relation to fire safety also needed to be addressed.

Many residents were observed spending their day in the day room while others chose to remain in their bedrooms. Residents expressed they were able to make choices about how they spent their time, and staff were seen to be promoting residents choices. Resident's bedrooms were observed to be decorated with items of significance to each individual resident. The premises included a safe, secure outdoor space which residents were supported in using. Outdoor spaces were accessible to most residents but some doorways presented a challenge to residents with impaired mobility due to inappropriate storage of items hindered the exit, for example there were two wheelchairs stored in the corridor, with a sign saying it was a space for the storage of three wheelchairs. There were also coats hanging on hooks next to the exit. Outdoor spaces included seating and facilities for recreation. There were residents meetings, where feedback was received about the day-to-day life in the centre. There was also information available about local advocacy services. There was access to TV, radio, a range of music and films, and there were lots of items to support activities that were engaging for residents. Residents reported they were happy living in the centre. The provider advised they had recently purchased a tri-shaw and residents were enjoying trips out in to the community with staff cycling.

Visits were being facilitated in a designated visitor area and indoors on compassionate grounds. Residents confirmed that they were enjoying seeing their

families again, and were seen taking phone calls during the inspection. On the day of inspection, the registered provider had not yet fully implemented the latest guidance on visiting long term residential care facilities and the provider confirmed to inspectors that this would be reviewed.

The provider described a program of ongoing improvement in the centre. Flooring was due to be replaced in corridors, and windows in the dining area were upgraded. Since the previous inspection, the provider had also improved and created additional shower rooms for residents. There was evidence of wear and tear throughout the centre with paint chipped off the walls and corners of corridors and some bedrooms which would impact on effective cleaning procedures.

Residents' lives had been significantly impacted by the COVID-19 restrictions, but the centre had done well keeping COVID-19 out of the centre. No residents had tested positive for COVID-19. While the provider had not experienced an outbreak, inspectors were not assured that infection control procedures in the centre were being implemented in line with national standards and guidance or that the provider was fully prepared to manage an outbreak if one occurred. Notwithstanding the positive actions taken since the last inspection, there were significant deficits observed on the day of inspection. During the inspection the provider did not provide a full and detailed plan to evidence preparedness for a COVID-19 outbreak. The Inspectors were shown a hand drawn diagram where residents would be placed in the sitting room, with no provision for privacy and bathroom availability, or staff areas required in a Cohort area. Additional findings are set out under regulation 27.

A review of care records found that residents needs were assessed prior to admission to the centre, and kept under review at least every four month's or more frequently as required. Where good examples were seen they were person centred and reflected residents preferences. However, there were a number of care plans seen with the same text, which made generic statements rather than set out residents needs. The provider was aware of this, and was arranging additional training for staff on the electronic system. Examples were also seen where residents had needs described in nursing notes or assessments, but there was no care plan in place to set out how it was to be managed. Examples included lack of information about residents mobility needs, and managing responsive behaviours (how people with dementia may respond to their environment)

Regulation 11: Visits

Visits were taking place, but visitors still needed to schedule/book to see their relatives, which is not the current HSPC visiting guidelines. The centre did tell the Inspectors that they were flexible with these visits and were allowing visits that suited the families.

Residents reported they were pleased to be seeing their visitors in person again, and were seen taking calls from family and friends through the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a Risk Policy in place and it had been updated 5th August, 2021.
Smoking Risk assessments were in place for the residents that smoked. But not for a resident that covertly smoked in their bedroom.

Judgment: Compliant

Regulation 27: Infection control

Systems and resources in place for the oversight and review of infection prevention and control practices were not effective. Inspectors observed practices that were not consistent with National Standards for infection, prevention and control in the community services. This was evidenced by:

- Many areas of the centre were not cleaned to an acceptable standard.
- There were minimal housekeeping procedures to guide staff to clean the centre. The current system was a checklist indicating area's were cleaned.
- Deep cleaning procedures and enhanced terminal cleaning procedures were not available and based on the observations of inspectors were not being completed. This lack of guidance and oversight was clearly impacting on the standards of cleaning in the centre.
- The centre used a colour coding cloth and mop system however, clean mop heads and clothes were observed to be stored on the floor in the cleaners room.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre and these did not comply with current recommended specifications for clinical hand hygiene sinks.
- There was much storage of inappropriate items in the sluice room) such as vases, pressure relieving cushion, unclean receptacles and very rusty catheter bag holders.
- Several instances where shared toiletries appeared to be in use.
- Walls and surfaces with flaking paint and chipped wood making cleaning of these surfaces impossible.
- Auditing was not driving improvement, for example hand hygiene audits with no results.
- There was no designated clinical room to store and prepare sterile supplies

for dressing and feeds, and to have a compliant clinical wash hand basin.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors noted that a fire exit to the rear of the centre was obstructed by the storage of items, which could impede peoples exit.

A floor plan setting out fire exit routes described a second route through the visitors room. That door was found to be locked on the day of the inspection, with no key seen to be available. The path on from the door was seen to be used to store a number of items.

Not all personal evacuation plans clearly stated the level of support required for a resident.

The smell of smoke was permeating the day room from the smoking room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While there were some detailed care plans setting out how residents needs were to be met, many had been made using generic statements offered in the electronic system in place in the centre.

Examples were seen where residents had identified needs but did not have a care plan in place, setting out how that need would be met.

The provider had identified this issue, and was in the process of providing training to staff in writing effective care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Staff knew the residents well, and were able to describe the support each resident required. There were a range of nursing assessment tools used to assess residents

changing needs and to identify risks such as risk of falls, or developing pressure areas.

Nursing records showed referrals were made to relevant services when changes or increased needs were identified, for example where residents lost weight referrals were made to the dietician or speech and language therapist.

There were links with local general practitioners (GPs) and visits to residents were taking place. There were visits alternate weeks by a physiotherapist and an occupational therapist. There were also links with other allied health professionals such as tissue viability nurse, and psychiatry of old age.

Judgment: Compliant

Regulation 9: Residents' rights

The provider has systems in place to ensure the right's of each resident was respected and upheld, in line with the requirements under Regulation 9, Residents' rights. Inspectors spoke to 6 residents all stated they were happy to live at the centre. They did tell the Inspectors they were well cared for and the food was good. There was evidence of residents meetings the last one held was 31st August 2021.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stella Maris Nursing Home OSV-0005614

Inspection ID: MON-0033853

Date of inspection: 01/09/2021

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**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Current staffing levels are determined by current resident dependency levels. A staffing tool spreadsheet was devised inline with the RIQA guidelines (in the absence of any other tool). This is monitored on a weekly basis. We have been selected to take part in the safe staffing pilot to assist with developing a staffing tool for all nursing homes. PIC has noted the overnight onsite stay staff member on the rota. This person is fire trained and knows the layout of the building. 01/09/2021 Full deep cleaning of nursing home will continue weekly with 2 cleaners rostered one day a week 9am-3pm for this purpose. This practice has consistently been in place since 2016. In the event of an outbreak these hours can be increased.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The OnCall rota for management team was available for viewing on the day of inspection. It has been in place since 2010. All staff aware this rota is in place and use it accordingly when management team are not in the centre March 2010	

Going forward all audits will detail when and how a finding was addressed, not just note the finding 01/10/2021

Details of cohorting were briefly discussed on inspection day. This was followed up in writing on 10/09/2021

The current SOP was forwarded to the Authority as requested on 10/09/2021.

Activity coordinator hours have not changed since previous inspections.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
As per guidance 'Visiting should be managed to avoid visitors congregating and interacting with other visitors' and 'by up to 2 people at one time'. Due to this visiting remains scheduled to avoid visitors turning up at the same time and having to wait to be admitted due to the checking in process. Families are aware that visiting is flexible and facilitated to suit everyone. Families can ring outside of these times to arrange an appointment. Visiting at End of Life has always been facilitated.

Bike outings and walks encouraged with families.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Cleaning staff shift had just commenced at time of inspection.

Night staff now document cleaning carried out at night 06/09/2021

Cleaning method statement was available and was on day of inspection. A copy of this is now kept on the cleaning trolley as well as the office. Completed

Furnishings are now noted as part of the cleaning deep clean schedule 01/09/2021

A visual inspection schedule has also been implemented 01/10/2021

2 hours per week of protected time for IPC lead introduced 04/10/2021

A designated storage area has been provided for clean mop heads/cloths 01/10/2021

Review of clinical sinks including existing clinical sinks and suitability of spaces for additional clinical sinks 29/10/2021

Inappropriate items were removed from the sluice room 01/09/2021

Resident toiletries are now labelled in shared rooms to ensure no confusion 01/09/2021

Walls were reviewed by PIC and maintenance for flaking paint 02/09/2021

Flaking paint areas were identified and corrected 01/10/2021

Discussions following audits will be documented going forward 01/10/2021

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
PAS 79 Fire risk assessment was carried out by a competent person on 04/10/2021. All aspects of fire safety were reviewed and report in pending.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Additional training and support provided by Software Management provider and is ongoing.
Full system audit scheduled with software service provider to identify areas required for additional training 01/11/2021

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	01/10/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/09/2021
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.	Not Compliant	Orange	01/10/2021

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.	Not Compliant	Orange	29/10/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	17/12/2021
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	30/09/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/11/2021