



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

Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Unlimited Company
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	09 May 2024
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0038539

About the designated centre

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

St Mary's Residential Care Centre is a designated centre for Older People. The designated centre is registered to accommodate 62 residents. The accommodation comprised of 60 single and one twin bedroom. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Galway city. Residents have access to an enclosed garden. The service provides care to residents with conditions that affect their physical and psychological function. Resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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 May 2024	09:30hrs to 16:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in St. Mary's Residential Care Centre told the inspector that the centre was a 'safe' and 'homely' place to live, and attributed this to the friendly relationships they had formed with other residents and staff. Residents were satisfied with the quality of care they received, and described how staff supported them to be independent and feel part of their community.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre, reviewed the premises, and met with residents and staff.

There was a warm and welcoming atmosphere in the centre. Residents were observed enjoying each other's company in a variety of communal areas such as the dayrooms, the reception area, and dining areas. Some residents chose to remain in bed until later morning and were observed watching their television, or listening to the radio.

Residents reported a high level of satisfaction with the quality of care and support they received from staff. Residents told the inspector that staff responded to their call bells with minimal delay, and that staff did not make them feel rushed when they came to assist them with their care needs. Residents were familiar with the staff that provided them with care and support, and this made them feel safe and comfortable in their care. Residents told the inspector that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished.

The inspector spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were respectful, polite, and person-centred. Staff assisted residents in a discrete and supportive manner. Staff that spoke with the inspector demonstrated a good knowledge of residents, and their individual needs and preferences.

The premises was appropriately decorated, warm, well-lit, clean in most areas, and comfortable for residents. The premises was designed and well laid out to meet the needs of residents. The centre was well ventilated and light was used effectively to create a warm and comfortable atmosphere. There was a large garden accessible to residents. The garden area was appropriately furnished and maintained to a satisfactory standard. Residents told the inspector that they were awaiting the delivery of new garden furniture, and management kept them informed of its expected arrival at resident meetings.

Furnishings in communal areas and bedrooms were observed to be well-maintained, and comfortable for residents, with the exception of some fabric furnishings in bedrooms that were found to be stained. The premises was generally maintained in a satisfactory state of repair, with the exception of some areas along corridors

where skirting board and architrave was visibly damaged. Walls were observed to be stained from splashes. The floor covering in some storage areas was dislodged from the wall. This resulted in an accumulation of dust and debris.

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

Residents were complimentary about their bedrooms, and the comfortable furnishings provided. There was adequate storage facilities for residents clothing and personal possessions. Residents who chose to spend time in their bedrooms were content and confirmed that they enjoyed spending their time in their room. They told the inspector that they could personalise their rooms as they wished. Many bedrooms were observed to be personalised with items of significance to the residents such as photographs and ornaments.

Resident's personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff returned their laundry to their bedroom on a daily basis.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner. Dining room tables were observed to be appropriately laid out for residents with utensils and condiments.

Residents were engaged in activities throughout the day. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. There was a detailed weekly activity schedule on display to support residents to choose what activities they would like to participate in. This included activities such as exercise class, live music, arts and crafts, music therapy, bingo, and visits from a therapy dog. The inspector spent time observing the interactions between residents and staff and observed that staff supported residents to enjoy and engage in activities.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Residents were facilitated to provide feedback on the quality of the service through formal scheduled resident meetings and surveys. Residents told the inspector that the meetings were important to them as it allowed them to discuss areas for improvement, and to be kept informed about changes in the centre.

Residents were also provided with information on the services available to support them. This included independent advocacy, and safeguarding services.

Visiting was not restricted and a small number of visitors were observed attending the centre on the day of inspection.

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

Capacity and capability

This was an unannounced inspection by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector also reviewed the action taken by the provider following the findings of the last inspection in July 2023. All actions from this inspection had been completed.

The findings of this inspection were that the centre had an established management structure that was responsible and accountable for the provision of safe and quality care to the residents. Following the previous inspection, the provider had taken action to ensure that person's who volunteer in the centre had the appropriate personnel records in place. While the provider had systems in place to monitor the quality of the service provided, some areas of the service, such as the quality of environmental hygiene, did not fully meet the requirements of the regulations.

St. Mary's Nursing Home Unlimited Company is the registered provider of St. Mary's Residential Care Centre. The company has a board of three directors, one of whom represents the provider in the governance of the centre and engagement with the Chief Inspector. The directors of the company are involved in the operation of a number of other designated centres for older persons throughout the country. The provider had an established and clear governance structure in place to manage the centre. The senior management team consisted of a representative of the company directors and a clinical operations manager, both of whom provided governance oversight and support to the person in charge. Within the centre, the nursing management team consisted of a person in charge, supported by an assistant directors of nursing and nursing staff.

The provider had management systems to monitor aspects of the quality of the service. Key aspects of the quality of resident care were collected and reviewed by the person in charge and included information on falls, weight loss, nutrition, complaints, and other significant events. There was a schedule of audits that were completed by the clinical management team. This included audits of fall management, clinical records, call bell response times, medication management, and infection prevention and control. Audits had been completed in line with the schedule. However, the inspector found that the monitoring of some aspects of

environmental hygiene were not robust. The system of oversight, including hygiene and infection prevention and control audits did not support monitoring of all areas of the premises to identify deficits and risks. For example, there was no consistent system in place to monitor the quality of hygiene in storage areas. This impacted on the providers ability to monitor, evaluate and improve the quality of the service.

An annual review of the quality and safety of the services had been completed for 2023, and included a quality improvement plan for 2024. The annual review had been prepared in consultation with residents.

Risk management systems were informed by the centre's risk management policy. This included systems to identify, record and respond to risks that may impact on the safety and welfare of residents living in the centre. A risk register was established and included all known risks in the centre and the controls in place to mitigate the risk of harm to residents. The inspector found that the provider was proactive in identifying potential risks to residents and implementing controls to effectively manage the risks.

Record keeping systems ensured that records required by the regulations were securely stored, easily retrieved and accessible. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment.

The centre was adequately staffed on the day of inspection with an appropriate skill mix of staff. An appropriate number of nursing staff supervised the delivery of person-centred care and support to residents by a team of health care staff. The service was supported by an adequate number of housekeeping, laundry, activities, catering, administration and maintenance staff.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to the residents. This included fire safety, safeguarding of vulnerable people and manual handling techniques. Staff demonstrated an appropriate knowledge of their training.

Effective supervision of the care provided to residents was observed through the nurse management team who provided support and guidance to staff at all times. Arrangements were in place to appraise each staff member's performance and systems were in place to ensure staff were provided with opportunities to enhance their skills.

Each volunteers was provided with clear guidance about their role, the name of the person who had responsibility for the supervision of their work, and who they report to. Volunteers had a vetting disclosure in place, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. Policies and procedure

were found to be updated following changes in best practice guidelines.

The service was responsive to the receipt and resolution of complaints. Records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that complaints were appropriately managed and were used to inform quality improvement initiatives.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of health care and activities staff. The staffing compliment also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspector reviewed a sample of four staff personnel files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service were not fully effective to ensure the service provided to residents was safe and effectively monitored. For example;

- The systems in place to monitor, evaluate and improve the quality of the service were not fully effective in identifying deficits and risks in some aspects of the service. For example, there was a lack of robust auditing and monitoring of infection prevention and control, and the quality of environmental and equipment hygiene. This meant that risks and deficits in the quality and safety of the service were not always identified or subject to quality improvement action plans.

Judgment: Substantially compliant

Regulation 30: Volunteers

Each volunteers was provided with clear guidance about their role, the name of the person who has responsibility for the supervision of their work, and who they report to. Volunteers had a vetting disclosure in place, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Volunteers also had access to orientation.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a

complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant and the satisfaction of the complainant recorded.

There was evidence that complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the regulations were available, accessible to all staff and were specific to the centre. The policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance.

Judgment: Compliant

Quality and safety

Overall, residents health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to healthcare and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. The inspector found that the quality of environmental hygiene in some areas of the centre, and staff practices to control the risk of infection, did not ensure full compliance with the regulations.

A sample of resident's assessments and care plans were reviewed, and evidenced that the residents' health and social care needs were being assessed using validated tools. Care plans were reviewed in consultation with residents and, where appropriate, their relatives, at intervals not exceeding four months.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs and residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and

tissue viability nursing expertise.

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

Resident's nutritional care needs were appropriately assessed to inform nutritional care plans. These care plans detailed residents dietary requirements, the frequency of monitoring of residents weights, and the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

The service provide compassionate end-of-life care to residents. The inspector observed that residents approaching end-of-life, were provided with privacy with their families in single room accommodation. Arrangements were in place for staff to access the specialist palliative care services to ensure resident's received appropriate care and support during their end of life care.

Infection prevention and control practices were underpinned by up-to-date guidance documents. The provider had a number of assurance processes in place in relation to the standard of hygiene. This included cleaning specifications and checklists, colour coded cleaning equipment to reduce cross infection, policies and guidance documents for the prevention and control of infection. On walking around the centre the inspector noted that the standard of cleanliness in the catering department and in some storage facilities was not consistent with the standard in other areas of the centre. A review of the systems in place to monitor and supervise the cleaning of these areas, such as audits and checklists were not fully effective.

Risk management systems were underpinned and guided by the risk management policy. The policy met the requirements of the regulations.

The person in charge was actively promoting a restraint-free environment and the use of bed rails in the centre had further reduced since the previous inspection. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received non-restrictive care and support from staff that was kind and respectful.

Arrangements were in place for residents to access appropriate pharmaceutical services. Residents were supported to retain the services of a pharmacist that was chosen by them.

Residents were provided with a guide to services in the designated centre in an accessible format on admission to the centre. The guide had been updated to reflect changes to the complaints procedure, including the personnel responsible for the management of complaints and details regarding independent advocacy services.

Resident's rights were promoted in the centre and residents were encouraged to

maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. Minutes of residents meetings evidenced that resident's feedback, with regard to the quality of the service, was used to improve the service.

There were opportunities for residents to participate in meaningful social engagement and activities through one-to-one and small group activities in each of the communal rooms. Residents chose what activity they wanted to attend or chose to remain in their bedroom and watch television or chat with staff. Residents could attend weekly religious services in the centre.

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

Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed, and supported to enable residents to make informed choices and decisions. Staff demonstrated an appropriate knowledge of each resident's communication needs, and the aids and appliances required, in line with the resident's individual care plan.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 13: End of life

Resident's end of life care needs and wishes were assessed on admission to the centre and reviewed as part of the overall care plan review process, at intervals not exceeding four months.

End of life care plans were developed following an assessment of the resident's physical, emotional, social, psychological and spiritual care needs. There was documentary evidence of the decision-making process regarding residents advanced

care plans and evidence that the resident's wishes in this regard were respected.

Judgment: Compliant

Regulation 20: Information for residents

A centre-specific residents' guide was available to residents in an accessible format. The residents' guide included;

- a summary of the service and facilities in the centre,
- the terms and conditions relating to living in the centre,
- the complaints procedure,
- independent advocacy services, and,
- the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy contained the specific risks and controls in place to mitigate the risk of harm to residents, as required under Regulation 26(1).

Arrangements were in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. The health and safety statement and an emergency plan were in place to guide response to major incidents such as fire, flooding and storm.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by findings of;

- poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, daily cleaning records for the kitchen indicated that that the environment and equipment had been cleaned on a daily basis. However, the equipment and catering environment was visibly unclean on inspection. Records of deep cleaning of the kitchen were also incomplete.

This potentially impacted on the standard of hygiene observed.

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

- Areas of the premises that included housekeeping store rooms and the laundry area were not clean on inspection. There was a significant build-up of dust and debris behind laundry machines, while the inappropriate storage of items such as hand towels, chemicals and boxes on the floor of store rooms impacted on effective cleaning of the area.
- Surfaces of skirting boards and architrave around doors were visibly damaged and did not support effective cleaning of the surfaces. Walls were also observed to be stained from splashes. Some fabric furnishings and carpets were stained, and hand sanitiser dispensers were visibly unclean.
- Some equipment used by residents such as basins and toileting aids were stored inappropriately on the floor in en-suites along side the toilets.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to the residents. Residents were provided with opportunities to meet their pharmacist.

Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely, and appropriately, in accordance with the direction of the prescriber. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. Residents informed the inspector of past activity events that had occurred in the centre and stated that they contributed to the development of the activity schedule to ensure activities met their interests.

Residents said that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service. This included discussions about the quality of the food, activities, staffing and services such as laundry.

Residents enjoyed access to communal and private space in the centre where they received visitors in private, watch television or listen to the radio without impacting on others around them.

A variety of daily national and local newspapers were available to residents. Religious services were facilitated regularly.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Mary's Residential Care Centre OSV-0000726

Inspection ID: MON-0038539

Date of inspection: 09/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have reviewed our IPC, environmental and equipment audits. Audits have been carried out on the equipment and the environment. Action plans have been developed and implemented based upon the audits.</p> <p>Clean pass training has been schedule for housekeeping staff.</p> <p>A member of the management team wil review the weekly checklists and sign off that they are completed to an accpetable standard</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have reviewed our IPC, environmental and equipment audits. Audits have been carried out equipment and the environment. Action plans have been developed and implemented based upon the audits.</p> <p>A member of the management team wil review the weekly checklists and sign off that they are completed to an accpetable standard</p> <p>The kitchen has been deep cleaned. The daily cleaning records have been audited by visibly inspecting the kitchen afterwards.</p> <p>The daily cleaning and deep cleaning schedules have been fully reviewed and now accuratly reflects the areas that require attention. The chef will sign off on cleaning jobs daily, with a member of management reviewing weekly.</p>	

A hygiene audit of the premises has been carried out and an action plan developed. This action plan will ensure:

- 1) Any damaged skirting boards, architrave etc is being repaired.
- 2) Store rooms and laundry areas are being deep cleaned, and added to weekly checklist.
- 3) Equipment will be stored appropriately.

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 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	31/05/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2024