



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

Issued by the Chief Inspector

Name of designated centre:	New Lodge Nursing Home
Name of provider:	Bloomfield Care Centre CLG
Address of centre:	Stocking Lane, Rathfarnham, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0000073
Fieldwork ID:	MON-0034540

About the designated centre

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

The designated centre provides accommodation and services for 24 residents over 18 years old who have long term care needs. Care and services are provided for a range of dependencies from low dependency to maximum dependency. There is a registered nurse on duty at all times in the centre. The designated centre is located on the ground floor of the Bloomfield Campus in South Dublin. Accommodation is provided in a mix of single and twin rooms all of which are en-suite. There is also a well equipped communal bathroom available for residents. All bedrooms overlook the pleasant courtyard garden and have access directly to the garden areas through a patio door. Communal facilities consist of a lounge/dining area, a second main lounge and quiet room. There is parking to the front of the campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
--	----

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 13 October 2021	08:00hrs to 17:45hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, residents were happy with the care they received within New Lodge Nursing Home. There was a dedicated staff team who were committed to meeting the needs of the residents. However, this inspection identified a number of areas that required improvement. These findings will be discussed under their relevant regulations.

On arrival at the centre, the inspector was met by the receptionist who ensured prior to starting the inspection, a COVID-19 risk assessment, a temperature check and hand hygiene were completed. All those entering the building were seen to be wearing face masks.

A short opening meeting was completed with the person in charge and following this meeting, the inspector was guided on a tour of the premises. During this tour, residents were seen spending time in communal areas. The centre was also facilitating COVID-19 booster vaccines and staff were heard discussing this with residents and reminding them of their appointments. One resident told the inspector that "it was great to be getting the vaccine".

The designated centre is located on a campus which is part of Bloomfield Health Services. The centre is entirely located on the ground floor, with three different wings where resident's bedroom accommodation was located. Residents were mostly accommodated in single bedrooms with two twin rooms also available. Some bedrooms had photographs on the doors to orientate residents to their room. Bedrooms were seen to be decorated nicely and contained personal items, such as residents' framed family photographs, plants and ornaments. Most bedrooms seen had additional privacy net curtains within their rooms. However, not all bedrooms had call bells. Two residents spoken with, told the inspector that they were happy with their bedrooms and records of a meeting with a resident also reported similar findings including being happy that their bed was made perfectly each day.

There was a large communal room available in the centre of the building which was used as a shared day room and dining area for residents. Most of the activity in the centre was seen to take place within this room. The inspector spent time observing this room throughout the inspection and found that there was a calm and relaxed atmosphere. There was a quiet room available, with the inspector being told that this room was used to facilitate visiting for residents in multi-occupancy bedrooms and to host smaller group activities. There were numerous enclosed gardens available, however, these areas required maintenance to ensure they were safe and suitable areas for residents use.

Menus were displayed on a whiteboard within the day room. One resident told the inspector that they were asked their mealtime preferences the day before and the inspector observed this happening on the day of inspection where following the lunch-time meal, residents were asked their preference for the next day. Residents

spoken with confirmed to the inspector that they were happy with the meals provided.

The inspector observed COVID-19 guidance throughout the centre. Guidance was also seen on bedroom doors, to ensure that in the event of a resident being isolated because of COVID-19, staff were aware of the infection prevention and control precautions required when caring for the residents.

Overall, efforts to create a homely environment were evident, however not all areas within the centre were seen to be clean. The floor in the sluice room and equipment within this area were seen to be dirty. The inspector was told this room was not part of the daily cleaning schedule. In addition, some areas of wear and tear were evident which decreased the homely environment. For example, paint work was seen to be cracked in hallways, on doors and door frames and in some bedrooms. Inappropriate storage was seen in an assisted bathroom and in a sluice room. The person in charge informed the inspector that the provider was aware of the limited storage capacity within the designated centre.

Staff were seen knocking on residents' doors and respecting their privacy and dignity. Interactions between staff and residents were person-centred and relaxed, it was evident that residents felt safe and at ease. Residents said they could exercise choice in how they spent their day. Residents who spoke with the inspector had a lot of praise for the staff and described them as "very good" and "lovely". In addition, in feedback from a meeting held with residents, one resident reported to be happy with measures to protect their privacy which included receiving their post and correspondence.

Activities on offer were displayed on the notice board in the communal area and were seen to take place from Monday to Sunday. There was a wide variety of activities being provided to residents which included relaxation music, art, movies, games, seated exercise and bingo. Smaller group sessions were held for residents who preferred smaller attendance such as massage, audio books and sensory stimulation. The inspector was told that the art class due to be held that morning was cancelled to facilitate the booster vaccines taking place. One resident told the inspector that they were disappointed to miss the art class and loved taking part in the activities that are on offer. Residents were seen to have their nails painted and the activity coordinator told the inspector that this was part of the activity provision within the centre.

On the day of inspection, residents were seen to spend time with their visitors. Residents said they were satisfied with the visiting arrangements in place, which were in line with guidance from the Health Prevention Surveillance Centre.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

Capacity and capability

There was some effective management systems within the centre. Overall, residents received good care and support from staff. However, on this inspection improved management oversight was required, in particular, to ensure the system complied with the regulations relating to governance and management, premises, risk management, infection control, fire precautions and care planning.

Bloomfield Care Centre CLG is the registered provider for New Lodge Nursing Home. The management team consists of a person representing the provider and the person in charge. The person in charge was supported in their role by a team of senior management staff such as a CEO, Director of Nursing and Quality, Risk and Compliance staff who worked as part of the additional residential centre located within the campus grounds.

The person in charge was supported in their role by a team of nurses, healthcare assistants, an activity coordinator and administrative staff. Catering and cleaning staff were provided by a contract agency and were on site within the centre seven days per week. There was no roster available for review relating to these roles.

The inspector found that the overall management oversight for the centre and the support structure for the person in charge required review to ensure that care and services were safe, appropriate, consistent and effectively monitored. On the day of inspection, the inspector found that the governance structure and support for the person in charge required review as the role of Chief Executive Officer (CEO) was vacant. Recent management meeting minutes highlighted the gap in senior management oversight without a CEO in attendance. In addition, the inspector was also not assured that there was sufficient contingency arrangements in place for the person in charge as the staff nurse due to deputise in the person in charges absence was not in a management capacity and was working as part of the roster for the centre.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of the 22 residents. The inspector was told that the centre was in the process of recruiting for two healthcare assistants. The inspector was told that the provider was utilising overtime within the current staff team or agency staff to ensure that the roster was maintained at all times.

There was additional training available to staff on areas such as nutrition and hydration, professional boundaries and human rights. Mandatory training was scheduled and planned for fire, safeguarding and manual handling in the weeks following the inspection. Staff spoken with said they received sufficient supervision and training to do their jobs. Staff reported that the person in charge provided good leadership and was available to them when needed.

The provider had notified the Chief Inspector of Social Services of COVID-19 positive cases within the centre on three occasions since the start of the pandemic. A total of

one resident and six staff were affected. Sadly one resident died.

There was a committee within the centre to oversee the centres response to COVID-19. The majority of residents and staff had been vaccinated against COVID-19 with booster vaccines given to residents on the day of inspection. The provider had reviewed their contingency arrangements for COVID-19 in June 2021. Routine testing for COVID-19 was occurring in the centre every two weeks for staff who were unvaccinated.

There were some management systems in place to provide oversight of the centre with committee meetings on Clinical Governance and COVID-19. Records reviewed from the monthly Clinical Governance meetings showed agenda items discussed included topics such as residents, staff training, visiting, complaints, infection control and the risk register. However, minutes seen did not sufficiently detail that residents' clinical data from key performance indicators gathered monthly were regularly discussed in these forums and as a result were not effectively monitored.

The inspector reviewed audits completed on care plans within the centre and was not assured that there was learning and improvements made in response to these audit reports. For example, not all audits had a recorded result score to measure compliance. Some audits did not have action plans identified to respond to the learning identified. In addition, these audits did not identify the gaps seen in care planning on the day of inspection.

An annual review of the quality and safety of care delivered to residents had taken place for 2020. This review involved the provider measuring themselves against the National Standards for Residential Care Settings for Older People in Ireland 2016. There were quality improvement plans for 2021 identified in areas such as the development of an audit schedule and a training plan to include the roll-out of training on a Human Rights-based Approach in Health and Social Care Services. The inspector saw evidence that the review was completed in consultation with residents and their families.

Regulation 15: Staffing

On the day of inspection, the inspector found there was sufficient staff on duty to meet the care needs of the residents. Rosters showed that there was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

Records showed that mandatory training was completed within the centre on an

annual basis. The person in charge ensured that staff had access to training with upcoming training booked for staff who required refresher training.

The inspector was assured that staff working within the centre were appropriately supervised. For example, there was an induction system in place for agency staff working within the centre. A sample of appraisal forms were seen which included feedback, a rating system and actions detailing improvements where required.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not assured that the current management systems in place ensured that the service provided was safe and effectively monitored. For example:

- Completed audits failed to identify deficits in care planning, infection control measures and the premises found by the inspector.
- Improvements were required in the oversight of fire precautions within the centre.
- A review of the senior resources within the designated centre was required to ensure sufficient management oversight for the effective delivery of care to include appropriate contingency arrangements in the absence of the person in charge.

Judgment: Substantially compliant

Quality and safety

Overall, the provider was delivering good quality clinical care and support to residents. Residents had good access to healthcare and opportunities to participate in activities in accordance with their interests and capabilities. However, improvements required were identified within resident care planning and documentation, premises, risk management, infection control and fire precautions.

A number of residents' care plans were reviewed and found that overall they were personalised to individual needs. These records indicated that there was a pre-assessment in place before a person was a resident in the centre, to ensure that the centre was a suitable place for the resident to live. Assessments completed upon admission included identifying each resident's risk of falling, malnutrition, skin integrity and the supports they needed regarding their activities of daily living and mobility. Overall care plans reflected the information obtained in the clinical assessments and provided sufficient information for staff to guide care delivery. However, improvements were required to ensure that the provider met the

regulatory requirements on care planning following admission as one resident did not have any care plans in place seven days following admission. There were also gaps seen in fluid monitoring records and some residents' records were seen to have conflicting information. This will be further discussed under Regulation 5: Individual Assessment and Care Plan.

Residents had good access to medical care services. A General Practitioner (GP) was available within the centre, six days a week, from Monday to Saturday. The inspector was assured that where specialist health and social care services were required, relevant referrals were made within a timely manner. The inspector was also told that eligible residents were facilitated to access the services of the national screening programme.

Noticeboards contained up to date information on the activities within the centre. There was a variety of social activities available to residents' to occupy their day. There was one activity coordinator on-site Monday to Friday, with healthcare assistants and nurses providing residents with activities at the weekend. Residents were seen to take part in listening to music and audio books on the day of inspection. The inspector observed conversations with staff and residents taking part in activities and they involved plenty of friendly chat.

Residents had access to an advocacy service where required. The inspector was told that to assist with receiving meaningful feedback from residents on the service, one-to-one meetings were held with residents. A sample of the minutes from these meetings was reviewed and there was unanimously positive feedback relating to the care the residents received within the centre. Areas of improvement identified were related to food and maintenance requests.

The provider had arrangements in place to support residents to receive their visitors, including measures for infection prevention and control. Visitors were welcome within the centre and residents could chose to receive their visitors in communal areas, privately in their bedrooms or within the centres quiet room.

The centre had a risk management policy, however this required further review to ensure it met the criteria of Regulation 26: Risk Management. The risk register for the centre was seen to be a dynamic document and was discussed at management meetings.

Improvements to the oversight of the premises was required. The inspector observed that a number of items were inappropriately stored in the bathroom, sluice room and a smaller store room. Repairs to paintwork was required in a number of areas. In addition, the three gardens seen by the inspector required maintenance and the disrepair reduced the homely atmosphere of these areas. There was broken fencing seen, weeds were growing on the pavement, broken plant pots, and garden furniture required painting and replacement. The smoking shed within one of the gardens was unclean with empty cigarette packets and cigarette butts all over the floor.

The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the

staff team. This included infection control audits, access to hand hygiene sinks and hand gel within the centre. However, the inspector was informed that storage was an issue and as a result, items were seen to be inappropriately stored and not effectively addressed following findings in audits.

The provider had a number of arrangements in place to protect residents against fire risks. Fire safety training was provided to staff annually with two upcoming dates scheduled in the weeks following the inspection. Staff spoken with were knowledgeable on actions to be followed in the event of the fire alarm sounding. Fire drills were also seen to be discussed at management meetings and resident's had personal emergency evacuation plans in place. However, improvements were required to ensure adequate precautions and oversight were in place to protect residents against the risk of fire. For example, the provider needed to review fire containment measures on two fire doors.

Regulation 11: Visits

The centre had a visiting policy and risk assessment which had been reviewed to include the current practices within the centre. Visiting was seen to be in line with the Health Protection Surveillance Centre (HPSC) guidance on COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs). Visiting occurred each day of the week and the inspector was told there was no limit to visits. Family and friends did not have to book or schedule visits in advance, however it was recommended that they let the resident know in advance.

Judgment: Compliant

Regulation 17: Premises

The registered provider needs to improve the décor of the centre to promote a safe and comfortable living environment for all residents. For example, paintwork was cracked and there was no paper towels available in some bathrooms for effective hand hygiene.

In addition, call-bell provision required review, inappropriate storage was observed and the enclosed gardens including the smoking shed required urgent remedial attention.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy which was revised in May 2021. While the policy identified the measures and actions in place to identify risks, it did not contain all the risks required by the regulation. For example, the measures and actions to control the risk of self-harm. In addition, the policy did not include the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment: Not compliant

Regulation 27: Infection control

There were issues relating to good infection prevention and control practices which required improvement. For example:

- Inappropriate storage had the potential to lead to cross-contamination, such as a linen trolley which was open and stored incontinence wear out of its packaging.
- The sluice room contained a rubbish bag which blocked access to the hand hygiene sink.
- Some equipment, furniture and paintwork was worn and defective and as a result could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to ensure adequate precautions were in place to protect residents against the risk of fire.

- The provider had not completed a fire risk assessment.
- The inspector noted a gap in two fire doors.
- While regular evacuation drills were being carried out, they simulated the evacuation with daytime-staffing levels and did not prepare for a scenario of the evacuation of a full fire compartment, particularly with the residents' highest dependency levels and night time staffing levels in a timely manner.
- Gaps in fire documentation included daily checks for means of escape were not completed at weekends and the weekly inspection of automatic door releases were missing for the previous six weeks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Incomplete and imprecise care planning was observed in a number of cases, which could hinder the safe and effective handover of care to staff who did not know the residents. For example:

- For a recent admission, who was identified as a falls risk following their pre-admission, there was no assessment completed to respond to the risk identified. In addition, this resident had no care plans in place on the day of inspection.
- One resident with an identified risk, did not have their care plan updated as per the regulatory timeframe of intervals not exceeding four months.
- Care plans were paper based and the front document in residents files which detailed key information including risks had not been updated in line with changes to assessments and care plans.
- While staff maintained fluid intake and output for residents identified at risk or for increased monitoring, the inspector found that these records were not consistently completed in full.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with regular oversight by GPs and referrals made to specialist professionals as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with a variety of recreational opportunities. Residents were seen to have access to TVs and radios in their bedrooms.

The inspector reviewed a sample of resident surveys and one-to-one meeting minutes where residents were seen to be actively encouraged to provide feedback on the designated centre, on areas such as COVID-19, cleanliness of the centre, communication and the food provided.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially 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 New Lodge Nursing Home OSV-0000073

Inspection ID: MON-0034540

Date of inspection: 13/10/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A review of all individual residents' observations, assessments and care plans has commenced. The focus of this review is to ensure person-centred care for all residents. • A review of the premises will be completed to ensure that all areas within the centre are used for their stated purpose. This will ensure the centre is homely for residents. • The Clinical Nurse Manager is on call in the absence of the person-in-charge to provide cover and support. • Regular walk-arounds will be completed to monitor staff. Incidents are processed via NIMs and a review of all incidents carried out at our Clinical Governance Meeting. • The Nurse ID 0121 will be the stand-in person for the PIC during their absence, with support from the On-Call CNM from the Approved Centre. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Bloomfield has taken on board the need to improve the décor of the centre to promote a safe and comfortable living environment. • The Head of Facilities has recruited an additional dedicated full-time person due to commence in December 2021. • This person will look after the upkeep of external furniture within the garden, noting that some of the older external furniture has been removed and will be replaced by new furniture in the spring of 2022. • Daily cleaning and litter picking of the external garden is now scheduled. • Deep cleaning of all common areas (corridors, pantries, bathroom) has already 	

taken place.

- Call Bells are not availed of by every resident as they have no capacity to use same.
- All items have been moved off the ward and into a separate location.
- The smoking shed has been tidied up and inappropriate items discarded.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- The risk management policies and procedures were reviewed, updated and approved by the Senior Management Team.
- The risk management policy includes now the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.
- As per Regulation 26, all risks reported are trended, analysed and discussed at the Management Team meetings on a monthly basis. Any variances identified to be overseen and actioned by the Registered Provider Representative and PIC.
- As per Regulation 26, the risks processes to be audited in line with the Audit Programme for New Lodge Nursing Home on a monthly basis.

Regulation 27: Infection control

Substantially Compliant

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

- A review of storage within the house will be assessed daily and recorded on the daily cleaning checklist. A review of all maintenance requirements has been reviewed daily within the centre and maintenance issues identified and included on a time-specific schedule of works.
- The PIC has put systems in place to promptly identify and address any gaps in cleaning schedules and communication to all staff the importance of waste management and decontamination procedures.
- All staff are informed and instructed not to store any items on the floor.
- The cleaning staff are advised not to store any items on the floor. Noting that additional shelves and storage space have been installed in all the cleaners store.
- The Linen Trolley now contains incontinence wear.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Fire Drill assessment is scheduled for 11/01/2022. • A member of the maintenance team immediately adjusted the door on the day of the inspection and checking of the fire doors is now incorporated into regular maintenance checks. • The lack of night drills has been taken on board and a drill has been scheduled for 22.11.2021 with further night drills to be scheduled thereafter. Daily checks for means of escape are now undertaken by the lead Nurse at weekends. Additional staff had been hired and these checks have resumed. The latest night drill has already taken place on Monday 22.11.2021. Further night drills are scheduled. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • As per Regulation 23, a review of all individual residents' observations, assessments and care plans has commenced. • Assessment and Care plan training to be delivered to members of the nursing team. This training will discuss in detail the Care Planning Cycle, including: <ul style="list-style-type: none"> • Assessment, Diagnosis, Planning, Implementation, and Evaluation. To be completed 28.02.2022. • A weekly resident assessment and care planning report is extracted from the resident management system to ensure there are no overdue residents' assessment or care plan review and evaluations. • A specific care plan audit with the focus on residents' hydration and nutrition status to be completed and lessons learned to be provided to the nursing team. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/10/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/10/2021

	consistent and effectively monitored.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	30/11/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	30/11/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	30/11/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Orange	30/11/2021

Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	30/11/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	30/11/2021
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.	Substantially Compliant	Yellow	30/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/12/2021

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2021
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	30/11/2021
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	Substantially Compliant	Yellow	15/10/2021

	that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/10/2021