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

Issued by the Chief Inspector

Name of designated centre:	Carthage Nursing Home
Name of provider:	Anvik Company Limited
Address of centre:	Mucklagh, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	07 February 2023
Centre ID:	OSV-0000021
Fieldwork ID:	MON-0038857

About the designated centre

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

Carthage Nursing Home is a purpose-built facility located in Mucklagh, approximately 5kms outside Tullamore town. The centre is registered to provide residential care to 59 residents, both male and female, over the age of 18 years. The centre caters for residents with long term care, respite, palliative and convalescence care needs. The centre provides 24hr nursing care to residents. Residents with health and social care needs with all dependency levels are considered for admission. There are 39 single and 10 twin bedrooms. Most of the bedrooms have full en suite facilities. Residents have access to safe enclosed courtyard gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

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
Tuesday 7 February 2023	09:00hrs to 18:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Carthage Nursing Home told the inspector that the quality of care and support they received from staff was of a high quality. Residents told the inspector that they felt 'respected', 'valued' and 'at home' living in the centre. Residents complimented the staff who they described as kind, caring, and friendly and this made residents feel safe living in the centre.

The inspector was met by the operations manager on arrival at the centre. Following an introductory meeting with the person in charge and provider representative, the inspector met with the majority of residents during a walk around the centre and spoke with nine residents in detail about their lived experience of the centre.

There was a warm and welcoming atmosphere in Carthage Nursing Home which was apparent to the inspector on arrival to the centre. Residents expressed a high level of satisfaction with the support they received from staff. Residents told the inspector that they could choose what time to get up from bed and that staff were attentive to their requests for assistance. Residents told the inspector that staff were prompt to answer their call bells and residents reported that staff did not rush them and spent time chatting with them throughout the day. Residents were familiar with the staff that provided them with care and support and this made them feel safe and comfortable in their care.

The inspector observed that the provider had carried out some redecoration of corridors and bedrooms since the last inspection of the centre. Residents expressed their satisfaction with the works completed. The inspector observed that the paintwork on some bedroom walls, doors and skirting was visibly damaged. The management confirmed that those areas were scheduled for redecoration in the coming months. There was adequate facilities in place to support residents to mobilise safely. Hand rails were appropriately placed along corridors and also in communal bathrooms. The inspector observed that some items of equipment were inappropriately stored in communal bathrooms such as shower chairs and urinals. Residents had access to a large communal room on both the ground and first floor that was accessible to residents through a passenger lift. The inspector observed that the communal areas were decorated in a personalised manner, with suitable furnishings and a large flat screen television. There was also a patio courtyard available to residents, as well as a further communal space on the ground floor that was a quieter space for residents to read and watch television. Residents also had access to a dining room, oratory and a designated smoking room.

There was an internal smoking room available for residents to use. The inspector observed that two small casement windows had been removed from the top of the window. The management reported that this was to increase ventilation in the room as the ventilation fan was not adequate. The inspector observed that a number of fire doors contain gaps and some had damaged smoke seals. The inspector observed that fire extinguishers were appropriately placed through the centre and

were accessible to staff in the event of a fire emergency.

Resident’s personal clothing was laundered on site. The inspector observed that the provider had redecorated the laundry area and installed a new stainless steel sink and had tiled the walls. Residents reported their satisfaction with the laundry service and described how staff took care with their personal clothing and returned it promptly to their bedroom.

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. On the ground floor, there were two meal sittings to ensure residents had adequate space in the dining room. The inspector observed that residents were facilitated to attend the dining room at a time of their choosing. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

There was a calm but enjoyable atmosphere in the centre throughout the day. The inspector observed respectful interactions and a good, personal rapport between staff and residents. Residents stated that choices were respected and that the activities provided were fun and enjoyable. An activities room was located on the first floor and during the morning the inspector observed residents enjoying a variety of activities in this area that included painting while also enjoying tea and biscuits. Residents in the ground floor communal area were observed enjoying music activities and staff were observed assisting residents that required support to enjoy those activities. Residents also said that they felt their opinions were listened to at residents' meetings and that their rights were respected. Residents had access to religious services and mass was provided for residents on the day of inspection.

The inspector met with three visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were ‘very approachable’ and responsive to any questions or concerns they may have.

The following sections of this report details the findings with regard to the capacity and management 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 risk inspection, carried out over one day, 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 (as amended). The inspector followed up on the actions taken by the provider to

address issues identified on the last inspection of the centre in April 2022.

The findings of this inspection were that the provider had taken action to ensure the premises was maintained in a satisfactory state of repair and that residents assessment and care plans accurately reflected the care needs of the residents. However, the actions taken to comply with Regulation 27, Infection control were not sufficient to achieve full compliance with the regulation. Additionally, the inspector found that some of the management systems required improved oversight to ensure that a safe, consistent and quality service was provided to residents living in the centre through appropriate oversight of risk management, residents finances and the systems in place to evaluate and improve the quality of the service. Action was also required to ensure compliance with Regulation 28, Fire precautions.

The registered provider of the centre is Anvik Company Limited. A director of the company represented the provider and was actively involved in the daily operation of the centre. The organisation structure of the centre, as described in the centre's statement of purpose, consisted of a person in charge who reported to the provider representative and was also supported by an operations manager. This management structure was found to be effective, as lines of accountability and authority were clearly defined to ensure the service was adequately resourced and that there was effective oversight of the quality of care provided to residents. Within the centre, the person in charge was supported by two clinical nurse managers and a team of nurses, healthcare assistants and support staff.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included weekly analysis of key clinical performance indicators such as incidents involving residents, complaints, residents nutritional care needs, restrictive practices, wounds and the use of antibiotics. There was an audit schedule in place that supported the management team to critically evaluate the quality of clinical and environmental aspects of the service. However, where deficits were identified from audit findings, there was no evidence of how these deficits were addressed, therefore, deficits identified on audit had not resulted in quality improvements to the service residents received.

Record keeping systems comprised of electronic and paper based systems. The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations.

Risk management systems were guided by the risk management policy. The person in charge was responsible for the oversight of risk management systems that included maintaining a risk register to record all potential risks to the safety and welfare of residents and the controls in place to mitigate the risk of harm to residents. However, the risk management systems was not effectively implemented or monitored. Some of the known risks in the centre, such as risks identified in a completed fire risk assessment had not been included in the centre's risk registered as required by the risk management policy. The exclusion of known risks from the centre's active risk register impacted on the centre's ability to minimise and appropriately manage risk. There were systems in place to identify, document and

learn from incidents involving residents.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection, the centre had a stable and dedicated team which ensured that residents benefited from continuity of care from staff who knew them well. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of two registered nurse on duty at all times and a team of healthcare assistants. The person in charge and clinical nurse managers provided clinical supervision and support to all staff.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse. The management team were in the process of facilitating staff to attend training specific to supporting residents living with dementia and confirmed that this training was scheduled for the weeks following the inspection. There were systems in place to induct, orientate, support and supervise staff through senior management presence.

The directory of residents was appropriately maintained and contained the information required by the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There were satisfactory levels of healthcare staff on duty to support nursing staff.

The staffing compliment included laundry, catering, activities staff and administration staff. There was adequate levels of staff allocated to cleaning of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training in safeguarding of vulnerable people, fire safety and manual handling. Staff had also completed training relevant to 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 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

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 inspectors reviewed a sample of four staff 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 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents to residents was safe, appropriate, consistent and effectively monitored. For example:

- Risk management systems were not effectively implemented. The centre's risk register did not contain known risks in the centre such as the risks associated with the impaired integrity of fire doors awaiting remedial action. Additionally, risk assessments were not utilised to underpin decision making as required by the centre's risk management policy. For example, an appropriate risk assessment had not been completed in relation to the smoking room prior to implementing changes.
- The systems to evaluate and improve the quality and safety of the service required further action. While audits undertaken across the service identified areas for improvement, this did not result in the the development of action plans or quality improvement initiatives. For example, an environmental audit identified that maintenance was required in some bedrooms. However, there was no quality improvement action plan developed or timeline for completion.
- The systems in place to manage resident's finances was not robust. For example, where resident had handed in monies for safekeeping in the safe, the records or transactions were not appropriately maintained and some discrepancies were found, and resolved, during the inspection. This was indicative of a lack of a clear policy, procedure and process to underpin a safe and effective management system.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents were provided with a contract of care on admission to the centre that detailed the terms on which the resident shall reside in the centre.

The contracts included the services to be provided, details of any fee's payable by the residents and services that were not covered by the Nursing Home Support Scheme and incurred an additional charge.

Judgment: Compliant

Regulation 30: Volunteers

On the day of inspection, the person in charge confirmed that there were no people

involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector found that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence were promoted. The provider had taken action to ensure that the premises met the needs of the residents and that resident's individual assessments and care plan accurately reflected the assessed needs of the residents and provided guidance on the care to be provided to residents. However, the inspector found that infection prevention and control measures and the arrangements in place to ensure fire

safety required action to ensure compliance with the regulations.

The inspector reviewed a sample of resident's assessments and care plans and found that the residents' needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents.

Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with appropriate access to medical and healthcare services.

Residents nutritional care needs were appropriately assessed to inform specific nutritional care plans that details 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 at risk of malnutrition by dietitian and speech and language services.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Records clearly detailed the resident's preferences with regard to hospital transfer, their resuscitation status and end-of-life care needs and wishes. Residents were actively involved in decision making with regard to their end-of-life care needs and were support by their general practitioner within this process. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider had sought expertise from an external fire consultant in 2021 and the findings highlighted that the integrity of some fire doors were compromised. However, some actions detailed in the fire safety risk assessment had not been satisfactorily progressed. This included the recommendation to complete a fire door audit. Daily safety checks were in place to ensure means of escape were unobstructed and weekly checks were completed on the integrity of fire doors. Each residents had a personal emergency evacuation plan (PEEP) that was accessible to staff to ensure the safe and timely evacuation of residents in the event of a fire emergency. However, further action was required to comply with Regulation 28, fire precautions, with regard to the maintenance and repair of some fire doors to ensure that appropriate systems of fire and smoke containment were in place.

The inspectors found that some action had been taken following the previous inspection to support effective infection prevention and control measures. This included management of storage areas to ensure they could be effectively cleaned

and the appropriate segregation of equipment in the sluice rooms. Staff were knowledgeable of the signs and symptoms of respiratory infections and appropriate controls were in place for any resident showing symptoms of respiratory infection. Conveniently located alcohol hand gel dispensers were available throughout the centre. However, barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were a limited numbers of dedicated clinical hand wash sinks available for staff use. The management team were in the process of identifying appropriate locations to install clinical hand was basins within the centre. While areas occupied by residents were cleaned daily, the cleaning procedure was not consistently applied and there were aspects of the premises that impacted on effective cleaning. Further findings are discussed further under Regulation 27, Infection control.

The rights of residents were promoted in the centre. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service residents received was based on their preferences and choice.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 13: End of life

An assessment of residents end of life care needs was completed on admission to the centre and was reviewed with the residents and, where appropriate, their relatives at intervals not exceeding four months as part of the care plan review process.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plan in consultation with the residents General Practitioner (GP). The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

Regulation 17: Premises

The premises met the individual and collective needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified consistency diet.

Residents were monitored for weight loss and were provided with access dietetic, and speech and language services when required. There was evidence that the recommendations made by those professionals were implemented and reviewed which resulted in good outcomes for residents.

There were sufficient numbers of staff to provide residents with assistance at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by:

- Some walls, doors, skirting and surfaces of equipment such as bedside tables were damaged and this prevented effective cleaning and decontamination.
- There were a limited number of dedicated clinical hand was sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- There was inappropriate storage of items such as vases in the sluice rooms and a floor buffer was stored between a wall and sluicing facilities which increased the risk of cross infection.
- Resident's equipment was not stored in a manner that reduced the risk of cross contamination. For example, urinals were not returned to the sluice room and were observed on a radiator in a communal toilet and on bedroom floors.
- Staff did not demonstrate an appropriate awareness of the cleaning agents used for cleaning. For example, bleach was mixed with water to produce sprays. However, staff were not aware of the appropriate dilution , or usage,of the chemical.

- Cleaning trolleys were visibly unclean on inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the registered provider to comply with fire precautions in the centre. This was evidenced by;

- Some fire doors contained gaps and had damaged essential smoke seals. For example, fire doors along the Rose Wing had visibly gaps between doors when released. This compromised the function of the fire doors to contain smoke in the event of a fire emergency.
- While fire evacuation drills had been undertaken, the records did not evidence that an evacuation drill had been carried out simulating minimum staffing levels. For example, an evacuation drill had not taken place from the largest compartment with night time staffing levels.
- The area used by residents for the purpose of smoking did not have appropriate fire precautions in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of need and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives.

Care plans detailed the interventions in place to managed identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs and preferences.

Care plans were reviewed at intervals not exceeding four months and the quality of the information contained within the care plans evidenced that residents were consulted about, and actively involved in, the development and review of their person-centred care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Residents told inspectors they had a choice about how they spend their day.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	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 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carthage Nursing Home OSV-0000021

Inspection ID: MON-0038857

Date of inspection: 07/02/2023

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Environmental risk register has been reviewed. We are in the process of transferring this register to a computerized system. This will inform quality and improvement action plans, which are reviewed at monthly management meetings. A full review of environmental risks will be completed on a quarterly basis or as changes to the environment occur. 2. Audit systems have been reviewed and corrective action register developed to ensure actions required are implemented in a timely manner. 3. The policy on management of resident finances has been reviewed and revised procedures implemented to ensure a more robust management system. Weekly audit of resident finances has been implemented.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. Maintenance register has been reviewed. We are in the process of transferring this register to a computerized system. This will inform quality and improvement and action plans, which will be reviewed at monthly management meetings. Equipment that cannot be effectively cleaned has been removed. 2. Action plan is in place to install dedicated clinical hand wash basins which will be accessible to all staff. 3. Sluice rooms have been cleared of any non-clinical items. Alternative appropriate storage has been put in place.	

4. Appropriate holders have been ordered for safe storage of urinals while in resident rooms. Procedure for the cleaning and storage of clinical items has been re-iterated to staff.
5. In house training has been undertaken by cleaning staff to ensure appropriate use of chemicals. External supplier chemical training sought and a date pending. More frequent auditing of cleaning procedures implemented and actions addressed immediately following audit.
6. A deep clean of trolleys was carried out immediately post inspection and a weekly audit is now in place to ensure appropriate practice is maintained.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. An external company has been engaged and has commenced fire door audit. Report pending and remedial actions will be addressed.
2. In house Fire Safety Training and Awareness continues for all staff.
We have engaged an external Fire Safety Training Consultant to complete Fire Safety Training and Awareness together with in-house training. Since inspection 17 staff have completed this training with external Fire Safety Training Consultant. Staff Fire Safety training schedule in place.
3. Quarterly fire simulation evacuation drills have been scheduled for night staff.
4. The risk assessment for the smoking room used by residents has been reviewed and actions implemented accordingly. The two top window panels have been replaced in the smoking room.

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	31/03/2023
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	28/04/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	30/04/2023

	precautions.			
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	31/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/02/2023