



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

## Issued by the Chief Inspector

Name of designated centre:	AbbeyBreaffy Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Dublin Road (N5), Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 June 2022
Centre ID:	OSV-0000308
Fieldwork ID:	MON-0034973

## About the designated centre

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

AbbeyBreaffy Nursing Home is a purpose-built facility that provides care for 55 male and female residents who require long-term care or who require short periods of care due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The centre is located in a countryside setting a short drive from the town of Castlebar just off the N5. The atmosphere created is comfortable and there is plenty of natural light in communal areas and in bedrooms. Bedroom accommodation consists of four double rooms and 47 single rooms of which 50 have ensuite facilities. There are toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are several sitting areas where residents can spend time during the day. There were dementia friendly features in place to support residents' orientation and memory and this included signage and items of memorabilia that included displays of china and old style equipment. An accessible and safe courtyard garden is centrally located and has been well cultivated to provide interest for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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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
Tuesday 14 June 2022	09:30hrs to 17:30hrs	Michael Dunne	Lead
Wednesday 15 June 2022	09:40hrs to 17:40hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

The inspector spoke with a number of residents over the course of the two day inspection. The majority of residents spoken with were positive about their experience living in AbbeyBreaffy nursing home . One resident said that "if I had the choice again I would still come here", While another resident said " staff are often overworked".

The inspector observed staff and resident interactions and found them to be based on respect for the individual. Some residents required time and space to make their views known and overall staff provided this support in an unhurried manner. On a small number of occasions staff were slow to respond to residents who mobilised with purpose, however on most occasions staff were observed to respond promptly to de-escalate situations using gentle distraction techniques to ensure residents were safe and reassured.

The inspector observed mobile residents moving about and able to access all areas of the nursing home. For those residents who were using specialist chairs and spent most of their time in the summer room staff were available in the room to complete regular checks and to ensure the residents were comfortable and safe. Residents who expressed a view told the inspector that they could get up when they wanted and go to bed when they wished. Residents also said that staff were kind and considerate.

There was sufficient communal space available for residents to use. While some areas of the designated centre required decoration, other areas were tastefully decorated. Visitor rooms, day rooms, lounges and the dining room were well-equipped with appropriate seating available for residents to use. The registered provider was found to have increased the number of en-suites and showers/bathrooms available in the designated in order to comply with a condition that had been attached by the Chief Inspector to the centre's current registration.

There was unrestricted access to a communal garden area which was well-appointed with flowers and shrubs. There was adequate seating to cater for the number of residents using this facility. The inspector was informed that residents were looking forward to the next barbeque which is normally held in this area.

A health care assistant was observed to co-ordinate the delivery of activities on both days of the inspection. This included an interactive activity game puzzle game which was provided via the magic table which residents thoroughly enjoyed. The magic table is an interactive light projector which is designed to support residents with dementia. Other group activities which were observed included a bingo game. A number of residents were watching horse racing and football on the televisions in the two communal lounges.

Residents' feedback was obtained through resident committee meetings and

through satisfaction surveys. Records confirmed that the last resident meeting was held on 10 March 2022 with eight residents in attendance. Key topics discussed at that meeting included visiting, vaccinations, infection prevention and control measures, the activity vacancy, complaints, laundry, catering and outings. Residents has access to advocacy services and to regular religious services.

Residents spoken with said they were happy with the quantity and quality of the food provided. A meal service was observed during the inspection and residents were offered a choice of food according to their preference. The service was well organised with residents not having to wait too long for their food to be delivered to them. There were sufficient numbers of staff available to support residents at meal times and it was evident that residents enjoyed their dining experience.

The next two sections of this report outline the inspection findings in relation to the governance and management in the centre and how this supports the quality and safety of the service been delivered.

## Capacity and capability

This was an unannounced risk inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). While the inspector found that the registered provider had made improvements with regard to compliance's relating to infection prevention and control, and premises, particularly regarding the provision of additional bathing and showering facilities. However there still remained a number of improvements required to bring the centre into compliance with; care planning, resident rights and governance and management and to ensure that the services provided were meeting the health and social care needs of the residents.

At the time of this inspection a restrictive condition was attached to the current registration where the registered provider was required to reconfigure the designated centre to provide an additional six en suites showers and six communal showers/bathrooms. The Inspector found that the installation of the additional facilities was carried out to a high standard with an additional six en suite showers and five communal showers/bathrooms provided for resident use.

Knegare Nursing Home Holdings limited is the registered provider for AbbeyBreaffy Nursing Home. There was a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of the person in charge, an assistant director of nursing who had just joined the management team and a general manager who provided clinical oversight support.

Records showed that there was a significant turnover of staff in the designated

centre and recruitment provided ongoing challenges for the registered provider. For example since January 2022 the registered provider recruited 13 members of staff across all disciplines which included: staff nurses, care assistants, an activity co-ordinator , catering and household staff. However at the time of the inspection there were still a number of vacant staff positions that were integral to the delivery of effective care. These included vacancies for an activity co-ordinator and health care assistants. Whilst recruitment to these vacancies was ongoing there was no clear time frame for when these positions would be filled. The amount of staff changes appeared to be impacting on team cohesion and staff reported that morale was low due to the rate of staff turnover. This issue required close monitoring as it had the potential to impact on the continuity of care provided to residents.

There was good oversight of staff training and records showed that all staff had received mandatory training within the required time frames. Staff confirmed that they found training useful and informative and that these sessions assisted them carryout their respective roles more effectively. An induction programme was in place and records reviewed confirmed that new staff were supported through this process.

While the provider had a range of systems in place to monitor the quality and safety of the service both at local and senior management level, these systems did not always identify effective action plans. For example:

The provision of an effective care planning system was still not in place at the time of this inspection which impacted on the staff's ability to ensure that residents' needs were being met. Whilst records showed that the provider was attempting to identify solutions to bring the centre into compliance with Regulation 5 the required actions to bring about this change had not been implemented. The inspector also found that the oversight of care planning was not robust and did not ensure that care plans were completed to the required standard.

The inspector reviewed a number of other records relating to the governance and oversight arrangements in the centre and found that the designated centre had received minimal complaints, with only one complaint received since the last inspection. A sample of residents' contracts for the provision of services were reviewed and were in line with the requirements of the regulations.

## Regulation 15: Staffing

There were sufficient numbers of staff available to meet the assessed needs of the residents on both days of the inspection. However, a review of the rosters for the current and previous week showed that on some days there was not sufficient numbers of staff allocated to provide social care support for the residents.

This was verified in the residents' daily progress notes which showed significant gaps in the records of residents participating in activities for these two weeks

Judgment: Substantially compliant

### Regulation 16: Training and staff development

An up-to-date record of staff training was made available to the the inspector. Records reviewed confirmed that all staff had attended mandatory training which included training related to fire safety, safeguarding and manual handling. Staff also had access to additional training to inform their practice which included, infection prevention and control, falls prevention, dementia, challenging behaviour and cardio pulmonary resuscitation (CPR) training. Records also confirmed that new staff had access to an induction programme and were supported in their role during a probationary review period.

The inspector observed on day one of the inspection that communications between nursing and care staff did not ensure that care staff had the information they needed to provide safe and appropriate care for the residents. In addition the levels of supervision of care by nursing staff did not ensure that care was delivered in line with the resident's current care plan.

This was brought to the attention of the person in charge and this situation appeared to have improved on day two of the inspection with increased levels of communication and supervision observed between nurses and health care assistants.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A review of the designated centre's directory of residents confirmed that it contained all the required information set out under Regulation 19.

Judgment: Compliant

### Regulation 22: Insurance

There was a contract of insurance in place to protect against injury to the residents.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and oversight processes did not ensure that some key areas of care and services were effectively monitored to ensure that residents received appropriate care in line with their needs. This was evidenced by the non compliance found in the following areas:

- The care planning process required strengthening to ensure each resident had an up to date care plan that reflected their current needs.
- The identification of risks in relation to fire safety was not robust. As a result a number of risks found on this inspection had not been identified and addressed.
- The oversight of maintenance operations did not ensure that all areas of the centre were well maintained. This is discussed under Regulation 17.

The provider did not ensure that there were sufficient resources available to provide care and services in line with the centre's statement of purpose. This was evidenced by the following:

- Additional resources were required to ensure that all residents had access to bathing and showering facilities that were easily accessible from their bedrooms.
- The provider had failed to identify that resources were not available to ensure that residents had access to meaningful activities in line with their preferences and abilities.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a number of contracts for the provision of services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out the terms and conditions of the agreement and included the type of room offered to the resident upon admission. Additional fees for other services were also included in the contract.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider maintained a statement of purpose which was available for

the inspector to review. The statement of purpose was reviewed in January 2022.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place, which was accessible for residents and their families should they wish to register a complaint. This policy was reviewed in June 2021 and contained details on how one could lodge an appeal should they not be satisfied with the outcome of a complaint investigation. There was a complaints log in place which indicated that only one complaint had been recorded for 2021 with none received so far for 2022. The complaints policy was advertised within the designated centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, care was found to be delivered to a satisfactory standard. A review of health care records established that residents health care was well managed with systems in place for referral for additional health care support if required. However, significant improvements were still required to ensure that the care planning processes came into compliance with the regulations and ensured that each resident had a comprehensive care plan in line with their current needs. This was a finding in previous inspections where residents with assessed needs did not always have a corresponding care plan developed to address that assessed need.

The inspector acknowledged that the registered provider was in the process on implementing a new care plan system to ensure that care plans were more robust and resident focused, however at the time of this inspection a number of residents with assessed care needs did not have a care plan in place. This meant that

residents were not supported with the appropriate interventions to manage their assessed need.

Residents who expressed a view told the inspector that they felt safe and secure living in the designated centre. Observations carried out over both inspection days confirmed that staff communicated with residents in a respectful and courteous manner. Staff were observed to knock on residents doors prior to entry and to explain the purpose of their visit. All staff working in the designated centre had received safeguarding training and those staff spoken with felt that this training enabled them to support residents who might want to register a concern.

The provider had systems in place to support residents store their valuables should they wish to do so. A review of records indicated that these systems were transparent and subject to regular monitoring and reconciliation.

Overall the inspector found systems and oversight arrangements for the the monitoring of infection prevention and control had improved since the last inspection. A review of monitoring records confirmed that areas of the designated centre which were of high risk of infection transmission such as sluice rooms and laundry facility, were well maintained and routinely audited. Systems were in place to ensure that communal mobility equipment such as wheelchairs and mobility aids were cleaned in between resident use.

The inspector confirmed that the registered provider had increased the number of showers and bathing facilities in the designated centre since the last inspection. These facilities were finished to a high standard and improved access to shower and bathing facilities for a number of residents. However, notwithstanding the recent improvement works, residents accommodated on one corridor had a significant distance to travel in order to reach their nearest shower or bath. These arrangements did not ensure the privacy and dignity of these residents when accessing shower or bathing facilities. In addition some areas of the centre were in need of decoration and repair, the areas concerned are described in more detail under Regulation 17 premises.

A review of records indicated that there were comprehensive systems in place for the monitoring of fire safety in the designated centre. Staff were aware of the fire procedure and were able to identify clearly the steps they would follow in the event of a fire emergency. Records confirmed that regular fire drills and simulated fire evacuations formed part of the registered providers fire safety strategy. Personal emergency evacuation plans (PEEPs) were in place to guide staff in the safe evacuation needs of individual residents. However on the walkabout of the designated centre the inspector found a in a number of areas fire stopping barriers were interrupted. These included gaps around utility pipes where they entered the ceilings of some bathrooms and sluice facilities, these gaps had the potential to negatively impact of the effectiveness of the fire compartments in these areas. These risk had not been identified through the centres fire checks or premises checks.

The inspector found that there was a risk management policy and procedure in

place which set out the registered providers response to risk.. There was a comprehensive risk register in place which was routinely updated as new risks emerged or where know risks were closed off. Some risk had not being identified such as fire stopping and infection prevention and control risks. These risks are discussed further under the relevant regulations.

The inspector was not assured that residents were provided with regular opportunities to participate in activities in line with their preferences and ability to participate. The registered provider was in the process of recruiting an activity co-ordinator to manage the delivery of activities to residents. In the interim health care assistants were allocated to support the delivery of the activity programme but records showed that this was not consistent.

### Regulation 11: Visits

There were arrangements in place to facilitate visiting in the designated centre from 10am until 8pm every day of the week. There were a range of facilities available for relatives to visit their family members either in their own room or in the visitor lounges located at the front and rear of the designated centre. Risk assessments were in place for residents who wished to visit their relatives in the community.

Judgment: Compliant

### Regulation 17: Premises

A review of the premises confirmed that the following areas were not kept in a good state of repair as required under Schedule 6 of the regulations:

- The flooring and walls in proximity to the utility area were in a poor state of repair and could not be cleaned effectively.
- Cracked tiles in one bathroom required replacement.

The following areas of the premises did not ensure that they were appropriate to the number and needs of the residents:

- The layout of twin bedroom number 55 did not provide sufficient space for the resident to be able to sit out beside their bed. In addition the location of the wardrobe and storage in the room meant that the resident could not store their personal belongings in their own private space.
- The unavailability of bathing and showering facilities for residents living on one corridor meant that they had to travel a long distance to access these facilities.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Resident's nutritional needs were assessed prior to being admitted to the designated centre. In instances where concerns were identified, referrals were seen to be made for specialist support from dietitians and speech and language therapists. Where appropriate modified diets were provided to the residents. The inspector observed that residents had access to a safe supply of drinking water.

A meal service was observed and was found to be well-organised by the staff team. Staff were aware of residents dietary requirements and residents who required assistance with their eating and drinking were provided with appropriate support in a dignified manner.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26. The risk register was well maintained however a number risks had not been identified by the provider and required action, these risks are discussed under the relevant regulations.

Judgment: Compliant

### Regulation 27: Infection control

There was a detailed infection prevention and control policy in place which included a contingency plan that had been updated in April 2022. Records confirmed that staff had received training in infection prevention and control practices and those who spoke with the inspector were aware of their roles in maintaining an infection free environment. The inspector found good adherence over the two days of the inspection with regard to the wearing of protective equipment and effective hand hygiene technique.

The inspector found that the lack of maintenance of some areas of flooring made these areas difficult to clean and had the potential to impact on robust infection

prevention and control measures. The issues concerned are described in more detail under Regulation 17, Premises.

Judgment: Compliant

### Regulation 28: Fire precautions

A review of fire safety arrangement in the designated centre found that the integrity of the fire stopping in a number of areas was not robust and did not ensure that smoke and fire would be contained in the event of a fire emergency so that residents and staff would be protected. The inspector found gaps around utility pipes where they entered the ceilings of some bathrooms and sluice facilities, these gaps had the potential to negatively impact of the effectiveness of the fire compartment.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector found that some residents did not have care plans in place to meet their assessed needs. For example:

- some residents did not have a social care or activity care plan in place.
- care plans for resident's who required personal care support did not clearly identify the required level of support needed to meet the resident's assessed needs.

Judgment: Not compliant

### Regulation 6: Health care

The inspector was assured that residents were provided with timely and appropriate access to a general practitioner (GP). A review of resident care notes confirmed that residents also had access to other health care supports such as dietitian, speech and language therapists and tissue viability nursing (TVN). Referrals for psychiatry of later life support were organised by the residents' allocated GP.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. Staff were up-to-date with their safeguarding training which equipped them with knowledge and skills in recognising and responding to a suspicion, incident or disclosure of abuse. All residents spoken with in the course of the inspection said that they felt safe in the centre.

The provider did not act as a pension agent for any resident in the centre. Some residents were subject to wardship where the committee of the ward of court managed their financial affairs. A review of records held in the centre indicated that these arrangements were working well, records regarding the oversight of this process were found to be well-maintained and readily accessible.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider did not ensure that residents were provided with opportunities to participate in activities in accordance with their interests and capacities on a consistent basis. This was evidenced by the following:

- residents who expressed a view said that activities were not provided on a regular basis.
- a review of residents' daily progress records over a two week period showed that there were significant gaps in the records of activities that residents had participated in during this period.
- a number of residents did not have an activities care plan in place to guide staff and ensure that the resident was supported to participate in meaningful activities in line with their preferences and abilities.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for AbbeyBreaffy Nursing Home OSV-0000308

Inspection ID: MON-0034973

Date of inspection: 15/06/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            At the time of inspection there was a vacancy in the Activity Team. Post inspection this role has been filled and there is a comprehensive social care programme in place to support residents needs, hobbies and interests.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Post inspection a new PPIM was appointed to the centre. Part of her role is to ensure appropriate communication between staff nurses and healthcare assistants. She is also responsible for monitoring and supervising staff on the floor to ensure information is recorded and passed on appropriately and that the delivery of care is in keeping with the needs of the residents.</p> <p>Staff within the centre have received all their mandatory training and additional supports or training required and/or identified during observations or appraisals is provided.</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All activity care plans are under review as outlined in Regulation 9 below.</p> <p>Post inspection the PPIM and PiC have completed a review of the careplans identified during the Inspection to ensure they adequately reflect the needs of each individual resident.</p> <p>This review has been used as training for all nursing staff to ensure they are fully aware of the information required to direct safe and appropriate care for all residents.</p> <p>All other care plans will be reviewed to ensure that any identified gaps are addressed and to ensure that care plans are in place to support resident's needs.</p> <p>The DoN/ADoN will monitor care plans and audit care plans monthly to ensure that care plans reflect residents' status and needs.</p> <p>All Nursing Staff will receive additional support, and where necessary training from the newly appointed PPIM in respect of care planning and assessment.</p> <p>Post inspection two external contractors were secured to complete a comprehensive review of the fire arrangements in the centre. This inspection was completed over a number of days on site in the centre. We are currently awaiting the findings of this inspection and a report with recommendations regarding an action plan required to bring the centre into compliance. The findings will be reviewed by the Senior Management Team and any works required will be attended to.</p> <p>As advised during inspection the Maintenance Man position was under offer. Post inspection this role has been filled and the Maintenance Man has commenced on site. All minor issues noted and reported within the centre are attended too on site, if appropriate and safe to do so. If additional specialist supports are required, they are sought through our external maintenance suppliers.</p> <p>At the time of inspection there was a vacancy in the Activity Team. Post inspection this role has been filled and there is a comprehensive social care programme in place to support resident's needs, hobbies and interests.</p>	
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Regulation 17: Premises	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the</i></b></p>
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**regulations.**

Prior to the inspection the Senior Management Team had completed an audit of the centre and were fully aware of works that required attention. In addition to this works had been completed as per a condition placed on the centre in relation to bathroom facilities. Painting and other cosmetic improvements to the centre are planned in a very comprehensive schedule of works which had identified the issues noted around flooring and tiles. As advised during inspection the Maintenance Man position was under offer. Post inspection this role has been filled and the Maintenance Man has commenced on site. All minor issues noted and reported within the centre are attended too on site, if appropriate and safe to do so. If additional specialist supports are required, they are sought through our external maintenance suppliers.

The architect has been onsite to review the issues noted with bedroom 55 and the distance travelled to access bathroom facilities in one corridor within the centre.

The issue relating to bathroom facilities was partially addressed during recent renovations to the centre. However, upon discussions with our governing body it was noted that some of the requested changes impacted too greatly on existing residents with no benefit or reduction to the distance travelled (to bathroom facilities) for those residents on the corridor noted in the report. At the time of those discussions, we committed to finding a solution in the future. We await the report from the architect's recent visit to the centre and will give all recommendations careful consideration ensuring the safety and wellbeing of our residents in the process.

The dimensions of Room 55 is noted as 20.9 M<sup>2</sup>. Where appropriate we will re-organise the dividing curtains to ensure this area is appropriate to meet the needs of any resident residing in it. We will consider the need to change the furniture to allow for this space and we will commit to liaising closely with the Residents and their families in these rooms to ensure that they understand any changes that we may be required to make.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Post inspection an external contractor was secured to complete a comprehensive review of the fire arrangements in the centre. This inspection was completed over a number of days on site in the centre. We are currently awaiting the findings of this inspection and a report with recommendations regarding an action plan required to bring the centre into compliance. The findings will be reviewed by the Senior Management Team and any works required will be attended to.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  All activity care plans are under review as outlined in Regulation 9 below.</p> <p>Post inspection the PPIM and PiC have completed a review of the careplans identified during the Inspection to ensure they adequately reflect the needs of each individual resident.</p> <p>This review has been used as training for all nursing staff to ensure they are fully aware of the information required to direct safe and appropriate care for all residents.</p> <p>All other care plans will be reviewed to ensure that any identified gaps are addressed and to ensure that care plans are in place to support resident's needs.</p> <p>The DoN/ADoN will monitor care plans and audit care plans monthly to ensure that care plans reflect residents' status and needs.</p> <p>All Nursing Staff will receive additional support, and where necessary training from the newly appointed PPIM in respect of care planning and assessment.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Following the appointment of the Activity person in the centre a comprehensive review of the activities provided was conducted. Residents were requested to express opinions in activities they wished to see in the centre and a new activity plan was developed and implemented.</p> <p>All activities are recorded, and this include all 1:1 activities within the centre.</p> <p>Care plans are under review by the PPIM and DoN in conjunction with the activity staff to ensure that the activity care plan is an accurate reflection of the residents needs and reflective of their capabilities and interests</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	28/08/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/08/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	28/08/2022

	under Regulation 3.			
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.	Not Compliant	Orange	28/10/2022
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	28/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	28/08/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/10/2022
Regulation 5(1)	The registered provider shall, in so far as is	Not Compliant	Orange	15/09/2022

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	15/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/06/2022