



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

Issued by the Chief Inspector

Name of designated centre:	Brindley Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0034251

About the designated centre

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

The centre was a purpose built single storey residential care facility that can accommodate 43 residents who need long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 33 single and 5 twin bedrooms. Most of the bedrooms have full en suite facilities with a shower, 10 rooms have an ensuite with a toilet and a wash hand basin and two single rooms have a wash hand basin. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 November 2021	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

There was a calm and generally happy atmosphere in the centre throughout the day of this inspection. Although staff were busy with caring for residents, they took every opportunity to engage residents in light-hearted banter and conversations. Residents were engaging and appeared to be enjoying these personal interactions with staff. It was evident that staff knew residents well and residents were comfortable in their company. The inspector met several residents throughout the day and spoke with four residents in more detail regarding their experience of living in the centre. Overall residents' feedback was positive with comments describing the centre as being 'a happy home', 'you would want for nothing here' and 'the best in Donegal'. Residents said they were well cared for and that their GP visited them in the centre.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures by the person in charge. Some residents were sitting in the sitting room and staff were busy with assisting other residents with getting up and getting organised for their day. The inspector was accompanied on a tour of the centre after a short introductory meeting with the person in charge. This tour of the centre gave the inspector an opportunity to meet with some residents and to observe life in the centre. The inspector spent some time observing residents' daily routines to gain insight into how their needs were met by the staff. Staff in this centre were observed to respect residents' choices, privacy and dignity, were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents. These observations concurred with residents' feedback to the inspector.

Since the last inspection in October 2020, this designated centre experienced four isolated COVID-19 infection incidents involving very small numbers of staff. Residents told the inspector that they had received their vaccines and felt safer with it. Residents expressed their satisfaction that their visitors were able to come into the centre to see them again but were aware that precautions were still being taken to protect them. They told the inspector that they 'missed' their family and one resident said she long for pre-pandemic times again.

The centre was located in a residential area, close to the town of Convooy. While the outside of the centre premises was well maintained, the inspector observed that areas of the interior environment were in need of painting and the carpets on the floors were worn and heavily stained in some areas. That said, the interior of the premises was bright and the centre was warm. The communal rooms were nicely decorated and there was traditional items on display that were familiar to residents in the centre. Most residents' bedrooms were personalised with their photographs and other personal belongings. Two residents told the inspector that they loved their bedrooms. There was adequate storage for their belongings and assistive equipment.

Although there was two spacious sitting rooms available, residents were observed to spend their day in only one of the communal rooms. Residents who were able were observed to be enjoying the social interaction in the communal sitting room. The inspector saw that newspapers and magazines were available for residents to read. The activity schedule included reading the newspaper headlines for residents.

While there was coordinated social activities taking place on the day of inspection, the room was crowded and some residents were observed to be sleeping whilst other residents some of whom had high dependency needs appeared to be either disinterested or unable to participate in the activities taking place. The inspector observed that there was a missed opportunity with this arrangement by not using the other sitting room to meet the more specific and sensory focused social activity needs of residents with high dependencies.

One resident with high needs said she didn't enjoy the social activities available and another resident said that the weekends were very quiet in the centre. One resident who spent most of their time in their bedroom on the day of inspection told the inspector that they liked gardening before they came to live in the centre but didn't go out to the centre's poly tunnel.

Although, the inspector was told that facilitation of residents' social activities was an integral part of the care staff roles, the records of the social activities and the inspector's observations suggested that this was not happening and residents' access to a meaningful social activity programme was dependant on the activity coordinator being on-duty and available to facilitate residents' social activities.

Mealtimes in the centre were facilitated in two sittings to allow for social distancing. Residents said they enjoyed their food. The inspector noted that only one hot choice was on offer for residents' lunchtime meal. However, residents told the inspector that they could get an alternative meal if they did not like the food on offer. Staff were available in the dining room at mealtimes and were seen respectfully assisting residents as they needed.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Overall, the findings of this inspection were positive in respect of the standard of care residents received however, improved governance and management oversight was required to ensure that the quality and safety of the service was maintained

going forward. The inspector was informed that a quality improvement plan was in progress for the centre, but that the plan was at an early stage. The plan included measures to address many of the findings on this inspection in relation to ongoing maintenance and repair of the premises, risk management and infection prevention and control measures.

The provider was introducing a number of new governance systems including electronic auditing and risk management systems, in addition to a suite of revised policies and procedures. The inspector was told that the aim of the electronic system was to improve how actions to improve the service were monitored to completion. While, this was a welcome development, the inspector found the quality of some of the audits that were currently being carried out in the centre also needed improvement to ensure all deficits were identified. For example, the infection prevention and control audit was not identifying the areas needing improvement as found on this inspection and discussed under regulation 27.

The inspector also followed up on the provider's progress with completion of the actions identified in the compliance plan from the last inspection in October 2020. While, actions taken brought five of the eight regulations that were not compliant on the last inspection into compliance, further improvements were found to be necessary to bring regulation 23; Governance and management and regulation 17; Infection prevention and control into regulatory compliance. In addition compliance had not been sustained as discussed under Regulation 9; Residents' rights, Regulation 15; Staffing and Regulation 17; Premises.

The Brindley Federation of Nursing Homes Limited is the registered provider of Brindley Manor Private Nursing Home. The provider board and senior management structure changed in April 2021 and the person in charge of the centre was supported by a regional manager who provided oversight of a number of other designated centres operated by the provider. Locally, an assistant director of nursing supported the person in charge on a day-to-day basis with clinical leadership and supervision in the centre. Staff working in the centre who spoke with the inspector were clear regarding their roles and responsibilities. There was evidence of senior management meetings that reviewed key areas of the quality and safety of the service and some evidence of improvements made. For example, an assistive equipment replacement programme was progressed and included replacement of commodes, a hoist and purchase of an artificial external defibrillator (AED).

The provider improved supervision of cleaning in the centre with appointment of a cleaning supervisor on three days each week since the last inspection. However, the supervisor only worked in this role part time and worked as a cleaner on the other days.

In addition the inspector found that cleaning staff worked across roles and performed catering duties each morning to prepare residents' breakfasts. Findings of this inspection evidenced that staffing in the centre required review to ensure that cleaning and catering staffing roles were defined and resources available were as stated by the provider in the designated centre's statement of purpose. The staff training matrix was maintained and kept up-to-date by the person in charge in the

centre and confirmed that all staff had attended mandatory training in fire safety, safe moving and handling procedures, safeguarding of older adults and infection prevention and control relevant to COVID-19. Staff training in various areas of care was also facilitated to ensure staff had the skills and knowledge to meet residents' needs.

The complaints procedure was displayed. Arrangements were in place to ensure complaints were documented, investigated and the outcome communicated to complainants. An appeals procedure was in place for referral of complainants, if not satisfied with the outcome of investigation of their complaint by the designated centre's complaints officer.

Registration Regulation 6: Changes to information supplied for registration purposes

Changes were made to the directors on the provider company board in April 2021 and were appropriately notified to the Health Information and Quality Authority

Judgment: Compliant

Regulation 15: Staffing

Staffing in the centre required review due to the following findings;

There was only one cleaning staff rostered on four days each week and this arrangement did not ensure that additional cleaning practices and procedures necessary to mitigate risk of COVID-19 infection were consistently completed.

Cleaning and care staff completed catering duties as part of their role. For example, cleaning staff were involved in catering duties as part of their role on a day-to-day basis and health care assistants with assigned responsibility for providing direct care for residents during the night prepared porridge for residents' breakfast meal. This posed a risk of cross contamination.

Review of night-time staff nurse resources was also required to ensure the centre's COVID-19 contingency plan could be implemented effectively.

Staffing resources were not increased in the absence of the person responsible for facilitating residents' social activities on three days each week.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and other training specific to their roles including infection prevention and control training to prevent transmission of COVID-19 infection. An up-to-date staff training matrix record was maintained by the person in charge to assist with monitoring and tracking staff training and was made available to the inspector.

The cleaning supervisor worked three days per week in a cleaning role and did not have designated time to complete supervision and training of cleaning staff and to ensure that cleaning was completed to the required standards.

Judgment: Substantially compliant

Regulation 21: Records

A record of the annual emergency lighting certificate was not available in the designated centre on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not provide adequate oversight to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Oversight of the staffing resources did not ensure adequate cleaning and catering staffing resources were available and that night time nursing resource would be sufficient to ensure that residents could be cohorted safely in the event of a COVID-19 outbreak.
- Oversight of the standard of maintenance and upkeep of the internal centre environment required improvement.
- The audit processes in place had not identified a number of the non-compliances found on this inspection.

Processes to ensure all risks/hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example,

- Handrails were not provided on both sides of a ramp in place outside an

emergency exit door and posed a risk of fall to vulnerable residents.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
A record of all accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the timelines as specified and as required by the regulations .
Judgment: Compliant
Regulation 34: Complaints procedure
An updated centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. A process for recording informal complaints was implemented since the last inspection and these day-to-day expressions of dissatisfaction and were reviewed by the management team. The person in charge confirmed that there were no open complaints at the time of this inspection.
Judgment: Compliant
Regulation 4: Written policies and procedures
Schedule five policies including, admissions, end-of-life care, temporary absence/discharge and risk management policies were available, updated and implemented.
Judgment: Compliant
Quality and safety
Overall, residents' were well-cared for, comfortable and their nursing and healthcare

needs were met. While, there was evidence that residents rights were respected, improvements were required to ensure that residents were supported and encouraged to have a good quality of life in which they had opportunities to participate in social activities that interested them on the three days each week when the activity coordinator was not working in the centre. Improvements were also needed to provide a safe outdoor area for residents which they could access at will and in line with their capabilities.

Overall the layout and design of the centre met residents' needs on the day of inspection. The provider had reduced one twin bedroom to single occupancy during the COVID-19 pandemic. Although, this bedroom met regulatory requirements in terms of floor space available, the provider agreed to review the layout of this twin bedroom before returning to twin occupancy.

The provider had introduced recommended measures to protect residents from risk of COVID-19 infection, including staff training, symptom monitoring, facilitation of vaccination and visiting risk assessments for each resident. Risk assessments were also completed for a small number of staff not protected by vaccination. However, the measures in place were ineffective in the absence of regular environmental cleaning and good standards of repair and upkeep of the internal environment to ensure effective cleaning was feasible. For example the absence of effective cleaning procedures in the centre resulted in carpet floor covering in several areas of the centre being heavily stained. In addition assurances were not available regarding the cleaning of frequently touched surfaces.

Staff were observed to consistently and appropriately use hand gel dispensers located throughout the centre and the sinks provided for hand hygiene purposes were in line with recommended standards.

The provider had measures in place to protect residents from risk of fire in the centre. Emergency evacuation drills simulating night-time conditions in the centre gave assurances regarding residents' timely evacuation to a place of safety in the event of a fire during this period. The effectiveness of measures in place to contain fire, smoke and fumes in the event of a fire in the centre were checked as part of the fire safety management in the centre. The provider had organised an external fire safety contractor to complete a fire safety risk assessment on 24 November 2021 to provide comprehensive assurances regarding fire safety in the centre.

Residents' care was person-centred and staff were knowledgeable regarding residents' individual preferences. This optimised their continued good health and wellbeing. Residents care plans examined described their individual preferences and wishes regarding their care and supports. Residents had timely access to local general practitioners (GP) of their choice and a GP visited them regularly in the centre. In addition, medical on-call cover was also available if residents became unwell outside of regular working hours. Good care standards provided for residents was also reflected in the low numbers of residents falling, developing pressure related skin ulcers in the centre and losing weight unintentionally. Accidents and incidents were appropriately managed and effectively responded to with

multidisciplinary input.

While residents' rights were respected in the centre, their opportunities to engage in meaningful activities were confined to four days each week when the activity coordinator was on-duty. Although the inspector was told that care staff were assigned responsibility for this care, the records reviewed and some residents' feedback did not evidence that residents had adequate opportunities to meaningful social activities on these days. While a poly tunnel was available and the inspector was told that residents liked to go there in warmer weather, a safe and accessible outdoor area was not available to residents.

Regulation 11: Visits

Visits by residents' families and friends were facilitated according to current public health guidance and ensured that residents were provided with opportunities to meet with their families and friends.

Judgment: Compliant

Regulation 17: Premises

Although plans to address upkeep and maintenance of the designated centre were in progress, proactive and ongoing preventative maintenance required improvement to ensure the premises was maintained to a high standard. For instance:

- The paint on internal walls and on wooden skirting, and door frame surfaces on corridors and residents' bedrooms was chipped and missing in a number of areas. This meant that these surfaces could not be effectively cleaned.
- Carpet floor coverings in the reception area, corridors, visitor's toilet, oratory and in a number of bedrooms were observed to be stained, worn and damaged. A part of the floor in the reception area was uneven and posed a fall risk to vulnerable residents.

Grab rails were not fitted to assist vulnerable residents' safety and independence in the communal showers, toilets and several of the residents' en-suite facilities viewed. The inspector was told that this had been identified and works were scheduled to address same.

Judgment: Not compliant

Regulation 27: Infection control

Infection prevention and control in the centre was not in line with the national standards and other national guidance as follows;

- Supplies of hand towels and toilet rolls for distribution and use throughout the centre were stored on open shelves in the cleaner's room. This posed a risk of cross contamination.
- Waste was not appropriately segregated. For example, all waste in the centre was being disposed of as clinical waste in the absence of any evidence of confirmed or suspected COVID-19 or other communicable infection.
- A hazardous waste bin was not available in the sluice rooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire and to ensure their timely evacuation to a place of safety in the event of a fire in the centre. Up-to-date policies informed fire safety management and response to emergencies.

The provider had proactive measures in place to protect residents and others from risk of fire. Emergency exits were clearly displayed and free of any obstruction. Daily and weekly fire safety equipment checking procedures were completed with no gaps were noted. The centre's fire alarm was sounded weekly and included checking of fire doors.

All staff were facilitated to attend annual fire safety training and to participate in simulated evacuation drills. Each residents' emergency evacuation equipment and support needs were assessed and regularly updated. Simulated emergency evacuation drill records available supported timely evacuation. Staff who spoke with the inspector were knowledgeable regarding the evacuation procedures in the centre.

All staff were facilitated to attend mandatory fire safety training and given opportunity to participate in a simulated evacuation drill.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Practices were reviewed since the last inspection to ensure comprehensive assessments were carried out to identify each resident's needs and that corresponding care plans were developed within 48 hours of each resident's admission. A variety of accredited assessment tools were used to identify and

regularly reassess each resident's needs. Each resident had a holistic care plan in place that clearly described their individual preferred care and support interventions to ensure their needs were met in consultation with residents and their families, as appropriate. Residents' care plans were reviewed on a four monthly basis or more frequently if response to their changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with good standards of evidence based health and nursing care in the centre.

Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Effective arrangements were put in place since the last inspection to ensure residents who developed swallowing difficulties had timely access to speech and language therapy services. Residents were supported to safely attend out-patient and other appointments in line with current public health guidance.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours. Their person-centered behaviour support care plans were effectively implemented and the inspector was told by the person in charge that there were no recent incidents of responsive behaviours. This information concurred with the inspector's observations on the day of inspection.

The centre's restraint register referenced that five residents were had full-length bed rails in place and two residents intermittently had lap-belts in place to support their safety in assistive wheelchairs. Their needs were assessed, and procedures were in place to ensure their safety, and any restrictions posed by this equipment was minimised.

Alternatives to full-length restrictive bed rails were trialled, and the multi-disciplinary team were involved in the decision-making process. Care procedures were in place to minimise the amount of time these restrictive items of equipment were in place.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were knowledgeable regarding safeguarding residents from abuse and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had temporarily reduced a twin bedroom to single occupancy to optimise infection prevention and control during the COVID-19 pandemic. The inspector viewed this bedroom and advised the provider that a review of the layout and space available was warranted on return of the second bed into this bedroom to ensure that both residents' privacy and dignity needs were met.

A record of the social activities each resident attended was available. However, the record did not detail each resident' individual participation or level of engagement. As a result the inspector was not assured that the social activities provided were meaningful for each resident and that their interests and capability needs were being met. In addition the records available did not give assurances that each resident had opportunities to engage in social activities each day. For example, a number of records showed that the residents only had opportunity to participate in social activities two or three days each week. This was verified by the inspectors observations on the day and the feedback from some residents.

Doors to the outdoors were key code locked and residents did not have access to the outside spaces without asking staff to open the doors. In addition the inspector noted that there was no secure outside space for residents to use without the supervision of staff. Although there was a poly tunnel available for residents to use this was located in an area on the outside of the rear car park. The car park was busy on the day of inspection with vehicles accessing the centre which created a risk to residents and meant that residents could not choose to access the poly tunnel without the support of staff.

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
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially 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 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0034251

Date of inspection: 11/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The multi-attendant role of staff within the centre has been addressed through a revision of the roster and an increase in the provision of housekeeping hours. Following the inspection, there are now two housekeeping staff on duty over the seven days to enhance the level of cleaning within the centre and to mitigate the risks from COVID-19. The Kitchen Assistant now starts at 8am each morning which mitigates any risk of cross contamination caused by care staff being involved in the preparation of breakfast. A full review of activity provision within the centre has concluded and we are actively recruiting for a second activity coordinator to ensure the provision of activities over the seven days.</p> <p>A comprehensive review of night time staff nurse levels has been commissioned in the context of the COVID-19 contingency plan to take into account the availability of additional registered nurse hours as required to fully implement the plan. The contingency plan will be updated to reflect the outcome of the review</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: The role of the housekeeping supervisor has been revised. Recruitment is ongoing to recruit additional housekeeping staff to release the supervisor for a minimum of two days per week to work in a supernumary capacity to carry out training and supervision of cleaning staff and to validate that the centre is cleaned to the required standards.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: This has been addressed. A record of the annual emergency lighting certificate is now in place within the centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following the inspection, the provider has undertaken a comprehensive review of the management systems in place within the centre to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. This monthly meeting attended by the Regional Director / PPIM will ensure that staff resources are allocated appropriately and most effectively within the centre.</p> <p>Following the inspection, the roles and allocation of staffing has been revised to ensure clear separation of function between caring, catering and housekeeping. A review of the centre's COVID-19 Contingency Plan and registered nurse staffing levels has been commissioned to ensure adequate resources are available at night time and can be deployed to effectively cohort residents in the event of an outbreak.</p> <p>A programme of refurbishment works has been identified and work will commence in Q1 2022 to address all outstanding maintenance works. Oversight of the standard of maintenance is monitored daily by the PIC and overseen by the Regional Director / PPIM.</p> <p>The approach to the audit, risk and compliance management has been reviewed and a new suite of tools are to be introduced in Q1 2022 that will enhance the approach adopted within the home. This will ensure that areas for improvement are identified and actioned in a timelier manner.</p> <p>A full review of risk management within the centre has been underway and a programme of work commenced to address all areas identified such as the handrails to both sides of the ramp at the emergency exit.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Prior to the date of inspection and as part of the capital expenditure planning for 2022, a programme of refurbishment works had been identified and work will commence in Q1 2022. This work has been prioritised and includes the following:</p> <ul style="list-style-type: none"> • repainting of internal walls and wooden skirting • upgrade and repair of all doorframes on corridors and residents bedrooms • replacement of a number of carpeted floor coverings • replacement of the flooring in the visitor toilet • replacement of the oratory floor covering • replacement of a number of bedroom carpets. • repair to the uneven floor in reception <p>The installation of grab rails in communal showers, toilets and residents' en-suite rooms was completed by end of Q4, 2021.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Storage in the store room has been reviewed to include closed storage units.</p> <p>The segregation of waste has been reviewed and training provided to staff on the need to ensure clinical waste bins are only used for clinical waste.</p> <p>A hazardous waste bin is now in place in sluice rooms.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A full review of twin rooms has been completed and new furniture purchased which ensures adequate space is available when twin rooms are used for two residents. Recruitment is ongoing for an additional person to provide activities over the seven days. Training has been provided to staff and the activity team to ensure activities are fully reflective of residents assessed needs and contribute to residents having a meaningful day within the centre.</p>	

The practice of securing the front door, introduced as a control measure to manage visitor footfall during the COVID-19 pandemic has ceased and the door is now open. An outdoor secure space for residents to use has been identified and will be commissioned as part of the refurbishment works commencing in Q1, 2022.

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.	Not Compliant	Orange	18/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2022
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	31/03/2022
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	31/01/2022

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	31/01/2022
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.	Substantially Compliant	Yellow	31/01/2022
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	01/12/2021
Regulation 9(2)(b)	The registered	Substantially	Yellow	31/01/2022

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Compliant		
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2022