



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

Issued by the Chief Inspector

Name of designated centre:	Lakes Nursing Home
Name of provider:	Elder Nursing Homes Ltd
Address of centre:	Hill Road, Killaloe, Clare
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0000447
Fieldwork ID:	MON-0040483

About the designated centre

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

Lakes Nursing Home is a two-storey purpose-built centre designed to provide care for residents requiring continuing and short stay care including respite and convalescence. As a provider of high quality nursing care, we welcome the 'National Standards for Residential Care Settings for Older People in Ireland'. These standards will help to consolidate existing good practice whilst also identifying areas for development. We are committed to enhancing the quality of life of all our residents by providing inclusive, high-quality, resident-focused 24-hour nursing care, catering, service and activities. Lakes Nursing Home can accommodate a maximum of 57 residents. There are 47 single rooms available with en-suite toilet facilities as well as five double rooms with en-suite toilet facilities. A number of shared shower rooms are available. There is stairs and lift access to the first floor. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. We employ a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. Prior to admission, a pre-admission assessment shall be undertaken in the resident's home or transferring facility, by a member of the residential home's nursing staff. Care plans will be established and reviewed through inclusion of families and residents supported by the community services on referral. Resident records are stored on a secure computer system and also in filing cabinets. The activities coordinator meets new residents to plan an individual activities programme. Residents are encouraged to keep up their social/leisure interests after admission, for example, gardening, painting, knitting, quiz, music, media access, beauty and hair therapy. Day trips are also organised occasionally. Arrangements can be made for residents to go shopping or attend other activities outside the nursing home; these may incur some extra costs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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 22 June 2023	09:30hrs to 17:25hrs	Rachel Seoighthe	Lead
Thursday 22 June 2023	09:30hrs to 17:25hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

The feedback from residents was positive and the inspectors observed a friendly and welcoming atmosphere in the centre. Residents stated that they were well cared for by staff who were kind and attentive to their needs. On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care. One resident told the inspector, "we are so well looked after". This sentiment was expressed by the majority of residents that spoke with the inspectors.

This was an unannounced inspection which was carried over one day. The inspectors were met by the person in charge upon arrival to the centre. Following an introductory meeting, the inspectors walked around the centre which gave them the opportunity to meet with residents and staff as they prepared for the day.

Lakes Nursing Home provides respite care and long term care for both male and female adults with a range of dependencies and needs. The designated centre is registered to accommodate a maximum of 57 residents in single and twin rooms. There were 56 residents living in the centre on the day of the inspection. The centre is a two-storey building located in the village of Killaloe, Co Clare. Residents living and bedroom accommodation is laid out over both floors, with stair and lift access between floors.

As the inspectors walked around centre, they found that the care environment did not consistently support a high quality of life. While inspectors observed that many residents' bedrooms were personalised with their items of personal significance, including their photographs, artwork and ornaments, they observed a poor standard of cleaning in resident bedrooms and many wall surfaces were scuffed and visibly unclean. Inspectors observed that wooden fixtures such as skirting boards and doors were in a poor state of repair and could not be adequately cleaned. Inspectors' also observed a build up of dirt, debris and cobwebs along floor surfaces in resident bedrooms and circulating corridors. Floor surfaces were badly damaged and appeared to be uneven, which posed a risk of falls to residents. In contrast, the communal rooms viewed by the inspectors appeared to be clean and tidy and were well used by residents throughout the day.

Residents moved freely around the centre, interacting with each other and staff. Staff supervised the large communal sitting room. In the communal sitting room, the inspectors observed that there were opportunities for residents to participate in recreational activities of their choice and ability. Residents told the inspector that they were supported to spend the day as they wished, and were satisfied with the activities schedule. On the afternoon of the inspection, the inspectors observed a music session, Resident were observed waltzing, dancing and singing along with the musician. The atmosphere in the room was very lively. Residents were offered a beverage of choice, and an assortment of cakes and treats were served. The residents appeared to enjoy the entertainment. One resident told the inspectors that

the entertainment was very good in the centre.

Friendly, respectful conversations between residents and staff could be overheard throughout the centre. Residents who were able to mobilise were encouraged to avail of the opportunity to get exercise and were not rushed. The inspector observed that the staff knew the individual needs of residents. In the afternoon, a resident had left the entertainment to return to their bedroom and had left personal belongings behind. The inspectors observed the staff had taken note of this and returned the items which was of obvious comfort to the resident and avoided any distress.

The inspectors spent time speaking with residents in the small enclosed garden area, which was decorated with colourful features to encourage resident interest. Inspectors observed that this was the only enclosed garden in the centre and it also functioned as the designated resident smoking area. This area was not observed to be clean and impacted on the quality of the environment. For example, residents who did not smoke, who wanted to spend time independently in a secure outdoor area, had no choice but to attend the smoking area.

The inspectors observed that visiting arrangements were in place to enable residents to meet with their visitors in their own bedrooms or in communal rooms .

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection indicated that while some action had been taken to address the non-compliances of the last inspection, further action was required to bring the centre into full compliance with the regulations and to ensure that any improvements that had been made were sustained. While the provider had governance structures in place they were not providing effective oversight of the quality and safety of care and services. In addition, a number of risks had not been identified by the centres own risk management system, for example, risk in relation to the centres fire safety system, and as a result, the provider had not implemented the actions required to mitigate those risks.

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 Centre for Older People) Regulation 2013 (as amended). This inspection focused on the registered providers actions to address non-compliance's with the regulations found on previous inspections. Inspectors also followed up on unsolicited information in relation to the standard of environmental hygiene in the centre, received by the office of the Chief Inspector. The inspectors' findings substantiated

the information received and these findings are discussed under the relevant regulation. Inspectors found that the compliance plan response to the previous inspection findings had not been fully implemented. Inspectors found that Regulation 17: Premises, and Regulation 27: Infection control were not in compliance with the regulations. This was a repeated finding. Action was also required in relation to fire precautions, governance and management and residents rights, to ensure compliance with the regulations.

Elder Nursing Homes Ltd. is the registered provider of Lakes Nursing Home. Mowlam Healthcare Services are participating in the management of the service and are operating the day to day running of the service. The person in charge is supported in their role by a regional healthcare manager and a director of care services in the senior management team. Within the designated centre, the person in charge is supported by an assistant director of nursing (ADON) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

The inspectors found that the centre had sufficient staffing resources on the day of the inspection to meet the needs of residents. The completed rosters reflected the staff on duty in the centre and the inspectors observed that there were sufficient staff to attend to residents' needs promptly. The inspectors' observations of nursing and care staff practices and discussions with some staff gave inspectors' satisfactory assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

There were regular management team meetings which were attended by the person in charge and the regional manager, in order to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the agenda items discussed. While there was management oversight of the service, the inspectors found that monitoring systems required strengthening to ensure the service provided was safe and consistent. There were five clinical audits completed in 2023, three of which did not set out the actions that were required to bring about improvements in compliance. Furthermore, the quality improvement plans developed following infection control audits completed in February and May 2023 were not progressed to completion. For example, both audits included replacement of bedroom curtains as a corrective action. However, the inspectors found that this action was not completed within the time-frame proposed and a number of bedroom curtains were visibly unclean at the time of the inspection. The infection control audit conducted in May 2023 scored 88% compliance, however it failed to identify deficits in cleanliness and maintenance of resident bedroom accommodation. The risks identified relation to Fire safety, as detailed under Regulation 28, had not been identified and managed. This is discussed further under Regulation 23: Governance and Management.

A review of the staff training and supervision confirmed that all that staff had good access to mandatory and professional training, however, the supervision of maintenance and house-keeping staff required improvement. This inspection found that although the provider had increased the house-keeping staffing resources by

twenty four hours since the previous inspection, a number of areas of the centre were visibly unclean. Inspectors viewed deep cleaning records for a number of bedrooms, however these bedrooms were not observed to be adequately cleaned. Additionally, inspectors found there were significant gaps in the completion of some fire safety records.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief Inspector as required by the regulations.

The inspectors reviewed a sample of staff personnel files and found that they contained all , information, as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

On the day of the inspection, the inspectors observed that there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents. Records showed that there was a registered nurse on duty at all times to oversee the clinical needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems reviewed on the day of the inspection did not provide assurances that the service provided was safe, appropriate and consistent. This was evidenced by:

- While there was evidence of audits being carried out, action plans were not always developed to inform quality improvement. Furthermore, where quality improvement plans were developed, there was ineffective monitoring to ensure that the improvement actions identified had been implemented and had led to the required improvements in the service.

- Poor oversight of cleaning practices relating to infection prevent and control meant that the standard of cleaning was not adequate.
- Poor oversight of maintenance systems meant that the upkeep of the residents living and bedroom accommodation was not adequate.
- Inconsistent monitoring of fire safety with a number of gaps identified in weekly fire door checks which did not ensure that residents were adequately protected in the event of a fire emergency. These inconsistencies in weekly checks had not been identified by the management team.
- Inadequate systems in place to monitor the use of restrictive practice.

Judgment: Not compliant

Quality and safety

Inspectors found that residents living in the designated centre received a good standard of direct care. Residents who spoke with inspectors said that they felt safe and that they were well cared for by staff in the centre. The findings of this inspection were that the system in place to monitor the use of restrictive practices was not in line with national policy. Inspectors found that the infection prevention and control practices were poor. Insufficient progress had been made following the last inspection and the provider had failed to implement the compliance plan response submitted following the April 2022 inspection in relation to the premises.

A sample of seven residents' files were reviewed by inspectors. Residents' care plans and daily nursing notes were recorded through an electronic record system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. Inspectors found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs. Care plan reviews were carried out at regular intervals.

The centre had good access to a choice of general practitioners. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents. Inspectors reviewed wound management practices and found clear evidence that interventions taken had ensured the healing of wounds.

Residents were appropriately assessed and monitored for risk of malnutrition. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways had been established to ensure that those residents identified as being at risk of malnutrition were referred

for further assessment by an appropriate health and social care professional.

The fire equipment and fire alarm had been serviced and fire exits were observed to be free of obstructions. However, a number of fire safety records were incomplete at the time of this inspection. Staff had received fire safety training including the safe evacuation of a resident, however there was no recorded evidence of a simulated full compartment evacuation drill conducted to take account of night time staffing levels and residents evacuation requirements. Furthermore, inspectors observed that there were gaps under a number of fire doors and this posed a risk that fire and smoke would not be contained in the event of a fire safety emergency. This is discussed further under Regulation 28.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. However, the inspectors observed that the environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection and ensured compliance with regulation 27, Infection control.

While some enhancements had been carried out to the premises since the previous inspection, such as the provision of a new kitchenette, the inspectors observed that some areas of residents' living environment were not maintained to a good standard. These observations included scuff marks and chipped paint on walls, doors, skirting boards and handrails. Furthermore, the damage to floor surfaces throughout the centre which had been observed on the previous inspection, had not been addressed by the provider. The inspectors findings are discussed under Regulation 17: Premises.

The centre promoted a restraint-free environment. The use of restrictive practices such as bedrails was minimal. However, documentation review by the inspectors evidenced that bedrails were sometimes applied at the request of a third party, which was not in line with national policy or the centres' own restrictive practice policy. Monitoring of staff practices to ensure they were in line with the centres own policy was inadequate.

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents were provided with national newspapers. There were televisions in communal rooms. Residents had access to advocacy services and information regarding their rights.

Inspectors spoke with multiple visitors who confirmed that there were no unnecessary restrictions in place with visiting their loved ones.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents could meet their visitors in private in an area

outside of their bedroom if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the requirements of Schedule 6 of the regulations and the inspectors observed a that a number of maintenance issues required action to ensure appropriate standards were in place. For example:

- Floor covering, applied to form skirting at the base of the walls in the upstairs kitchenette, was peeling away from wall surfaces. This meant that debris and dirt had built up in the gaps between the wall and covering.
- Wall surfaces were damaged in multiple residents' bedrooms. In addition, skirting boards, door-frames and bedroom doors appeared scuffed.
- A towel fixture was removed from a wall in one resident en-suite bathroom.
- Wallpaper was unfinished in on one wall in the reception area and the unfinished wall surface was visible.
- Inspectors observed a hole in a residents en-suite bathroom door.
- Inspectors observed that floor covering throughout the centre was uneven and in a very poor state of repair. This posed risk of falls for residents. This is a repeated non-compliance from the April 2022 inspection.
- Resident commode chairs were rusted.
- Lifting linoleum in communal bathrooms had black water marks.
- Resident bathrooms flooring had large areas that were black and the wood surrounding the toilets were badly damaged.
- The skirting board in one residents bedroom had exposed nails.

Judgment: Not compliant

Regulation 27: Infection control

The inspectors found that some procedures were not consistent with the standards for the prevention and control of health care associated infections, including:

- Inappropriate disposal of clinical waste, such as wound dressing materials.
- Floor surfaces in circulating corridors and resident bedroom were visibly unclean.
- While there was a tagging system in place to show which equipment was decontaminated after use between residents, inspectors were not assured that this system was effective. For example, inspectors observed a specialised wheelchair for use by a resident which had labelled as clean on the day of in

the inspection. The chair was stained with food debris.

- Multiple hand hygiene gel dispensers were empty of any product.
- Inspectors observed that some washed bed linen was heavily stained and a ripped bed sheet was placed on a residents bed.
- Resident bedroom window panes were visibly dirty. In addition, a number of bedroom curtains were badly stained.
- The residents smoking area was visibly unclean.
- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire, and to ensure that the centre was in compliance with regulation 28, Fire precautions; This was evidenced by:

- The inspectors observed holes in the ceiling of one compartment. These gaps had the potential to negatively impact of the effectiveness of the fire compartment to contain fire and smoke in the event of an emergency.
- Inspectors found a number of gaps between the floor and the bottom of some cross corridor and bathroom doors. Therefore, containment of fire/smoke/fumes was not assured in these areas in the event of a fire in the centre.
- While, some records of fire safety equipment checks were available, these records were incomplete and did not give assurances that some items of equipment such as the fire alarm panel and fire doors were adequately checked and any action to remedy any defects found had been addressed. For example; the records were not adequate as they did not reference the location or condition of the individual doors. Furthermore, there were no fire door checks recorded since February 2023.
- A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centre's largest compartments with the lowest staffing levels, to provide assurance that residents could be safely evacuated with these staffing levels.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care

plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families.

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 old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider did not ensure that when a restraint was in use, it was in accordance with national policy. For example;

- The documentation in one file stated that the decision to apply the bedrail was as a result of a request of a third party and not by appropriate assessment and resident consent.
- In one bedrail risk assessment reviewed, the assessment identified that bedrails were not required. However, the resident had bedrails in place.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not ensure that residents had adequate facilities for occupation and recreation. For example;

- Residents who were unable to mobilise outside of the centre without the assistance of staff had were restricted to using the enclosed garden area. The enclosed garden area was a small space shared between 57 residents, which also served as the designated smoking area.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lakes Nursing Home OSV-0000447

Inspection ID: MON-0040483

Date of inspection: 22/06/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) and Clinical Nurse Manager (CNM) will conduct audits and will develop Quality Improvement Plans (QIP) to address the deficits identified. Required actions will be assigned to appropriate staff members and the PIC and CNM will monitor the implementation of the QIPs to ensure that standards are improved and sustained, particularly in relation to household cleaning practices and procedures. The PIC, with the support of the Healthcare Manager (HCM), will meet each week with the home management team to ensure ongoing vigilance and implementation of recommended practice improvements based on audit findings, and will ensure all outcomes from QIPs are shared with staff at monthly management meetings. • The PIC and CNM will conduct daily walkabouts to check that the centre is maintained to a high standard of cleanliness and will ensure that household staff are appropriately supervised in carrying out their duties to the required standards to reduce the risk of infection or cross-contamination. • All Housekeeping staff will receive Clean Pass training to ensure that the housekeeping standards are delivered in accordance with best practice. • The PIC will liaise with the Facilities Manager regarding the required schedule of works to be carried out to maintain the quality of the residents’ living and bedroom areas to an appropriate standard. The works will include the repair or replacement of equipment and damaged flooring and decorative works including repainting of worn and scuffed surfaces. • The PIC will ensure that all required regular fire safety checks are undertaken by appropriate staff members and will monitor the fire safety manuals each week to ensure that all checks are completed, and that any actions arising from the safety checks are escalated so that they can be resolved without delay. • The PIC, as part of the Restrictive Practice Audit, will ensure a consistent approach in staff using the appropriate bedrail risk assessment for residents with a view to reducing the use of bedrails to an absolute minimum and only as a measure of last resort. The assessment will support the preferences of the resident and highlight risks associated 	

with use of such restrictive practices.

- The management team will ensure oversight of all restrictive practices within the home and ensure these are discussed at monthly management meetings and as part of the regular review of restrictive practices in the Human Rights-Based Approach to Care meetings.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The Facilities Manager will develop a programme of works and agree the schedule with the PIC. The works will to be carried out to address damaged wall surfaces, scuffed doors and skirting boards, uneven or damaged flooring, unfinished wallpapering and damaged toilet stands. Repair works will include the repair of the resident's ensuite bathroom door and will address falls risks such as uneven flooring and health and safety risks such as the exposed nails on a skirting board. This will ensure that the centre is maintained to an appropriate decorative and aesthetic standard and will also ensure compliance with Infection Prevention & Control guidelines and provide a clean and homely environment for resident.
- Since the inspection the damaged flooring in the first-floor kitchenette has been repaired, the resident's ensuite door has been repaired and the upgrade of flooring on corridors has commenced.
- The Facilities Manager will complete a review of all interior doors to ensure that they meet fire safety regulatory requirements and are in a good state of repair. If any defects are identified, they will be addressed.
- The PIC and CNM will ensure that all kitchenettes, including fixtures, fittings and equipment therein will always be maintained in a clean and hygienic condition, and compliance with the schedule and standard of cleaning will be monitored by the PIC.
- We will ensure that all equipment is maintained in a hygienic and clean condition, and that the required cleaning and decontamination schedules are maintained. Rusted commode chairs have been disposed of and replaced with new commode chairs. The PIC and CNM will conduct random spot checks and compliance will be regularly monitored by the PIC as part of the daily rounds.
- Any damaged equipment and furniture will be repaired where possible or replaced with new items.

Regulation 27: Infection control

Not Compliant

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

- The PIC and Clinical Nurse Manager (CNM) will supervise clinical Infection Prevention & Control (IPC) practice and procedures to ensure that all staff are vigilant and working in accordance with recommended best practice in IPC. The PIC will ensure that the quality improvement plan for housekeeping will include effective cleaning procedures required to maintain all commodes and shower chairs in a hygienic condition.
- The PIC will ensure that the housekeeping staff use appropriate cleaning procedures to ensure that all floor surface areas are thoroughly cleaned. The PIC and CNM will monitor compliance during their regular walkabouts of the home.
- The PIC and IPC Lead will monitor equipment and furniture cleaning procedures and regularly spot check equipment that has been tagged as clean to ensure consistent compliance with expected standards.
- The PIC will monitor housekeeping staff, cleaning standards and schedules, ensuring that all kitchenettes, including fixtures, fittings and equipment therein, will always be maintained in a clean and hygienic condition.
- Housekeeping staff will check and refill alcohol gel dispensers each day to ensure the availability of sufficient handwashing and hand sanitising products. All broken units will be replaced.
- The PIC will liaise with the Facilities Manager to ensure that all equipment and furniture are maintained in a good state of repair and to arrange disposal and replacement of damaged or worn items as required.
- Cleaning schedules and findings from hygiene audits will be discussed as part of the agenda at Safety Pauses, Infection Prevention & Control and monthly management team meetings. Corrective actions will be identified as part of the overall quality improvement programme. The IPC Lead will ensure that improvements are implemented. Compliance will be reviewed by the PIC at regular intervals.
- Since the inspection, we have had meetings with the external laundry service provider to address the poor quality and cleanliness of laundry returning to the nursing home. This was satisfactorily resolved. The PIC will continue to liaise with the service provider to ensure a consistently high standard of laundry.
- The housekeeping staff will introduce a curtain cleaning regime to facilitate the regular periodic cleaning of all curtains in residents' bedrooms and communal rooms.
- Housekeeping staff will include the smoking area as part of their cleaning schedule each day and this will be monitored by the Maintenance Person.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All fire doors will be surveyed and inspected for integrity with a schedule of works required to replace or repair them developed to ensure fire safety compliance.
- Since the inspection, works have been carried out on the ceilings to ensure compliance with fire safety regulations.
- The PIC will ensure that all fire safety checks are completed and checked by appropriately designated staff as required by fire safety legislation to ensure compliance with regulations. Any deficits identified during these checks will be escalated to PIC and

<p>actions sought to address these.</p> <ul style="list-style-type: none"> • The PIC will ensure that regular fire safety drills will include a simulated nighttime evacuation drill from the largest compartment with reduced staff numbers on site. The PIC will ensure that staff have a thorough understanding of how to apply theoretical learning to practice, especially in relation to fire safety. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The PIC will complete a review of all restrictive practices in use and ensure an appropriate risk assessment, reflective of the needs and wishes of the resident is completed and outlined in the resident's care plan, in accordance with the national policy on the use of restraint. • We will ensure that all staff understand that consent can only be given by the resident and not by a third party on the resident's behalf. • There will be one standard bedrail assessment template in use, ensuring that bedrails are only ever used as a measure of last resort after all alternative options have been explored to maintain the safety of the resident. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC will ensure that residents have access to a varied and interesting schedule of activities in accordance with their expressed interests and preferences. We will complete a review of the garden and agree a plan of works to ensure it can be accessed in a safe way and that it is secure for all residents to utilise and enjoy. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2023
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	30/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	31/12/2023

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Substantially Compliant	Yellow	30/09/2023

	Health from time to time.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2023