



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

Issued by the Chief Inspector

Name of designated centre:	Laurel Lodge Nursing Home
Name of provider:	Templemichael Nursing Home Limited
Address of centre:	Templemichael, Longford, Longford
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0005394
Fieldwork ID:	MON-0038419

About the designated centre

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

The designated centre provides 24 hour nursing care to 114 residents, male and female, who require long term and short term care (day care, convalescence, rehabilitation and respite). The centre is a two storey building containing three distinct lodges located on the outskirts of Longford town. Glencar Lodge is a 41 bed dementia specific unit. Lissadell Lodge is a 36 bed unit and Hazelwood lodge had 38 beds. The majority of bedrooms have full en-suite facilities. The centre is decorated and furnished to a high standard and a variety of sitting rooms and seated areas, dining rooms in each lodge, a spacious oratory/chapel, a meeting room and hair salon is available for residents use. Well-manicured secure and accessible garden courtyards are available along with a number of other surrounding outdoor planted areas. The centre's philosophy is one of optimization, aimed at facilitating residents to be the best that they can be, promoting independence and autonomy by placing residents at the centre of all decision making within a 'home from home' that is safe, caring and supportive.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	109
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 November 2022	09:45hrs to 19:45hrs	Leanne Crowe	Lead
Wednesday 23 November 2022	09:45hrs to 19:45hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The overall feedback from residents and visitors was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff.

Upon inspectors' unannounced arrival to the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting with the person in charge and the person representing the provider entity, the inspectors spent time walking through the centre. During the walk around the inspectors saw that staff were attending to residents' personal care and a number of residents were up and ready for the day's activities.

The designated centre can accommodate up to 114 residents in single and shared bedroom accommodation across three units; Hazelwood, Lissadell and Glencar. Each unit contains a variety of communal areas including sitting rooms and dining rooms. These rooms were decorated in a homely and comfortable manner, with furniture that were appropriate for residents' needs. In one of these sitting rooms, a resident who spent time in this room had been supported to display their art. Residents could also access secure outdoor areas from various parts of the centre.

A programme of activities were available to residents, with staff available to facilitate these in each individual unit as well as larger group sessions. For example, a mass was being held in the centre's chapel on the day of the inspection. This was attended by residents from all three units, as well as visitors.

The centre was observed to be clean and tidy throughout. Planned maintenance work had been completed on a number of areas, for example, the refurbishment of a communal room. This was now brightly decorated room and was an inviting space for residents.

Visitors were welcomed into the centre throughout the day of the inspection. It was clear the visiting arrangements were flexible and residents were observed meeting with their loved ones in communal areas as well as their own bedrooms. Residents expressed that they were happy with the arrangements that were in place for visiting.

The inspectors observed that residents were very comfortable, relaxed and chatting to each other as they passed time in the various communal areas. Residents were well groomed and appropriately dressed, and those who spoke with inspectors confirmed that their personal care needs were well attended to by staff.

Residents' mealtimes were observed on two of the centre's units. Overall, the food was appetising and served to residents in accordance with their preferences and

assessed needs. There were staff available to assist residents who may need help with their meals. However, inspectors identified that the dining experience could be improved in relation to the atmosphere, minimising of noise and the level of focused support provided by staff. Inspectors were informed that the management team had recently developed a quality improvement plan in relation to the dining experience for residents, in response to their feedback.

The inspectors observed that the residents' bedrooms were nicely decorated. Many bedrooms were personalised with pictures, furniture or other items. Residents informed inspectors that they were satisfied with the layout, cleanliness and decor of their bedroom.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. Inspectors followed up on the compliance plan from the previous inspection in February 2022. The registered provider had addressed many of the outstanding actions from the previous inspection and improvements were found on this inspection. However, improved focus and oversight were now required to achieve full compliance with the regulations.

Inspectors also followed up on unsolicited information of concern that had been received prior to the inspection, which related to areas such as governance and management, quality of care provision and staffing. The inspectors' findings partially substantiated these concerns but also found that the management team had identified these issues and work was ongoing to address them at the time of the inspection.

Templemichael Nursing Home Limited is the registered provider of Laurel Lodge Nursing Home. A director of the company represents the provider entity. The management structure was clearly defined and included a clinical operations manager, the centre's person in charge and several clinical nurse managers (CNMs). An assistant director of nursing (ADON) post was included in the management structure and the person occupying this role was due to start in the weeks following the inspection. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, administration, domestic and maintenance staff. There were clear lines of accountability and staff were knowledgeable of their roles and responsibilities.

Inspectors found that, since the previous inspection, the provider had strengthened

the management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example, the quality and frequency of the auditing had improved and had clearly defined action plans in place for the majority of audits. There were regular management meetings at both senior management and nursing management levels. Staff meetings for all other roles took place regularly. Records of these were available for review during the inspection and demonstrated that key areas of the service were discussed. The management maintained clinical oversight of the service through a weekly monitoring report that provided details

An annual review of the quality and safety of the service in 2021 had been completed. This included an overview of key areas of the service. The review had been carried out in consultation with residents and included details of planned quality improvement initiatives.

At the time of the previous inspection, inspectors findings' indicated that the staffing levels did not reflect those set out in the centre's statement of purpose. This was despite ongoing efforts from the provider to recruit and retain staff. The provider had continued to recruit and had increased their staffing complement. However, significant staff turnover during the last nine months had impacted on the overall staff complement. On the day of this inspection, the inspectors found that there was a sufficient number and skill mix of staff on duty, with the exception of a small number of short notice unplanned absences. The person in charge had been able to arrange cover for some but not all of these absences.

The recruitment records showed that a number of staff were due to start in the following three months, including health care assistants and staff nurses. It was evident that the provider and managers were working hard to recruit staff for the designated centre, however inspectors noted that a significant proportion of the staff on duty on the day of the inspection had been recruited recently with some still completing the centre's induction or probationary processes. The management team had acknowledged this as a risk and were taking steps to manage the risk. This included a decision to pause admissions to the centre until the staffing levels were improved and new staff had completed their induction training.

The centre had a policy and procedure for the management of complaints. Inspectors reviewed a sample of complaints and found that these had been managed in accordance with the centre's policy and documented the satisfaction of the complainant with the outcome of the complaint investigation and actions taken.

Regulation 15: Staffing

The number and skill mix of staff on the day of the inspection was sufficient to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

While there were systems in place to support the training of staff, some staff required mandatory refresher training in the safeguarding of residents.

Additionally, a number of staff had not attended training in the management of responsive behaviours to ensure they had the skills and knowledge they needed to provide and support and care for residents with known responsive behaviours. This was an action that the provider had committed to address following the previous inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a programme of auditing in place, which demonstrated that clinical and operational practice was assessed regularly. Further improvement was required to ensure that audits were carried out in a timely manner in response to deficits being identified. For example, there were no records of audits in relation to care planning for one unit between February and June 2022, despite issues being identified in relation to these documents at the previous inspection. Additionally, inspectors noted that in some instances, actions were not always recorded where an area requiring improvement was identified.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a system in place for the management of complaints. Inspectors reviewed the records in relation to complaints and found that these contained all of the information required by the regulations.

Judgment: Compliant

Quality and safety

The inspectors found that significant improvements had been made since the previous inspection in relation to the quality and safety of care and support provided which was leading to improved outcomes for the residents. Care was found to be person centred and improvements in assessment and care planning had led to improved outcomes for residents. This was particularly evident on the specialist dementia unit. However further actions were now required to bring the centre into full compliance with the regulations as set out in this section of the report.

The inspectors reviewed a sample of residents care records and found that each resident had an assessment of their care needs and this was used to inform a comprehensive care plan. Overall care plans were detailed and up to date however as discussed under Regulation 5, end of life care plans were not regularly reviewed and did not ensure that there was an up to date plan in place that was informed by the resident's preferences for care and support at end of life.

Residents had access to a general practitioner (GP) and records showed that GPs visited the units regularly to review the residents. Residents were facilitated to access specialist medical and health care in line with their needs and records showed that a wide range of health and social care practitioners attended the designated centre to assess and review the residents. Residents were supported to attend hospital and screening appointments however, one resident had not attended for a follow up with their specialist because a cancelled appointment had not been followed up by nursing staff.

Overall infection prevention and control processes were implemented by staff however some further actions were required to ensure full compliance with the regulation.

For the most part, the centre had appropriate emergency lighting, fire fighting equipment and fire detection and alarm systems in place. However, this inspection found that a number of improvement actions were required relating to staff training and the installation of the new laundry area, which are described under Regulation 28, Fire precautions. The fire register for the centre included regular safety checks of these systems and the environment. Maintenance of equipment was up-to-date. Records showed that simulated evacuation practice drills took place regularly using a variety of scenarios to facilitate staff familiarity and to develop confidence and competence with fire evacuation procedures.

Visiting arrangements in place on the day of the inspection ensured that residents could meet with their friends and loved ones in line with public health guidance. Visitors were facilitated to meet with residents in their bedrooms or in various communal areas.

Overall, the premises was laid out to meet the needs of residents and was clean and suitably decorated. Further action was required to ensure that all communal and bedroom accommodation complied with Regulation 17, Premises.

Residents told the inspectors that they enjoyed their food and that there was plenty to eat and drink throughout the day. This was verified by the inspectors

observations of meal times and snacks served throughout the day of the inspection. However meal times were busy with meals being served and nurse administering medications at the dining tables. The meal time experience in the Glencar unit was particularly noisy due to the high ceilings and layout of the dining room.

Residents who required special or textured diets were offered a choice of meals and the food was well presented on the plate. Residents who had identified nutritional needs had a care plan in place and were supported to take adequate nutrition and fluids in line with their assessed needs and food preferences.

A programme of activities were in place in the centre, which was facilitated by a number of activity co-ordinators who worked across the three units. There were appropriate facilities for activities, with a number of communal rooms situated throughout the centre. Inspectors observed some of the activities taking place throughout the day; which residents appeared to enjoy. The programme of activities reflected the interests and capacities of residents.

Residents had access to radio, television and newspapers and to the Internet. Residents were supported to exercise choice in relation to their daily routines. Residents' civil and religious rights were found to be supported by staff.

Overall, residents were consulted about the day-to-day running of the centre. Resident forums were held in each unit on a quarterly basis however, it was not clear how those residents who were living with dementia were supported to participate meaningfully in the resident forums. Surveys had been carried out with residents to ascertain their satisfaction in relation to various aspects of the service, for example, in relation to the quality of food provided as well as the centre's management of a recent outbreak of COVID-19. Quality improvement plans had been developed in response to any dissatisfaction raised.

The provider had a comprehensive range of policies and procedures in place to ensure that residents were protected from abuse. However, the records showed that not all staff were up to date with their protection of vulnerable adults training. The provider was pension agent for six residents. There were appropriate arrangements in place in relation to the management of these funds, as well as small amounts of petty cash that were maintained on behalf of some residents.

There was an independent advocacy service available to residents upon request. There was evidence of residents' preferences being facilitated, for example, in relation to a resident relocating to another bedroom in the centre.

Regulation 11: Visits

Visiting was taking place in line with the up to date guidelines and ensured that residents were facilitated to meet with their families and friends in a safe manner.

Judgment: Compliant

Regulation 17: Premises

Overall, the layout and configuration of the centre met the requirements of the regulations. However the layout of one twin bedroom was such that one bed was positioned in an alcove area and therefore had limited access to natural daylight and did not have view to the outside through the one window that was in the bedroom. Inspectors noted that this bed would not be suitable for a resident who spent the majority of their time in bed. In addition, room 7 was in use as a single occupancy bedroom, in line with the designated centre's conditions of registration, but there were two beds in this bedroom.

In relation to the Glencar unit, inspectors found that action was required to ensure appropriate communal facilities for residents. This was evidenced by:

- The dining room in Glencar unit was noisy with the sounds of plates and cutlery being cleared away. Due to the high ceilings in this area, these noises were amplified throughout the meal
- The sitting room in the Glencar unit was cluttered with large comfort chairs that were not in use. This gave the room the appearance of a storage area rather than a quiet sitting room.

Some improvement was required in relation to the maintenance of equipment, for example, a bed pan washer in the centre required servicing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While meals were observed to be wholesome, nutritious and served in adequate quantities, the inspectors' observations of the dining experience in two units found that the dining experience for residents required improvement to ensure that they received focused support from staff that upheld their dignity and privacy at meal times. For example;

- Staff who were helping a resident with their meal were called away to provide support for another resident. Inspectors saw this occurring in both mealtimes observed
- Two members of staff was observed standing over a resident whilst they were assisting them with their meal
- Nursing staff administered medications at meal times and were not available to supervise the meal time experience for the residents
- Three residents were seen waiting a long time to have their meal served to

their table.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under this regulation. A risk register in the centre covered a range of risks and appropriate controls for these risks were in place.

Judgment: Compliant

Regulation 27: Infection control

Some infection prevention and control processes required further actions to ensure that they were consistent with the standards for the prevention and control of health care associated infections published by the authority. For example;

- The hand washbasin in the laundry was badly located and did not support good hand hygiene practices
- Residents' personal hygiene products were left out in the communal bathrooms, which posed a risk of cross contamination
- Patient handling belts were being stored on top of each other in the Glencar unit. There was no process in place to inform staff that these items had been laundered between use and were ready for re-use with the next resident. Neither were the handling belts labelled for individual use with specific residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the provider had systems in place to mitigate the risk of fire, inspectors required assurances that the fire detection system in the newly opened laundry facility was operational. These assurances were received after the inspection. In addition, the laundry did not have the required fire fighting equipment in place.

Laundry baskets were observed along one wall in the corridor to the laundry on Glencar unit. This impeded the fire escape route in this area. These were removed at the time of the inspection.

Records showed that 21 staff required refresher training in relation to their mandatory fire safety training. In addition, not all staff were familiar with the emergency procedures in place for exiting the new fire exit door leading to the laundry room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors found that significant improvements had been made to assessment and care planning processes however, further actions were required to ensure full compliance with Regulation 5. This was evidenced by;

- The multidisciplinary safeguarding care plan that had been agreed for a vulnerable resident had not been included in this resident's nursing care plan records. This created a risk that staff would not have access to the information they needed to provide appropriate care and support to keep this resident safe
- A number of the care plans reviewed did not have an up to date end of life care plan in place that informed staff about what preferences the resident had expressed for care at end of life
- It was not clear that residents and where appropriate their families were involved in care plan reviews. This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Further actions were required to ensure that where a need for referral or follow up specialist care had been identified that this was actioned by nursing staff. The inspectors found that;

- one resident who had not attended a specialist appointment in January 2022 due to COVID-19 precautions at the time had not been facilitated to source an alternative appointment with their specialist
- a resident who had been assessed as having high levels of nutritional needs had not been reviewed by the dietitian or speech and language therapy teams.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents from abuse. Nineteen staff required refresher training in safeguarding, an action relation to this is addressed under Regulation 16, Training and development.

Judgment: Compliant

Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. Residents had access to radio, television and newspapers and to the Internet. Residents were supported to exercise choice in relation to their daily routines.

Residents' civil and religious rights were found to be supported by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Laurel Lodge Nursing Home OSV-0005394

Inspection ID: MON-0038419

Date of inspection: 23/11/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A risk assessment and controls to reduce risk is also in place for new staff who are due to attend training, but may not have attended same in initial week(s) of employment.</p> <p>To ensure all staff receive management of responsive behaviours training in a timely manner and are up to date with same, one of our clinical nurse managers has upskilled to become a trainer in same. This will enable us to ensure all staff receive same upon employment and a two yearly basis thereafter. The current training matrix has been updated to ensure all outstanding staff will have same completed by the end of April 2023</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>Mandatory actioning is now in place for all areas of non/substantial compliances. This ensures an action has to be inputted before moving on to the next section of the audit.</p> <p>An audit schedule is in place, this will be reviewed on a monthly basis to ensure all audit, and actions within the audits are completed as scheduled.</p> <p>Monthly reminders will also be sent at the beginning of each month to ensure timely completion of same.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A company has been organized to ensure regular servicing of the bedpan washers. We await a date for same from the company, and a rolling service thereafter.</p> <p>The small sitting room in Glencar, off the main sitting room, has now been decluttered and unused comfort chairs are now in storage.</p> <p>A observational mealtime audit has been implemented to ascertain current practices at mealtimes, with actions implemented, with a goal of reducing noise and ensuring all residents have a relaxed and social mealtime experience</p> <p>The second bed has been removed from room 7</p> <p>It is ensured that any resident, through pre admission assessment and ongoing assessment that any resident residing in the twin bedroom in question, prefers to spend time outside the bedroom, to reduce risk of resident having limited access to natural daylight</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A observational mealtime audit has been implemented to ascertain current practices at mealtimes, with actions implemented, ensuring all residents have a relaxed and social mealtime experience, which focuses on each individual residents needs and preferences.</p> <p>Additionally a training programme has been developed for all staff, which includes training in nutrition, hydration and the meal time experience, to ensure all staff are aware of how to provide a mealtime experience for residents that is uninterrupted, promotes dignity and independence and caters for each residents needs.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The laundry room has been re-arranged to allow easy access to the handwash basin Daily inspection of communal bathrooms has commenced to ensure residents individual products are not left in bathrooms, which could increase the risk of them being used communally. Education has also been given to staff on same and communicated regularly in safety pause, handover and unit walkarounds.</p> <p>All manual handling aids have now been labelled with whom the aid belongs to and are for individual use only. Hooks have been placed in a discreet area, to ensure staff have easy access to same, but to ensure aids are not stored on top of others. Manual handling aids are all on a cleaning schedule.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Refresher fire training has been completed and all outstanding staff have completed same.</p> <p>All staff have been educated in the emergency procedure for exiting the new fire door leading to the laundry room.</p> <p>The laundry now also has the correct fire fighting equipment in place.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The safeguarding care plan has now been placed into the residents electronic records. Going forward any safeguarding care plans will also be placed into the residents electronic records</p> <p>An end of life care plan audit has been implemented and will be required to be completed monthly until high levels of compliance are consistently being met.</p> <p>Additionally nursing documentation training programme has been developed and being implemented, this will include education on end of life care planning, to ensure all nurses have the education on the requirements and importance of end of life care planning.</p>	

When care plans are reviewed, there is now a mandatory requirement to document in the "resident/family communication" section to highlight the involvement of the resident/family member in the development/review and evaluation/updating of the care plan. This will also form a part of the care plan audit to ensure compliance with same

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Resident MUST scores are now reviewed on a monthly basis and referred to relevant allied health professionals as needed
Residents appointment in question has now been rearranged and all residents are diarized and followed up on to prevent recurrence, with CNM closely monitoring same

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	23/02/2023
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 under Regulation 3.	Substantially Compliant	Yellow	23/02/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	23/02/2023

Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	23/02/2023
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.	Substantially Compliant	Yellow	23/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	23/02/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	23/02/2023

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	23/02/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	23/02/2023
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.	Substantially Compliant	Yellow	23/02/2023
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	23/02/2023

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	23/02/2023