Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan, Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	02 September 2021
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0032817

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 52 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area but in close proximity to a small town. It is is a three-storey building with views of Lake Ramon. There are a variety of communal rooms and single and twin bedrooms some of which are en suites. The aim of the centre is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

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
Thursday 2 September 2021	09:00hrs to 18:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre is their home, and they were content and well looked after. The inspector observed that residents unable to voice their opinions were relaxed and comfortable in their surroundings and their interactions with staff. There was a warm and welcoming atmosphere in the centre. The inspector observed the daily life within the centre and how the staff went about their work. During the day, the inspector met most of the residents and spoke with eight residents in more detail.

This unannounced inspection was carried out over one day. On arrival at the centre, the inspector was guided through the centre's infection control procedures and the measures in place, including hand hygiene and temperature checking completed before entering the centre.

The facility is a three-storey building with views of Lake Ramon. There were 32 residents living in the centre on the day of the inspection. The residents' accommodation is laid out over the ground level and first floor, with lift and stairs access to the first and second floor. The second floor remained closed as redecorating the upstairs was part of the centre's quality refurbishment plan to upgrade the premises, including a new sluice room and additional premises for residents.

The inspector observed that the communal rooms were laid out in a homely style and arranged to promote social distancing while retaining a friendly, social atmosphere. Residents had access to two enclosed garden areas, and there was outdoor furniture provided for residents use. However, one enclosed garden area was secured with a key-pad and was not freely accessible to residents. Residents were seen to walk independently through the corridors to the communal areas and their bedrooms. Assistive handrails were present in all areas. Residents were encouraged to personalise their bedrooms with items of importance, such as family photos, items relating to hobbies and other sentimental items from home. The inspector observed that the first floor was freshly painted; however, there were still areas for improvement as listed under Regulation 17: Premises.

On the day of the inspection, the inspector found resident and staff interactions were familiar yet respectful. Staff spoke compassionately about residents' needs and the obstacles some of the residents had when trying to make their needs known. Many staff lived locally and were familiar with the residents' past lives and their community of families and friends. The inspector saw residents were up and dressed and having breakfast in the communal areas or in their bedrooms, according to their preferences. One resident described how their morning routine and the time they liked to get up varied each day depending on how they were feeling.

The centre had one activity coordinator who provided activities programme four or five days a week. In the absence of the activity coordinator, the care staff and the

physiotherapist supported the residents with activities, as seen on the day of inspection. There was mass service for residents on the television (TV) and group physical activities and exercises. There was music on in the afternoon, and staff were seen to have social chats with residents. The inspector observed that residents continued to be separated into two hubs in the communal area. As a result, some residents stayed in their rooms and attended the activities on alternate days. Consequently, these arrangements did not ensure that all residents received the same opportunity to access activities in the communal area.

The inspector observed that staff offered choices to residents throughout the day, which included preferences for what snacks and drinks they preferred. The inspector found the lunch serving was a pleasant, social and unhurried experience for residents. There was a choice of at least two meals at lunch, the food looked appetising, and portion sizes were generous. There was also a range of drinks available at mealtimes and throughout the day.

The inspector spoke with the staff working in the centre. They confirmed that the management team was supportive and responsive to any suggestions or concerns they raised. Staff were aware of the complaint and safeguarding procedure in the centre.

The inspector also availed of opportunities to speak with residents during the inspection. Residents said that if they had some concerns, they would say it to the person in charge or the staff and were confident they would sort it out. Another resident mentioned that they were looking forward to the sport exercises today, and the staff could not do enough for them.

The inspector did not have an opportunity to meet visitors or relatives on the day of the inspection. The provider representative informed the inspector that the visits were limited to compassionate visits only due to the high number of COVID-19 outbreaks in their area; however, this was not in line with public health advice. The inspector requested immediate action for visiting to be arranged in line with current visiting guidelines. This is discussed under Regulation 11: Visits.

Nevertheless, the inspector saw a record of compliments and recent thank you cards received by the centre, with comments such as: "… in my relative's last days it was a privilege to witness the gentleness and love and understanding shown to her. Another resident stated, "Not a single nurse, carer, cleaner or catering went by my room without asking if I needed anything to eat or drink. You all do an amazing job ".

While the lived experience was positive as per residents' feedback, improved oversight of risks was required to ensure better quality and safety of care for residents. 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

The inspector found serious concerns in relation to the ongoing governance and management arrangements of the designated centre and that the lack of management oversight, due to the absence of effective deputising arrangements, was impacting the quality and safety of the service going forward. While the inspector found that the provider had followed up on the findings of the previous inspection and had implemented some improvements in a number of areas, further resources, enhanced oversight and improved focus was required to bring the centre into compliance with the Health Act 2007.

The provider is St. Joseph's Nursing Home Limited. The operations manager was present in the centre on the day of inspection. A new person in charge had been appointed since the last inspection who, in their conversation with the inspector, was found to be knowledgeable of their regulatory responsibilities, the staffing requirements and of residents' backgrounds and needs. They had the required experience for the role and had worked in the centre for a period of time prior to their appointment.

The person in charge confirmed that An Garda Síochána (police) (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case. There was evidence of active registration with the Nursing and Midwifery Board of Ireland (NMBI) seen in nursing staff records viewed. The inspector also saw evidence of induction for the new staff. Further improvement in the Human Resource practices was required as some gaps were identified in the sample of staff files reviewed, as required by regulation.

The staffing levels and skill-mix available on the day of the inspection were not sufficient to meet residents' needs.

Audit and monitoring systems for both clinical and operational tasks were in place. They were reviewed on a regular basis, with action plans assigned to each service area where an improvement was needed. The person in charge had good clinical oversight and monitored the key quality indicators weekly. There was a monthly audit schedule in place, such as on mealtimes, weight loss, call-bells, hand hygiene, care planning, and staff files. The person in charge met the registered provider representative monthly to discuss the monitoring indicators of the centre. There had been a review and analysis on the effectiveness of their COVID-19 preparedness and contingency plan with learning opportunities documented. However, stronger oversight and implementation of additional monitoring audits and improvements in the contingency planning in the area of the staffing levels and deputising arrangements in the absence of the person in charge was required to ensure effective and continuous quality improvement in the centre.

The complaints policy had been updated to include the new person in charge as the person responsible for managing complaints in the centre. The complaints procedure

was displayed in a prominent and accessible area of the centre. All complaints reviewed recorded whether the complainant was satisfied with the complaint outcome.

The provider had completed an annual review of the service in 2020. The review was prepared in consultation with the residents, and it included an action plan for the year ahead.

Regulation 14: Persons in charge

The person in charge was appointed to the role on 29 March 2021 and had completed a post registration management qualification at the time of the inspection. They were a registered nurse with the appropriate experience and qualifications in the area of nursing for older adults. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill-mix were not appropriate to meet the care needs of residents in line with the statement of purpose. For example:

- The activities co-ordinator was available four or five days a week. The inspector was informed that the care staff were providing activities for residents in the absence of designated activity staff; however, the inspector did not find the evidence to support that in the care records reviewed.
- The person in charge did not have any additional managerial supports in running the centre on a day-to-day basis. The position of the clinical nurse manager, as listed in the centre's statement of purpose, had not been filled since March 2021.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed all mandatory training in fire safety, infection control, safeguarding vulnerable adults from abuse, people moving and handling, and responsive behaviour (how residents living with

dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 21: Records

The inspector reviewed four staff records and found that the documentation was not consistently completed as set out in Shedule 2 and 4 of the regulation:

- Two records did not contain the dates on which the employee commenced employment.
- Two written references, with one from the most recent employer, were also missing.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although the inspector identified improvements on this inspection, the management systems in place did not provide assurances that the service was safe, appropriate, consistent and effectively monitored as:

- A well-defined management structure with clear lines of accountability and responsibility in line with centre's Statement of Purpose was not in place. While deputising arrangements in the absence of the person in charge were in place, they were not effective, as the operations manager assigned to that role also had responsibility for additional centres.
- The oversight of staff practices in the centre had been negatively impacted by the weakened governance and management structure. For example, there was no senior management staff on duty at weekend to provide direct supervision to staff seven days a week.
- The supervision of staff required improvement to ensure that all local policies were consistently implemented, including for example, the uniform policy and infection prevention and control policies and procedures as discussed under Regulation 27: Infection control.
- The contingency plan for staffing and deputising arrangements in the centre required review to ensure that staff were available for unplanned absences in the event of any future outbreak of COVID-19 in the centre.
- While a risk register was in place, it was not a live document to ensure timely identification, assessment and mitigation of any identified risks. For example, the provider had not identified potential falls risks associated with inappropriate storage, and some of the fire safety risks found on the day of

inspection. As a result, the provider had failed to put appropriate controls in place to safeguard the residents.
- The audit system required improvements to include regular environmental and equipment audits. Furthermore, there was no evidence that the audit findings and action plans were implemented and shared in the centre. For example, the findings of the care plan audits were used to correct the individual care plans reviewed, but there was no evidence of whole system learning and practice changes in respect of care planning arrangements in general as outlined under Regulation 5: Individual Assessment and Care plan.

Judgment: Not compliant

Regulation 31: Notification of incidents

All statutory notifications of incidents and quarterly monitoring notifications had not been appropriately submitted to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector found that a safeguarding concern raised via the complaints route had not been notified to the Chief Inspector. The inspector was satisfied that this had been investigated promptly, and the outcome of the investigation was appropriately recorded. The notification was submitted retrospectively at the request of the inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

All complaints were reviewed by the person in charge and discussed at the management meetings. There was one open complaint at the time of inspection. The person in charge was investigating this complaint, and the inspector was assured that it was being managed in line with the complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

were in place in accordance with the latest guidance. Policies had also been updated and reviewed in response to the COVID-19 pandemic.

Judgment: Compliant

Quality and safety

Overall, the inspector observed improvements in the centre since the last inspection in March 2021 in items such as the overall cleanliness of the premises and responsive behaviours care plans. However, further action was required to ensure that care and services provided for the residents living in the designated centre were safe and appropriate, specifically in areas of fire safety, care planning, infection prevention and control, visiting arrangements and the maintenance of premises.

The inspector acknowledged that the COVID-19 pandemic and the prolonged restrictions posed a significant challenge to residents and staff. The staff were committed to keep the residents safe and to provide them with high-quality care. The centre continued to maintain infection prevention and control procedures to help prevent and contain any potential outbreak of COVID-19. For example, active surveillance for signs and symptoms of COVID-19 was in place for all residents and staff, and the communal areas continue to be segregated into pods. However, restrictions on visiting had been unnecessarily prolonged and were not in line with the most recent public health guidance.

The inspector followed up on a previous non-compliance in respect of residents' individual care planning arrangements. There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans in place. A sample of care plans reviewed by the inspector provided adequate details of residents' care needs and a list of interventions to meet the identified needs. However, while some improvements were observed, they were insufficient to bring the centre into compliance with this regulatory requirement, as detailed under Regulation 5: Individual assessment and care plan.

A restraint register was in place and was regularly monitored. It included a comprehensive assessment for areas of restrictive practices and recorded the alternatives trialled before their use. The inspector also saw evidence of multidisciplinary and general practitioner (GP) input and measures to control the risks of restraint use, including documented monitoring and scheduled release of the restraints as required. However, a review of environmental restrictions was required, as described under Regulation 9: Residents' rights, to enable residents' access to outdoor space.

The inspector found the centre was largely clean, although some areas of maintenance and infrastructural issues required an improvement.

Participation in regular residents' meetings and surveys was encouraged, which

provided an opportunity for residents to comment on aspects of the running of the centre. For example, planning activities, menu choices, laundry, staffing and personal care. Advocacy services were available for residents who required this service. Residents had access to media and aids such as radio, televisions and telephone.

Daily and weekly fire safety checks were completed. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. However, significant improvement in fire safety was required as outlined under Regulation 28: Fire precautions to ensure residents' safety was promoted and safeguarded.

Regulation 11: Visits

Restrictions on visiting on the day of inspection were in excess of those specified in current public health guidelines (Health Protection Surveillance Centre, COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs).

Judgment: Substantially compliant

Regulation 17: Premises

There was an ongoing programme of maintenance in the centre; however, some of these concerns had been identified on the previous inspection:

- There was no splash back in the treatment room, and the wall was damaged and could not be effectively cleaned.
- There was a limited number of hand-washing facilities and many were dual-purpose.
- Appropriate storage facilities were not in place as the inspector observed residents' assistive equipment stored in a communal bathroom; on the ground floor wheelchairs were found to be inappropriately stored and obstructing the corridor, thus posing a risk of falls to the residents.
- The inspector observed that some surfaces and finishes throughout the centre were worn and poorly maintained; for example, chipped door frames and wooden skirting.
- The inspector observed that cautionary signage was not always in place to alert people of the risks associated with oxygen cylinders or concentrators.
- The stainless steel sinks in the sluice room on the first floor were rusty and also required deep cleaning.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Following discharge back to the centre, comprehensive information was available when the resident returned to the centre. The inspector also saw a copy of transfer letters when a resident was transferred to another service from the centre. This was kept in the resident's file.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place, and it contained hazard identification in the centre, assessment of risks, and the measures and actions in place to control the risks, including abuse, the unexplained absence of a resident, accidental injury to residents, aggression and violence. The risk register had been updated and included those risks associated with the COVID-19 pandemic. However, this had not been consistently updated, and the oversight of risk management in the centre required to be strengthened as outlined under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

While many good infection prevention and control practices and procedures were in place, the inspector observed that further improvement was required in the following areas:

- Enhanced oversight of hand hygiene practices was required as staff were observed wearing watches, hand and wrist jewellery and nail varnish; this meant that they could not effectively clean and sanitise their hands.
- The staff were observed to wear their own clothes and not to adhere to the centre's uniform policy.
- There were hoist slings stored on the arm of a hoist in a manner that would promote cross-contamination.
- The storage and segregation practices required full review to ensure residents were protected from the risk of cross infection. The inspector observed that store rooms and equipment rooms were cluttered and overfilled; a trolley with personal protective equipment (PPE) was stored in the sluice room.
- There were no cleaning schedules or processes in place for the cleaning and decontamination of equipment; the inspector observed several unused wheelchairs and hoists with stained marks and visibly unclean.

- A review of equipment was required to ensure it was fit for purpose; for example, a specialised wheelchair was worn and torn, or that the upholstery on the armchairs in the communal room supported effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety. For example:

- Three fire doors were not closing and required review to ensure they could adequately contain smoke in the event of a fire.
- Emergency evacuation chairs and fire equipment were obstructed by the residents' equipment and not placed securely on the wall.
- The inspector noted that three emergency lighting exit boxes were faulty. Furthermore, the inspector noted that the emergency lighting testing and service was not completed quarterly.
- Fire drills were required to provide assurances that residents could be evacuated in a timely manner in the event of a fire in the centre. At the request of the inspector, the evacuation of the largest compartment with night-time staffing levels was undertaken following the inspection. The evacuation times achieved did not provide the necessary assurances. Ongoing fire drills of compartments are required to improve evacuation times and efficiency and ensure all staff working in the centre are skilled to evacuate residents safely.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While some actions found on the previous inspection were completed, a significant level of improvements was required in relation to individual assessment and care planning. The inspector identified:

- Comprehensive assessments were not fully completed within 48 hours of the resident being admitted to the centre.
- There were inconsistencies in the risk assessment completed for each resident; for example, some residents had no skin integrity assessment conducted, which was not in line with best practice and local policy.
- One care plan did not contain information regarding treatment following the diagnosis of an infection.
- The recreational and social care plans were not person centred and did not provide sufficient information to ensure the social care needs of the residents,

their interests and preferences were met.
- There was no evidence that the care plans were revised with the resident or their care representative, if appropriate, in line with the regulatory requirements.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The inspector was informed that a small number of residents living with a diagnosis of dementia presented with responsive behaviours. The inspector saw evidence of comprehensive care plans to support these residents, which described the behaviours, potential triggers to such behaviours and identified strategies to support the resident.

Judgment: Compliant

Regulation 9: Residents' rights

There was a weekly schedule of activities, which was displayed in the communal area. However, the programme was generic and required a review to include more person-centred and interactive activities for residents. The activity schedule format also required an improvement to make it more dementia-friendly and easily understandable for residents living with cognitive impairment. There were no records maintained of individual resident's level of participation or engagement in various activities.

Although restrictive practices were largely well managed by the centre, the use of key-pad locks to prevent access to the secure garden patio overlooking the lake had not been appropriately identified as a restrictive practice by the provider and therefore did not have the accompanying risk assessments completed. As a result, residents did not have free access to outdoor space.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to medical staff with a regular review recorded in residents' files. Residents had access to their general practitioner (GP), who visited the centre each week. In addition, residents had access to consultant psychiatry of old age,

palliative care services, dietitian, speech and language therapist and tissue viability nurse expertise as required. In-house physiotherapy was also available to residents every week.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0032817

Date of inspection: 02/09/2021

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have an activities co-ordinator 7 days a week 11am to 6pm, this is clearly allocated on our roster in blue. Interviews have been conducted for the CNM position and we are in the decision making process. This will be completed next week and HIQA will be informed of the decision. Also, the RPR is on site at least 3 times a week to support PIC. We currently have 32 residents and we are refurbishing bedrooms on the top floor which is completely closed off also 8 bedrooms closed for refurbishment on the ground floor. Daily staff numbers = 1 x 8 to 8 staff nurse and 1 x 8 to 2 staff nurses 4 x 8 to 8 carers 1 x 8 to 2 and activities co Ordinator 11 to 6 and this staffing is in place seven days a week.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff records have since been reviewed, the four staff records are now fully compliant, and all staff members have a start date in their file.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• CNM interviews have been conducted and we are in the decision making process and awaiting references. This should be completed in one week. The new employee will be added to the contingency plan and will deputise for the PIC should she be absent for any reason, their details will also be added to the statement of Purpose. .
At weekends there is always a senior nurse on duty who provides direct supervision to staff and Residents.
• There is a uniform policy in place, which has now been reinforced and communicated with staff. Staff were reminded that nail polish is not to be worn at anytime as per Infection Prevention and control policy.
• Risk Management is on-going in St Joseph's. Also a register is kept at the Nurses station where all risks are entered and it is checked daily by Maintenance and the PIC. The storage of wheelchairs has been rectified. From the feedback given on the day of inspection the 3 emergency lights were replaced the following day 03/09/21. The fire door going into the sitting room has been manufactured and will be installed 20/10/21
• A more structured format for our environmental and equipment audits has been implemented with full staff involvement. All information gathered is shared with staff at all handovers.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The safeguarding concern was submitted to the chief inspector on the day of inspection. We will ensure that all statutory notifications will be sent in in a timely manner.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
There are no restrictions to visiting here in St Joseph's, However, family members who wish to have their visit in the coffee shop must call and reserve a slot so as there is no over-lapping of visits in this area.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A splash-back has been put into position in the treatment room. Additional handwashing sinks have been put in place throughout the building. An area has been allocated for the hoist on the ground floor. The wheelchair storage has also been rectified. The floor and wooden skirting in the storage room was replaced the day after inspection 03/09/21. Signage for oxygen cylinders, concentrators and fire are all now in place throughout the building.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The staff member has been reminded that they must be bare below the elbow and no nail polish to be worn. Infection Prevention and control policy was reiterated to all staff IPC training is ongoing and continuous. All hoist slings are individual use, each resident has their own sling, which is stored in their room and labelled with their name for laundering purposes. A cleaning schedule is in place for all equipment. This is signed off by PIC weekly. Recovering of the specialized chair for our resident has been arranged but not yet completed. Occupational Therapy have refused to replace his chair.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire door to the sitting room will be fully installed on the 20/10/21. The evacuation chair has been removed from the storage area and is now easily accessible on a different wall in the corridor. The emergency lighting bulbs were replaced on 03/09/21 and our emergency lighting, testing and service is carried out quarterly by Apex Fire. We have also added a new fire door between compartments and our largest compartment is now 5 residents and they can be evacuated in under 5 mins.	
Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We have changed all our nursing documentation since our last inspection and the inspector commented on same, All staff nurses informed of gaps in their documentation that were discovered on the day of inspection and have been retrained in the Documentation process. The activities documentation is being revised at present to incorporate a more robust person centered approach to social activities and social care needs of our residents.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: An activities coordinator is provided seven days a week and all residents have the opportunity to partake in the activities provided. The activities documentation is being revised at present to include a more person-centered approach to the social care needs of our residents. Refurbishment continues to lake side patio, when complete key-pad locks can be disengaged and allow residents free access to this outdoor space. All residents currently have free access to the alternative outside garden space.	

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	19/07/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/10/2021
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	20/10/2021
Regulation 21(1)	The registered	Substantially	Yellow	06/10/2021

	provider shall 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.	Compliant		
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.	Not Compliant	Yellow	29/10/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	29/10/2021
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	29/10/2021
Regulation 27	The registered	Substantially	Yellow	12/11/2021

	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.	Compliant		
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Yellow	03/09/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Yellow	07/10/2021
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	20/10/2021
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	Substantially Compliant	Yellow	06/10/2021

	followed in the case of fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	03/09/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	29/10/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	29/10/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Not Compliant	Yellow	29/10/2021

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Not Compliant	Yellow	03/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	03/09/2021