



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Athlone
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Cloghanboy, Ballymahon Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0041052

About the designated centre

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

Sonas Nursing Home is a purpose-built facility registered to provide residential care to 58 residents, both male and female, over the age of 18 years. It provides care on a long term, respite and convalescent care basis.

The centre provides care to residents with chronic illness, mental health illness including dementia type illness and those requiring end of life care.

Residents are accommodated over two floors. There are 56 single and one twin bedroom all with an en-suite bathroom facility. This modern building has a secure inner courtyard and landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

Sonas Nursing Home is situated on the outskirts of Athlone town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

56

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 28 September 2023	10:00hrs to 18:40hrs	Rachel Seoighthe	Lead
Thursday 28 September 2023	10:00hrs to 18:40hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

The feedback from residents was that this centre was a nice place to live, and all residents spoken with were complimentary of the staff and the care they provided. Inspectors heard positive comments such as 'I love it, I am as happy here as I was at home' and we are 'spoilt rotten'. Another resident told inspectors 'I don't think you would get another place like it, they take care of all of my needs and I get everything I need'.

This was an unannounced inspection which was carried out over one day. Following an introductory meeting with the person in charge, inspectors spent time walking through the centre with the assistant director of nursing. This gave them the opportunity to meet with residents and observe staff practices. The atmosphere in the centre was calm and welcoming. Many residents were relaxing in communal areas and some residents were receiving assistance with their personal care needs.

The centre was a purpose built, two-storey facility, situated in a residential area in the town of Athlone. The designated centre was registered to provide long term and respite care to a maximum of 58 residents. There were 56 residents living in the centre on the day of the inspection. The living and bedroom accommodation areas were spread over two floors, which were accessible by a passenger lift and stairs. Resident bedroom accommodation was provided in single and twin bedrooms, with en-suite facilities.

The building was found to be well laid out to meet the needs of residents, and to aid and encourage independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a bright and spacious reception area which was noted to be well used by residents during the inspection. Inspectors observed residents socialising with each other and receiving visitors to this area. Several residents were observed relaxing independently in the reception area, reading and knitting.

Other communal areas included an oratory, a library, day rooms and dining rooms. Inspectors noted that resident bedrooms were spacious, a number of bedrooms were fitted with kitchenette units and all bedrooms had sufficient storage for resident personal possessions. Residents told inspectors that they were very happy with their bedrooms, which were comfortable and suitable for their needs. Many residents had decorated their rooms with items of personal significance, including furniture, plants, ornaments and pictures. Overall, the premises was clean and tidy, however, inspectors found that some resident accommodation and utility rooms were not cleaned to an appropriate standard.

The dining experience was observed to be a relaxed, sociable occasion and inspectors saw that the food was appetising and well-presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Residents who

did not require assistance were supported to enjoy their meals independently. Residents told inspectors that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. Several residents told inspectors that the food 'could not be better'. Daily menus were displayed for resident information.

Inspectors interacted with a large number of residents during the course of the inspection and spoke in detail to 12 residents. Residents were happy to talk about life in the centre. They told inspectors that they felt safe in the centre, and that they could freely raise any concerns with staff. One resident described staff as very caring and kind to everybody, and they told inspectors that staff were concerned about every resident in the centre.

Many residents were seen to participate in activities in communal areas throughout the day. Inspectors observed one-to-one and group activities taking place, including a lively game of bowling in the afternoon, which was well attended by residents. Residents who participated in the game told the inspectors how much they enjoyed it. A small number of residents chose to remain in their bedrooms, reading, listening to the radio or watching the television, and observing the activity of staff along the corridors. It was evident to inspectors, that residents' choices and preferences in their daily routines were respected. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak with inspectors. These residents were observed to be relaxed and content.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day. Inspectors spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

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 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 also followed up on the provider's compliance plan response to the previous inspection in September 2022.

Notwithstanding the positive feedback received from residents, this inspection found that a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

A restrictive condition was attached to the centre's registration by the Chief Inspector following an inspection of the centre in 2021, requiring the provider to carry out fire safety works in the centre. The works to be completed were set out in

the action plan of a fire safety risk assessment, commissioned by the provider which was submitted to the Chief Inspector on 15 July 2021. Significant actions were completed by the provider to ensure there were sufficient measures in place to protect residents and others from risk of fire, however this inspection found some outstanding fire safety risks which had not been managed by the provider. These findings are set out under Regulation 28: Fire Precautions.

Sonas Asset Holding Limited is the registered provider of Sonas Nursing Home Athlone. The person in charge is supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. Additional governance support was provided by a quality manager and the director of quality and governance, who were both appointed as persons participating in management (PPIMs) to the designated centre, by the provider. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities. The assistant director of nursing deputised in the absence of the person in charge. There was a registered nurse on duty on both floors in the centre twenty four hours a day, supported by a team of care and support staff.

On the day of inspection, staffing numbers and skill mix were appropriate to meet the individual and collective need of the residents. There was evidence that staffing levels were monitored and increased in line with resident need. For example, a falls prevention audit completed by the provider had identified a pattern of increased falls from 20:00hrs to 21:00hrs. The provider increased evening staffing resources from February 2023 in response to this finding, and there was a noted reduction in falls.

The provider had management systems in place to monitor the service through regular meetings where key areas of the services were discussed and analysed. Records of meetings viewed by inspectors detailed the attendees and the agenda items discussed, which included resident care needs, incidents, recruitment, staffing and the premises. There was an auditing system in place to monitor the quality and safety of the service. Inspectors viewed records of clinical and environmental audits completed in relation to falls prevention, medication management, resident nutrition, infection control, and hospitality. Records showed that while most audits completed effectively identified quality improvement actions, non-compliance found on the day of inspection in relation to infection prevention and control, as detailed under Regulation 27, had not been identified and managed. Furthermore, a sample of audits reviewed did not contain a time-bound action plan to address the issues identified. For example, a hospitality audit completed prior to the inspection identified that some resident furnishings required replacement as they were damaged. However, there was no evidence of an action plan to address this and some resident furnishings were noted to be damaged on the day of inspection. Where action plans were developed, they were not always progressed to completion. For example, requirement for a deep cleaning schedule for the resident smoking area was an action identified following completion of quality audit. However, this action was not progressed to completion and this area was visibly unclean on the day of inspection.

A review of staff training records showed that all that staff had good access to

mandatory and professional training, however, the supervision of house-keeping staff required improvement. This inspection found that a number of areas of the centre were visibly unclean. Inspectors viewed completed deep cleaning records for a number of bedrooms, however these bedrooms were not observed to be adequately cleaned.

Records were stored securely in the centre and were readily accessible. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, a potential safe-guarding incident had not been notified to the Chief Inspector in the required time-frame, as required by Regulation 31: Notification of Incidents.

A review of the management of complaints was required to ensure that complaints and concerns were managed in line with the centres own complaints policy, and the requirements of Regulation 34: Complaints Procedure.

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.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to ensure that they had carried out their work to the required standards. This was evidenced by the following findings;

- Cleaning and infection prevention and control practices were not completed to the required standards, as evidenced by inadequate cleaning of resident equipment and a number of resident bedrooms and utility rooms.

Judgment: Substantially 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:

- Poor oversight of cleaning practices relating to infection prevent and control meant that the standard of cleaning was not adequate.
- There was a schedule of audits to monitor the quality and safety of the service, however, some audits completed did not have action plans developed to address all the areas needing improvements.
- The processes to ensure all risks and hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example; risks in relation to fire safety, as described under Regulation 28: Fire precautions ,had not been identified by the management team.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incidents that had occurred in the centre found that a potential safeguarding incident was not reported in writing to the Chief Inspector, as required under Regulation 31.

Judgment: Not compliant

Regulation 34: Complaints procedure

Inspectors found that the management of complaints was not in line with the regulations. This was evidenced by;

- Two complaints records reviewed did not detail the investigation which was carried out in response to the complaints.
- Two complaints records reviewed did not include a written response to the complainants, to advise if a complaint was upheld, the reasons for that decision, any improvements recommended and details of the review process.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the standard of care which was provided to residents living in this centre was of a good quality. Residents were well cared for, comfortable and their health care and social needs were met. Residents' were satisfied with their care and supports and spoke highly of the staff who cared for them. However, while there was evidence that the provision of direct care was of a good quality, improvements were required in relation to fire precautions, infection prevention control and the premises, in order to bring the centre into full compliance with the regulations.

Residents' health care needs were promoted through ongoing access to General Practitioner (GP) services. The centre employed a physiotherapist who worked full-time in the centre, to provide care and assessments to residents. Access to other health and social care professionals such as a dietitians and speech and language therapists was available to residents who required these services. Residents who were at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

Inspectors reviewed a sample of eight resident care files. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including skin integrity, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed by inspectors were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by professionals were implemented.

While inspectors were assured that the provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency, further actions were necessary in relation to residents' evacuation procedures and fire containment. These findings are addressed under Regulation 28 : Fire Precautions.

While there was a cleaning schedule in place, inspectors observed that some areas of the centre were not clean. Inspectors found that the provider had not taken action to ensure a satisfactory standard of environmental hygiene was maintained to minimise the risk of infection. Further findings in relation to infection prevention and

control are addressed under Regulation 27, Infection prevention and control.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. However, there were a number of areas requiring improvement such as the maintenance of resident equipment and furnishings.

Inspectors observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The schedule of activities included music and exercise. Inspectors observed that staff ensured that all residents were facilitated to be actively involved in activities if they wished.

Staff were respectful and courteous towards residents. Residents had the opportunity to meet together and discuss management issues in the centre including health and safety issues, the activity programme, complaints or concerns, and suggestions for service improvement. Residents' satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available in each resident bedroom. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. Catholic Mass took place twice weekly in the centre.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider acted as pension agent for one resident and inspectors observed that there were appropriate arrangements in place. There was a procedure in place for the management of residents' petty cash. Inspectors reviewed a sample of these transactions and found that they were accurate and reflected the balances, which were stored securely.

Visiting arrangements in place were appropriate and met the needs of residents. Inspectors observed that visitors were made welcome in the centre and many visitors were in attendance on the day of this inspection.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises complied with the requirements of Schedule 6 of the regulations, and a number of maintenance issues require action, to ensure the requirements of the regulation were met.

- A door frame at a resident communal bathroom appeared damaged. In addition, skirting boards and door saddles appeared damaged in a number of resident bedrooms.
- The surfaces of some equipment and furnishings were damaged. For example, rust was visible on several resident commodes and bedside tables, and surfaces on several armchairs and foot stools were torn, exposing the porous interior filling.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- Contenance support equipment stored on clean equipment drying racks in the first floor sluice room was visibly unclean.
- Equipment drying racks in the sluice room on the first floor were rusted. This did not support effectively cleaning. In addition, there were no drip collection trays attached to equipment drying racks. This posed a risk that the sink surface underneath would become contaminated by residual liquid.
- Sink surfaces in both sluices rooms were visibly unclean.
- Some of the available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks, this is a repeated

finding.

- Floor surfaces in some resident bedrooms and en-suite bathrooms were visibly unclean.
- There was heavy dust visible on frequent touch surfaces in several resident bedrooms.
- A number of items of resident equipment were visibly unclean, such as a crash mattresses.
- The resident smoking area was visibly unclean.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had progressed fire safety works since the last inspection, however there were several fire safety issues that had not been completed. For example:

Action was required to ensure there were adequate means of escape. This was evidenced by;

- Emergency lighting was not available at a final fire exit door in one communal room.
- Fly screen doors had been fitted over two final fire exit doors. Fly screen doors had to be opened in opposite direction of the fire doors, and this posed a risk of delayed evacuation from the centre.

Action was required by the provider to ensure adequate arrangements for the containment of fire. For example;

- Brush smoke seals, fitted to several resident bedroom doors and cross doors, were painted over. The application of paint reduces the flexibility of the brush seals, compromising smoke containment. Furthermore, brush smoke seals were missing or applied partially to several resident bedroom doors.
- Inspectors found a number of gaps between the floor at the top and bottom off some cross corridor fire doors, and at the bottom of the main kitchen door. This did not ensure containment of smoke or fire.
- Inspectors observed that metal vents were fitted to the bottom of several doors which were labelled as fire doors. This did not ensure containment of smoke or fire.

A number of personal evacuation plans (peeps) reviewed by inspectors were not accurate. They were not dated and did not reflect the number of staff and correct fire safety equipment required to evacuate the resident. This posed a risk in relation to the safe and timely evacuation of residents in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

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 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day.

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 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Athlone OSV-0005422

Inspection ID: MON-0041052

Date of inspection: 28/09/2023

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 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>Additional housekeeping hours have been rostered for two weeks and these hours are being allocated to deep clean all areas. On completion of this the regular deep clean schedule will recommence. A new daily managers supervision of practice record has been introduced.</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>Poor oversight of cleaning practices relating to infection prevent and control meant that the standard of cleaning was not adequate: Cleaning schedules have been reviewed. Weekly cleaning audits carried out by management team. A new daily managers supervision of practice record has been introduced. Complete and ongoing.</p> <p>There was a schedule of audits to monitor the quality and safety of the service, however, some audits completed did not have action plans developed to address all the areas needing improvements: As part of our third quarter triangulation all audits have been reviewed to ensure that they have comprehensive action plans.</p> <p>The processes to ensure all risks and hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example; risks in relation to fire safety, as described</p>	

<p>under Regulation 28: Fire precautions had not been identified by the management team: A comprehensive risk assessment has been undertaken by the facilities and quality departments.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Going forward all incidents will be reviewed in line with the regulations and notified accordingly.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: PIC will ensure that the documentation of complaints clearly outlines the details of any investigation carried out and also includes the outcome of the complaint and any improvements recommended. This will be available to the complainant in writing. Complaints policy reviewed and updated 23/10/2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: New furniture has been purchased to replace worn items. The purchase of additional furniture is factored in to the capex budget for 2024. The maintenance team are repairing any damaged skirting boards and door strips.</p>	
Regulation 27: Infection control	Not Compliant

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

Continence support equipment stored on clean equipment drying racks in the first-floor sluice room was visibly unclean: Items have been removed and the area has been cleaned. This is monitored daily through the managers supervision of practice.

Equipment drying racks in the sluice room on the first floor were rusted. This did not support effectively cleaning. In addition, there were no drip collection trays attached to equipment drying racks. This posed a risk that the sink surface underneath would become contaminated by residual liquid: New drying racks have been purchased and are now in place. Drip collection trays are now in place in all sluice rooms.

Sink surfaces in both sluices rooms were visibly unclean: Sink surfaces have been cleaned. This is monitored through the daily managers supervision of practice.

Some of the available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks, this is a repeated finding: An appropriate he sink had been purchased and was awaiting a plumber to install it. This will be complete by 30/11/2023.

Floor surfaces in some resident bedrooms and en-suite bathrooms were visibly unclean: Cleaning schedules have been reviewed. Weekly cleaning audits are now carried out by the management team in addition to the daily managers supervision of practice. The Director of Operations has visited the centre to ensure that all housekeeping staff are have the required knowledge and practice to maintain the cleanliness of the home to a high standard.

There was heavy dust visible on frequent touch surfaces in several resident bedrooms: Cleaning schedules have been reviewed. Weekly cleaning audits are now carried out by the management team in addition to the daily managers supervision of practice. The Director of Operations has visited the centre to ensure that all housekeeping staff are have the required knowledge and practice to maintain the cleanliness of the home to a high standard.

A number of items of resident equipment were visibly unclean, such as a crash mattress: Cleaning schedules have been reviewed. Weekly cleaning audits are now carried out by the management team in addition to the daily managers supervision of practice. The Director of Operations has visited the centre to ensure that all housekeeping staff are have the required knowledge and practice to maintain the cleanliness of the home to a high standard.

The resident smoking area was visibly unclean: Cleaning schedules have been reviewed. Weekly cleaning audits are now carried out by the management team in addition to the daily managers supervision of practice. The Director of Operations has visited the centre to ensure that all housekeeping staff are have the required knowledge and practice to maintain the cleanliness of the home to a high standard.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency lighting was not available at a final fire exit door in one communal room: Emergency lighting now in place.</p> <p>Fly screen doors had been fitted over two final fire exit doors. Fly screen doors had to be opened in opposite direction of the fire doors, and this posed a risk of delayed evacuation from the centre: Fly screen doors removed.</p> <p>Brush smoke seals, fitted to several resident bedroom doors and cross doors, were painted over. The application of paint reduces the flexibility of the brush seals, compromising smoke containment. Furthermore, brush smoke seals were missing or applied partially to several resident bedroom doors: Missing brush smoke seals have been installed and those damaged by paint are being replaced. With aim for completion by 30/11/2023.</p> <p>Inspectors found a number of gaps between the floor at the top and bottom off some cross corridor fire doors, and at the bottom of the main kitchen door. This did not ensure containment of smoke or fire: There will be no gaps by 30/11/2023.</p> <p>Inspectors observed that metal vents were fitted to the bottom of several doors which were labelled as fire doors. This did not ensure containment of smoke or fire: These has been replaced.</p> <p>A number of personal evacuation plans (peeps) reviewed by inspectors were not accurate. They were not dated and did not reflect the number of staff and correct fire safety equipment required to evacuate the resident. This posed a risk in relation to the safe and timely evacuation of residents in the event of a fire: All PEEPs now include the number of staff required.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/11/2023
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	31/03/2024
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	30/11/2023
Regulation 27	The registered provider shall ensure that procedures,	Not Compliant	Orange	30/11/2023

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	16/11/2023
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	16/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	17/11/2023

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	28/10/2023
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	28/10/2023