



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

Issued by the Chief Inspector

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0035110

About the designated centre

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

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 45 residents over the age of 18 years including persons with dementia. It is a mixed gender facility catering for low to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and a landscaped secure garden area. Bedroom accommodation is offered in both single and twin rooms with en-suite bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	10:30hrs to 18:00hrs	John Greaney	Lead
Thursday 9 December 2021	10:30hrs to 18:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced risk-based inspection conducted in response to a notification that the centre was in the midst of an outbreak of COVID-19 and the recent resignation of the person in charge. Prior to entering the centre, inspectors underwent a series of infection prevention and control measures, which included a temperature check and a declaration that inspectors were free of symptoms associated with COVID-19.

An opening meeting was held with the regional manager to outline the proposed inspection process and to ascertain the current status of the outbreak in the centre. A total of five residents had tested positive for COVID-19 at the time of the inspection and two of these had been admitted to hospital. Five staff had also tested positive. Following the opening meeting the inspectors were taken on a tour of the centre by the regional manager.

Rivervale Nursing Home is designed around a large central atrium with corridors leading to four wings. It is a single storey facility and residents are accommodated in a mixture of single and twin rooms, all of which are en suite with toilet, shower and wash hand basin. Residents' bedrooms are in three wings, namely the East Wing, the West Wing and the Respite Wing. The West Wing comprises thirteen single bedrooms, the East Wing has six single and six twin bedrooms, and the Respite Wing has seven twin rooms. There are large and small communal sitting rooms, a dining room and two conservatory sun rooms, which provided a variety of environments in which resident could spend their time, eat their meals, relax or socialise. There is also an enclosed outdoor area accessible from one of the conservatories, which was seen to be used by residents on the day of the inspection.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. The laundry facility supported the separation of clean and dirty laundry. The inspectors saw that hand gel dispensers and dedicated clinical hand wash sinks were readily available along corridors for staff in the centre. However the décor in some areas was showing signs of wear and tear. The provider was aware and was endeavouring to improve current facilities and physical infrastructure at the centre through upgrading flooring and painting.

Bed spacing within three of the twin rooms in the East Wing had the potential to impact on infection prevention and control measures due to their proximity to each other. In two of these rooms there was not adequate space to accommodate a comfortable chair for each resident or for a second chair for a visitor. Additionally, there was no room for additional furniture such as a chest of drawers for residents that required additional storage space for clothes and personal belongings. In one of these bedrooms, a resident had some clothes hanging on the outside of the wardrobe as they only had a single wardrobe that could not store all their clothes.

Staff promoted a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. Inspectors met and spoke with several residents over the course of the inspection. The overall feedback from residents was that this was a nice place to live and apart from the recommended restrictions during the COVID-19 pandemic and the current outbreak in the centre, residents generally had choice in their daily lives. There was a relaxed atmosphere within the centre. Most residents remained in their bedrooms, based on advice from Public Health to management. A small number of residents, however, were seen to spend some time in the reception area and some were seen to go to the smoking room intermittently throughout the day. Inspectors observed that resident' activities were mostly individual and self directed. Some residents were watching TV and others were reading. Staff were observed chatting with residents during care provision, however, no other meaningful activities that promote physical health, mental health and well-being and opportunities for residents to socialise were observed on the day.

Three residents with a confirmed diagnosis of COVID-19 were accommodated in a designated zone, with designated staffing to facilitate care and minimise further spread. The designated cohort area was separated from the non-cohort area by newly erected doors.

Residents who spoke with inspectors were complimentary about staff, saying that staff were friendly, kind and understanding. Even though they wore PPE, staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. One resident was observed to be having a window visit on the day of the inspection.

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

Capacity and capability

This was a risk inspection carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013, particularly in relation to the management of an outbreak of COVID-19 in the centre and the recent resignation of the person in charge. Overall, this inspection found that some improvements had been made by the registered provider, in response to the findings of the previous inspection. However, some improvements were required in relation to staff training in infection prevention and control, the recording of complaints and in governance and management.

The registered provider of Rivervale Nursing Home is Blockstar Ltd., a company comprising four directors. Blockstar Ltd. is also the provider of three other nursing homes. Recent changes to the governance structure of Blockstar Ltd. involved the

recruitment of a regional manager with responsibility for oversight of four designated centres. In the week prior to this inspection the person in charge had resigned. The inspectors were informed that a new person in charge had been recruited and was due to take up the role in January 2022. In the interim, there was no nominated person in charge of the centre as required by the regulations. However, the regional manager was working in the centre full time as manager with the support of an assistant director of nursing.

The usual staffing complement in the centre was enhanced by the deployment of agency staff that allowed for the segregation of staff caring for residents in the designated cohort wing from residents in other areas of the centre. Based on the observations of the inspectors, discussions with staff and a review of the roster, there were adequate staff on duty to care for residents on the day of the inspection.

The inspectors also followed up on unsolicited information received on the day of the inspection in relation to safeguarding of residents, the absence of a person in charge, residents' rights and infection prevention and control. Findings of this inspection substantiated the information received with regards to residents' rights and the absence of a person in charge, which are discussed under the relevant regulations of this report. Inspectors were satisfied that residents are adequately safeguarded from abuse and the proposed introduction of a revised uniform policy was found to comply with good infection prevention and control procedures.

Despite the absence of a person in charge, there was a clearly defined management structure in the centre. Lines of authority and accountability, and roles and responsibilities were understood by all staff. On the day of the inspection, care in the centre was directed through the regional manager. From a clinical perspective the regional manager was supported by an assistant director of nursing, and a team of nurses, health care assistants, catering, household, and maintenance staff.

There were systems in place to monitor the service. A schedule of organisational audits was completed in areas such as infection prevention and control, falls, nutrition and care plans.

The complaints management system required significant improvement. Discussions with residents indicated that a number of complaints had been made to staff that had not been appropriately managed and resolved. A review of the complaints log found that there was only one complaint recorded for the year 2021. None of the complaints brought to the attention of inspectors had been recorded despite being brought to the attention of staff.

Inspectors were informed that overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the assistant director of nursing who was also the designated COVID-19 lead. An outbreak of COVID-19 had been declared in the designated centre on 03 December 2021. Serial testing was undertaken and a total of 10 cases of COVID-19 infection (five residents and five staff members) had been identified to date. The early detection of the outbreak ensured prompt action was taken to isolate infectious residents and staff and to commence containment measures to minimise

the risk of spread of infection.

Public Health were assisting in the management of the outbreak and an infection prevention and control nurse specialist attended the centre on the day of the inspection, to advise on outbreak management and infection prevention and control practices.

Up-to-date infection prevention and control policies and procedures were in place and based on national HPSC guidelines. The centres outbreak management plan was updated monthly and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Monthly infection prevention and control audits were undertaken. Audits were carried out to ensure compliance with COVID-19 measures. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed.

Inspectors were informed that agency staff had been employed to support the increased frequency of cleaning within the centre. All household staff had completed an accredited hygiene training programme. The high levels of compliance achieved in environmental hygiene audits were reflected on the day of inspection.

Inspectors identified some examples of good practice in the prevention and control of infection. However, inspectors found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

Regulation 14: Persons in charge

There was no person in charge of the designated centre as required by the regulations.

Judgment: Not compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of residents on the day of the inspection. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. Agency staff had been deployed to support the centre's own staff through the outbreak of COVID-19 and the associated increased staffing needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors were informed that face to face infection prevention and control training had not been provided since the onset of the pandemic. Online infection prevention and control training had been completed by all staff. However the observations of inspectors indicated that the online training alone was insufficient. Details of issues identified with personal protective equipment (PPE) usage are set out under Regulation 27.

All staff were wearing close-fitting respirator masks (FFP2 masks). However training in the fitting and safe use of FFP2 respirator masks had not been provided as recommended in national guidelines

Judgment: Substantially compliant

Regulation 23: Governance and management

A fire safety risk assessment, due to be submitted to the Chief Inspector initially on the 18 August 2021, had not been submitted. At the request of the provider, this date was postponed to 30 November 2021, however, the report of the assessment had not been submitted on the date of this inspection, 09 December 2021

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Only one complaint had been recorded in the complaints log for 2021. Based on discussions with residents, complaints that had been made to staff prior to the day of the inspection and subsequently brought to the attention of the inspectors during the inspection, had not been recorded and had not been satisfactorily resolved.

Judgment: Not compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

A notification had been submitted identifying the arrangements that have been

made for the running of the centre in the absence of the person in charge. The notification also included details of plans for the appointment of a new person in charge.

Judgment: Compliant

Quality and safety

Residents received a good standard of evidence-based nursing and health care and all residents spoken with stated that they felt safe in the centre. Improvements were required in relation to infection prevention and control, premises, fire safety and residents' rights.

Care plans were evidence-based and guided staff to provide person-centered care in accordance with residents' needs and preferences. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. All staff were familiar with residents needs and described individualised interventions. Residents' well-being was supported by access to appropriate health care professionals, regular medical reviews and referral to allied health professionals, if and when required.

Some fire safety risks were highlighted previously and the provider engaged with HIQA's fire and estates specialist inspector to provide assurances that all risks were addressed. One of the risks was in relation to the size of one fire safety compartment, which housed 14 residents. The provider had given an undertaking to conduct a fire safety assessment of the building, and though this had recently been conducted, it had not been done by the specified date and the finalised report was not yet available. Improvements were noted in relation to fire safety, particularly in relation to the conduction of fire drills, which were conducted to a high standard and simulated a variety of scenarios, including the evacuation of the largest fire safety compartment using both day and night time staffing scenarios. The drills were informative and learning formed part of the ongoing evacuation drill practice. Records were maintained of quarterly servicing and ongoing maintenance of the centre's fire detection and alarm system. Required safety checks of escape routes, the fire detection system, fire doors, magnetic closing devices and extinguishers were completed and maintenance issues were reported. Improvements were required, including the maintenance of emergency lighting at quarterly intervals and the inappropriate holding open of bedroom doors with chairs. These are discussed in more detail under Regulation 28.

Senior management reported that they had acted to implement Public Health recommendations at the time. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff spoken with were

knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

Information about resident's colonisation and infection status was documented in their care record. COVID-19 care plans had also been developed for residents that had tested positive for COVID-19 infection.

All of the residents had opted to be vaccinated and the majority had received their booster vaccinations. Serial PCR testing was undertaken after a resident tested positive for COVID-19. Inspectors identified some examples of good practice in the prevention and control of infection. However, inspectors found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). A number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the use of personal protective equipment by staff during the course of the inspection. Details of issues identified are set out under Regulation 27.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends and prior to the current outbreak scheduled visits were facilitated in line with updated public health guidelines. Visiting restrictions had been introduced due to the ongoing outbreak in line with public health guidance.

There was adequate oversight of risk in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Improvements were required in relation to the provision of activities. Most residents were confined to the bedrooms on the advice of Public Health due to the outbreak of COVID-19. While there was an activities coordinator on duty, this person appeared to be predominantly involved in the provision of direct care to residents. Inspectors observed that residents spent long periods of time in their bedrooms with minimal or no stimulation other than television, radio and reading material.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance. Visiting restrictions were in place on the day of inspection due to the ongoing outbreak. Arrangements were in place for compassionate visiting and window visits were also facilitated.

Judgment: Compliant

Regulation 17: Premises

Some twin bedrooms did not have adequate space for residents to:

- have a comfortable chair at their bedside or space for an additional chair should a resident wish to receive visitors in their bedrooms
- manoeuvre a hoist should a resident require the use of a hoist to transfer in or out of bed
- to store personal clothes and belongings.

Judgment: Not compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks.

Judgment: Compliant

Regulation 27: Infection control

Spacing between resident beds within three of the twin bedrooms did not meet the minimum distance of 1 meter recommended to manage the risk of all droplet transmitted infections including COVID-19.

PPE such as gloves and masks were used inappropriately during the course of the inspection. For example two staff members were observed gelling their gloves, two staff members did not remove gloves prior to exiting resident's rooms and four staff members were observed wearing masks under their chins while outside the building.

Improvements were required in the management of equipment and supplies to ensure effective prevention and control of infection. For example;

- reusable nebuliser chambers were not rinsed with sterile water and stored dry after each use. The residual volume should be rinsed out with sterile water after use and reusable nebuliser chambers should be stored clean and dry between uses.
- open, but unused, portions of wound dressings were observed in two treatment rooms. Reuse of open but unused wound dressings is not

recommended due to risk of contamination.

- used wash-water was emptied down residents sinks and basins were rinsed in the residents' sinks which poses a risk of cross contamination.
- disposable soap and alcohol hand gel pouches were topped up and refilled.
- supplies for dealing with a blood spillage were available. However, the chlorine granules had expired in 2017.

Judgment: Not compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire safety, including:

- emergency lighting was not serviced quarterly in accordance with the requirements of relevant standards. Records for 2021 showed that emergency lighting was serviced in January 2021 and again in October 2021
- some bedroom doors were wedged open with chairs as the battery operated hold open devices were in need of repair/replacement

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person centre care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There was evident of good access to medical staff with regular review recorded in residents' files. Residents had good access to health and social care professionals such as a physiotherapist, dietitian, speech and language therapist and chiropody.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

Judgment: Compliant

Regulation 9: Residents' rights

Most residents were confined to their bedrooms on the advice of Public Health. Throughout the day of the inspection, residents were seen to spend time alone in their bedrooms with minimal stimulation and no formalised activities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not 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	Substantially compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0035110

Date of inspection: 09/12/2021

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>S - PIC not in place the day of the inspection. RM was supporting the Centre until commencement of the PIC, the formalities have now been brought into compliance</p> <p>M - PIC has been appointed and due to commence 11.01.2022</p> <p>A – Achieved</p> <p>R - Realistic</p> <p>T – The regulation has now been satisfied in terms of targeted time bound compliance</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S - Face to face training on infection control has been organized for all staff in February 2022, which will incorporate the use of PPE and FF2 masks.</p> <p>M - A training matrix has now been rolled out and over seen by the PIC</p> <p>A – Training should be completed by the end of March once the home remains free from COVID 19.</p>	

R - Realistic time frame given as the Centre is still in outbreak.
 T- 31st March 2022.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

S - Fire risk assessment had not been submitted on the day of the inspection but evidence was provided showing the Fire Risk assessment was indeed available but was awaiting ratification / rubber stamped at a directors meeting

M - Fire risk assessment has been submitted on the 15.12.2021 by the RP.

A – Achieved

R – Realistic

T- Submitted on the 15.12.2021 and complaint

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

S – Any outstanding complaints made have been investigated and responded to by the Regional Manager & filled for record purposes.

M - The Centre has reviewed its policy on the handling of complaints to ensure accountability and transparency. This has been disseminated to all RNS and will be discussed at Clinical Governance meetings.

A - A new monthly audit of complaints has been implemented and will be reviewed monthly by the new appointed DON.

R - Realistic

T- Implemented on the 12.12.21

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S – Two twin rooms do not meet the required 7.4m² space required under current legislation.</p> <p>M – Until the remedial works have been completed, in the Interim both rooms identified have now become single rooms.</p> <p>A – The Centre will complete the works by 30th April 2022.</p> <p>R –Realistic.</p> <p>T – 09th February 2022</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S- The Centre has reviewed all its equipment & supplies; a new blood spillage kit is now in place. All residents nebulizers masks are changed weekly and cleaned after use , this has now been included in the reviewed decontamination / records. Staff will attend face to face training on infection control which includes the use of PPE's. Suitable spacing and demarcations have now been introduced to fulfil compliance aspects.</p> <p>M - Face to face training should be completed by the end of March if the home remains COVID free. The Centre has a robust monthly infection control audit , any areas of deficit will be immediately rectified.</p> <p>A - Monthly infection control audits , hand hygiene audits , discussion at staff meetings and RM Clinical Governance meetings .The DON will have over sight of all audits in the Centre and bed space monitoring.</p> <p>R - Realistic</p> <p>T - Implemented on the 12.12.21</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: S – The emergency lighting certification found missing during the inspection has been recovered as there was a clerical error made on the filing system – a copy of the certificate relating to the period referred to in this report is attached for record purposes. The issue with the Emergency Lighting now comes into the realm of compliance in this respect.</p> <p>On the subject matter of wedges / furniture and the holding back of fire doors a considerable investment on new door retainers is being rolled out and installed which will combat the need for secondary / artificial devices being used in contravention of fire safety legislation. Furthermore an educational program is being delivered to residents and staff alike reinforcing the importance of not using wedges / furniture to retain fire doors. It is envisage now that the new door ironmongery will completely mitigate the issue in respect of this fire breach.</p> <p>M – The Fire Engineer has arranged for an inspection of fire doors on Wednesday 26th January 2022 after the installation of the new door retaining ironmongery.</p> <p>A – As above</p> <p>R – Realistic</p> <p>T – The door hold open devices will be installed on the necessary / defective doors by 26th January 2022</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: S - The Centre has recently interviewed a new activities coordinator & increased activity hours until the commencement of the newly appointed person.</p> <p>M - One to one activities is in place with enhanced hours , until the appointment of the new person which is expected to be February 2022.</p> <p>A - One to one activities in place .</p> <p>R - Realistic</p> <p>T – February 2022 for the appointment of the new activity coordinator.</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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	11/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	09/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively	Substantially Compliant	Yellow	15/12/2021

	monitored.			
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.	Not Compliant	Orange	31/03/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	26/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	12/12/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which	Not Compliant	Orange	12/12/2021

	includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	12/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/02/2021