



**Health
Information
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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:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	28 November 2023
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0041531

About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 19 residents. It is a single-storey building set on a large mature site. The layout of the centre comprises a long corridor with multi-occupancy wards on either side of the corridor. Currently, residents' bedroom accommodation is provided in one single room and four four-bedded wards. All bedrooms have wash-hand basins and there are shower, bath and toilet facilities available. Communal spaces comprise a large conservatory and dining room; both have comfortable seating and dining tables. There is a visitors room with coffee dock, and a chapel. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Tuesday 28 November 2023	09:00hrs to 19:00hrs	Breeda Desmond	Lead
Tuesday 28 November 2023	09:00hrs to 19:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall, inspectors found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. Inspectors met with many residents during the inspection and spoke with six residents and two visitors in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care they received. There was a lovely atmosphere in the centre and observation throughout the inspection showed that staff were respectful, kind and actively engaged with residents.

There were 19 residents residing in Kanturk Community Hospital at the time of inspection. On arrival for this short-term announced inspection, inspectors were guided through the risk management procedure that included a signing in process, hand hygiene, and confirmation of no signs and symptoms of infection. An opening meeting was held with the person in charge and CNM which was followed by a walk-about the centre with the person in charge, facilities person, and architect for the new extension.

Kanturk Community Hospital was a single storey building situated on a large site which also accommodated the ambulance bay, mental health day services and community physiotherapy out patients. The existing building accommodated 19 residents in multi-occupancy bedrooms; the new extension comprised a 31 bedded building with an adjoining corridor connecting the existing and new build.

The existing building: The main entrance to the hospital was wheelchair accessible. Residents' accommodation was set out on one main corridor extending from the main entrance. Nursing and administration offices were to the left of reception. The single bedroom with wash-hand basin was to the right of reception; the office here was re-located during the inspection due to fire safety issues identified. The kitchen, other offices and church were located further along the corridor to the left. Additional toilet and shower facilities were available on the right. Further along the corridor were four four-bedded multi-occupancy bedrooms. The main day room and conservatory were at the end of the corridor on the left. The Haven café was at the end of the corridor and had comfortable seating, kitchenette facilities for residents and visitors to make tea and coffee.

Inspectors saw profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available for residents to maximise their comfort and ease of transfer in and out of bed. Residents had accessible bedside lockers, bedside chairs, and double wardrobes for their clothing; some residents had two double wardrobes in accordance with their wishes; some residents had additional chest of drawers.

Overall, the premises was bright and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Lovely conversation and social interaction was observed throughout the day between staff and residents. In general, staff

providing assistance to residents in their bedrooms actively engaged in a kind and respectful manner and chatted as they were assisting with personal care and during mealtime.

Residents spoken with explained that they were involved in the discussions regarding colour schemes and decorating the new extension. They said they had chosen their own bedrooms and had started decorating them with their pictures. They were really looking forward to moving into the new building and having their own bedroom.

Information regarding advocacy services was displayed; as part of promoting a rights-based approach to care, there were large easy-read posters with 'Rights Don't Get Old' information for residents and relatives explaining their rights. Orientation signage to rooms such as the day room and dining room was displayed around units to ally confusion and disorientation. Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of November 2023. Visitors were known to staff who welcomed them, provided support and actively engaged with them.

There were activities observed during the inspection. These were resident-specific and included knitting, colouring, reading and staff chatting with residents. Residents were seen to enjoy the chat and interaction which was done in a normal social relaxed atmosphere. Residents were offered snacks and refreshments throughout the day.

The safety pause was facilitated by the CNM, where resident care was discussed and reminders to staff of specific residents' care needs as part of their ongoing quality management. While walking around the centre, the inspector noted that rooms such as the clinical room, sluice room and cleaners room were secure to prevent unauthorised access.

Regarding the new extension: The new extension will accommodate 31 residents. Access to the new extension was within the entrance hallway in the old building to the right. The dining room had expansive window frontage with views of the internal courtyard on one side and the entrance corridor on the other side. There were eight dining tables which could seat four residents each; two of these table had adjustable height mechanism to accommodate larger assisted chairs. There were kitchenette facilities here to enable residents make their own cup of tea or coffee. While residents could access the enclosed outdoor spaces, there was a push-button mechanism to open the door along with three key-pads and an additional mobile call bell. All of which looked very confusing and would be difficult for residents to determine what to press to gain access to the outdoors. Inspectors saw that fire safety doors into communal rooms such as dayrooms and dining room were heavy and did not have either a 'free-swing' mechanism or door magnet to enable residents to access these rooms independently, in particular, residents with compromised mobility, such as residents using wheelchairs or walking frames for example.

There were no call-bells in the courtyards to enable residents or visitors to call for

assistance should they require help. Mobile call-bells were available, but they were dependent on residents' remembering to take them when they when going out to the garden spaces.

Bedrooms were single occupancy and all had en suite facilities of toilet, shower and wash-hand basins. All the showers were tested by the inspectors and were found to be not fit for purpose as the water was not contained within the shower area, and in many en suites, the water flowed out the en suite door into bedrooms. Many of the toilets were seen to have a film of unclear particles on the water so it could not be assured that the policy relating to the prevention of legionella was implemented to safeguard the water supply.

Bedroom furniture comprised a double wardrobe, bedside locker and comfortable arm chair. Some rooms could accommodate additional furniture if required. Residents had chosen their bedrooms and several bedrooms had residents' pictures displayed.

While bedroom windows could be opened, it was not possible to close these safely due to their configuration, and would possibly cause harm to anyone trying to close them. Solar guard facility allowed for residents to see out their bedroom window but prevented people from viewing into bedrooms to preserve residents privacy and dignity. While solar guards were in place on bedroom windows facing the internal courtyards, external facing bedroom windows did not have solar guards so residents' privacy would not be ensured. This was particularly relevant as the rear of the building accommodated community physiotherapy and community mental health out patients and their associated car parking facilities.

While most bedrooms facilitated residents to move around independently, bedrooms 15 and 16 did not facilitate this as all the furniture was at the far end of the room; should the door of the en suite be opened, the resident would be unable to walk around their bed to get to their locker or seating by the window. The positioning of the wall-mounted television did not enable residents to view the television should the door of the en suite be opened or from the seating layout of the bedroom.

The outdoor courtyards were paved and flowerbeds were planted up and looked lovely. Duhallow sitting room was the main dayroom space which had wall-to-wall glass frontage that opened onto a lovely courtyard. This space was discussed during the inspection and admired as a beautiful space for residents to amble out to from the dayroom. However, following the inspection, inspectors were notified that this space would not be accessible to residents as it was a fire assembly area. There were push-button panels on some doors enabling residents to re-enter the building, however, other doors did not have external handles to enable residents and staff to re-enter the building.

Orientation signage was displayed throughout the centre to mitigate disorientation and confusion. The signage included the name of area in English and in old Irish script and looked impressive. Seating areas along corridors were beautifully decorated and created lovely resting places for residents to sit and relax. Designated storage rooms were in place to facilitate storage of linen trolleys while not in use,

linen rooms for clean linen, and dry goods storage rooms. There were two dirty utility rooms on either side of the building which contained bedpan washers, hand-wash sinks and separate sluicing sinks. Splash-backs were not in place to protect the wall behind the sinks. In one dirty utility room, there was a sewer pipe awaiting connection to a sluice machine. This was not correctly sealed and there was a strong malodour from the sewer.

From a fire safety perspective, the new extension generally met the requirements of the regulations. Appropriate sign-off was available, however the inspectors observed some gaps to fire doors which required attention and the fire door to bedroom 25 did not close properly as the metal casing on the floor protruded.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, while the findings on this inspection demonstrated there was a commitment led by the person in charge in promoting a rights-based approach to care delivery, the registered provider had not ensured that the new extension was ready for occupancy and regulatory inspection as part of the application to vary current conditions of registration to increase bed occupancy. While confirmation was given to inspectors that the project team had inspected the building and signed off that it was fit for purpose and ready for regulatory inspection, this was not actualised and the sign-off report was not furnished to inspectors.

Inspectors reviewed the actions from the previous inspection and found that some actions were completed or near completion. Immediate actions were issued on this inspection regarding fire safety precautions relating to fire escape from the single bedroom and the position of the administration office at the entrance to the single bedroom. All combustible material was removed, office machinery was removed and relocated to the main office. Urgent assurances were requested from the registered provider regarding the new extension to enable the application to vary conditions of registration to progress. These included assurances related to all fire doors, risk associated with external areas, call-bell access in outdoor spaces, and functioning and layout of bedrooms 15 and 16.

Kanturk Community Hospital was a residential care setting operated by the Health Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the newly appointed general manager for the CH04 area of the HSE, that is, the person nominated by the registered provider as their representative. The person in charge reported to the general manager. The person in charge was full time in post and was supported on-site by the clinical nurse managers (CNM). Additional clinical support included senior nurses. Relevant clinical

staff had good knowledge of the Health Act 2007 and the Regulations thereunder.

The registered provider had applied to vary conditions of registration of Kanturk Community Hospital and increase the number of residents to be accommodated from 19 to 31. The appropriate fees were paid and specified documentation submitted as part of the application. The statement of purpose was updated on inspection to ensure regulatory compliance. The floor plans were updated at the time of inspection to reflect the current lay out of the premises.

The risk register was reviewed. Many of the entries were duplicates so it was difficult to determine which assessment was current and relevant to the centre. Many of the issues identified on inspection relating to the extension had not been risk assessed to enable controls to be initiated to mitigate or remove risks identified. As the building had not been inspected or signed-off by Estates prior to the regulator coming on site, it would not be possible for the staff to know potential risks to update the risk register in some cases. Other risks could have been identified such as the access point to the new extension. Remedial action was taken on inspection to secure this partition and mitigate the associated risk.

Staffing levels and skill mix were appropriate to the current number (19) and needs of residents and to the size and layout of the centre. Staff had received training on the fire procedures in the new extension and had completed drill exercises to test the evacuation procedure. This however had not included the larger compartment of ten residents; this was submitted in the days following the inspection. The larger compartment was going to be reduced in size, by sub-dividing it further in the next phase of the works.

Notifications correlated with incidents and accidents recorded and were submitted in a timely manner. A synopsis of the complaints procedure was displayed in the centre. The complaints procedure and policy were updated on inspection to reflect the change in legislation.

In general, there was a lovely relaxed atmosphere in the centre, where residents were seen to be treated with respect and dignity. However, despite the application by the registered provider to vary conditions of registration, the registered provider had not ensured that the premises was ready for residents to move into or regulatory inspection.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary the conditions of registration of Kanturk Community Hospital and increase the bed capacity from 19 to 31 residents. The appropriate fees were paid and the necessary documentation submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary qualifications as required in the regulations. She actively and positively engaged with the regulator. She was knowledgeable regarding her role and responsibility as specified in the regulations, and engaged in the operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of the current number of residents (19), as follows

Person in charge and CNM deputy person in charge – Monday - Friday

Nurses – 08:00 – 20:15hrs x 2

Healthcare assistants:

08:00 – 20:00hrs x 2

08:00 – 18:00hrs x 1

Household cleaning staff:

07:45 – 18:00 x 1 x 7 days per week

Laundry staff:

08:00 – 17:00hrs x 1 x 6 days per week

Activities staff:

09:00 – 17:00 x 1 x 7 days per week.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were not sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

- the registered provider had applied to register the new extension of the premises, however they had not not ensured that the premises and in particular the new extension was fit for its intended purpose and it was not ready for inspection. Further details are outlined under regulation 17,
- risk assessments were not completed regarding the new build extension to enable appropriate remedial actions to safeguard people using the building
- the risk register had several duplicate assessments so the most up-to-date assessment that reflected the current level of risk could not be identified
- once opened, window fixtures throughout the building could not be closed safely.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect:

- the deputising arrangements for times when the person in charge was absent from the centre
- conditions of registration against which the centre would operate
- inclusion of laundry staff in the whole-time equivalent staffing numbers
- complaints' procedure vis-a-vis the updated legislation
- communal rooms descriptors
- information regarding facilities included in en suite rooms such as wash-hand basins, baths, toilets and showers.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure and policy were updated on inspection to ensure

compliance with the changed legislation relating to complaints.

Judgment: Compliant

Quality and safety

In general, this was a good service, the atmosphere was relaxed and resident-focused, where staff positively engaged with residents in a normal social manner.

Residents had access to appropriate medical services to ensure that their health care needs were met. Care documentation seen demonstrated that residents were timely referred to the appropriate allied health professionals such as dietitian, speech and language, occupational therapist for example. Residents were reviewed in a timely manner and interventions were put in place to enhance their quality of life. Previously, residents had access to geriatrician services on site, while the on-site visits were currently unavailable to residents, they had access to specialist geriatric services in Mallow General Hospital and virtual consultations have also facilitated.

Medication management was examined. Comprehensive medication administration charts were seen. Practices around controlled drugs administration and records were in line with professional guidelines.

Overall, there was improvement in residents' care documentation to inform individualised care. Residents' care documentation showed that residents' consent was sought for matters such as participation in the care planning process both on admission and in an ongoing basis for photographs, wound care and prescriptions. Evidence-based risk assessments were used to determine risk to the resident associated with pressure ulcer, falls and nutritional risks for example. The quick score multi-factorial falls risk assessment provided detailed information regarding supports needed for residents to enable best outcomes for them. Assessments and care plans were examined and in general, had personalised information to inform individualised care. Nonetheless, further action was necessary to ensure all relevant information informed both the assessment and care planning process. While behavioural charts were developed for residents with communication needs, not all staff had implemented the risk assessment to enable the needs of residents to be appropriately met. Personal emergency evacuation plans (PEEPS) provided information on the individualised assistance they required in an emergency and these were updated on inspection to ensure current requirements.

While transfer letters were in place for occasions when residents were transferred back into the centre from acute care for example, transfer information when residents were temporarily relocated to acute care for example were not appropriately completed.

Information and contact details of advocacy services were displayed. The person in

charge facilitated residents to access these advocacy services including on-site information sessions and individualised meetings when requested.

Regulation 12: Personal possessions

Residents had access to a double wardrobe, bedside locker as part of their personal storage arrangements. Some residents had an additional custom-make double wardrobe, and some had chest of drawers.

Laundry facilities were available on site over a six-day period. There were no issues identified on inspection regarding residents' laundry.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises conformed to the matters set out in Schedule 6 of the regulations:

- there were no call-bells in the outdoor spaces for residents and staff to call for assistance should the need arise
- manifestations or markings to windows and doors were inadequate to ensure the safety and privacy of residents
- the privacy and dignity of residents could not be assured in some bedrooms due to the lack of solar guard window protection
- the closure mechanism of communal rooms did not enable residents to move freely or promote their independence
- the water flow from showers in en suite bedrooms did not ensure the safety of residents or staff, or infection control precautions
- the layout of two bedrooms did not meet the needs of the residents and required altering.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were seen to have choice with their meals and were served appropriately. Meals were pleasantly presented and looked appetising. Residents gave positive feedback about the quality of food served.

Residents had timely access to allied health professionals of speech and language

and dietician services to enable best outcomes for them. Appropriate nutritional risk assessments were in place along with routine monthly weights to enable monitoring of residents weights.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was updated at the time of inspection to reflect the updated regulations relating to complaints.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer letter formed part of resident's care documentation. A sample of these was examined and showed that these letters were inappropriately filled in anticipation of a resident being transferred to hospital for example. Included in the form was the resident's current care needs such as their mobility, nutrition ability and continence for example. However, this information could be obsolete should a resident suffer a stroke or sepsis for example.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not fully meet the requirements of the National Standards for infection prevention and control in community services (2018):

- the registered provider had not ensured that appropriate measures were taken regarding the risk of legionella in the water supply of the new extension. There were no flushing records of infrequently used water outlets in line with their policy on legionella precautions,
- splash-backs in sluice rooms were not in place to prevent risk associated with water contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Under this regulation the provider was required to address an immediate risk that was identified on the day of inspection. Previously, a single room to the front of the building had an external exit directly from the bedroom. Owing to the construction of the extension, this exit was blocked up and the escape route was via an office to the main corridor which contained large volumes of combustible storage and photocopier. This created a risk of fire, and growth of a fire along the single escape route from this room. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed.

Other issues identified on inspection that required action were as follows:

- floor plans displayed detailed the exits that were blocked, however there was no risk assessment available in the centre for the omission of exits or setting out controls required by staff to manage this risk. This was also not included on the risk register in the centre,
- deficits to a small number of fire doors in the existing building, however the residents from this area of the centre will move to their new bedrooms in the extension and the risk to residents will be addressed. Nonetheless, the fire door to the kitchen, which will remain operational, required action as it did not close,
- the exit from the laundry had shooting bolts into the frame, which would impede escape for staff from the laundry which was a high risk room
- there were a number of storage areas in separate buildings; the fire detection and alarm system was not extended to these areas
- the service records for the emergency lighting and fire alarm system were not available for review by inspectors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management was examined. Comprehensive medication administration charts were seen. Practices around controlled drugs administration and records were in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments and care plans were reviewed. While significant improvement was

noted regarding personalised information to inform individualised care, further attention was required to ensure medical histories were accurate and informed the assessment process. While care plans were comprehensive, they did not have the supporting assessment detail to inform the care planning process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to health care including specialist health care services. Residents notes demonstrated that they were regularly reviewed; medications formed part of the review, and residents and staff were consulted with regarding responses to changes in medication to enable best outcomes for residents.

Records relating to wound care were comprehensively maintained in line with best practice guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records relating to behaviours that challenge were reviewed. While residents had assessments and care planning records maintained, the records relating to communication needs of ABC - antecedent behaviour and controls, were not routinely completed using the frailty delirium risk assessment in place PINCH-Me, (P-pain, I-infection, N-nutrition, C-constipation, H-hydration, M-medication, E-environment). Consequently, residents may not have received the appropriate intervention such as pain relief when they exhibited responsive behaviours.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0041531

Date of inspection: 28/11/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Both risk assessments and risk registers have been reviewed to ensure no duplication of information</p> <p>New risk assessments have been populated specific to the new build.</p> <p>Windows have been reviewed and manual fixators have been removed and adjustments made to prevent windows opening beyond guidelines.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The all-weather call bells in the outdoor spaces have been installed</p> <p>The manifestations have been attached to doors and windows and solar guard has been placed on all windows to the west of the building.</p> <p>The swing free closures will be attached to all communal doors by 28/02/24 .</p> <p>The two bedrooms identified at inspection (room 15/16) will be altered by 29/02/24</p> <p>The water flow of the showers has been addressed and shower screens are on order.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: All transfer documentation has been reviewed and the national document will not be partially prepopulated in the resident notes going forward</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A weekly flushing schedule for all water outlets is now in place for the new build and there are records of same. This is carried out by the maintenance dept. There is also a Kemper(automatic flushing)system in situ in the new build Splash backs have been put in place in both cleaners room.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The risk register has been updated and reflects the changes in the centre. The shooting bolt has been removed from the door in the laundry The kitchen door has a working closure mechanism in place Fire detection system in outer buildings is currently being created by the fire consultant Service records are now available on site</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All medical history documentation for the residents has been reviewed to ensure accuracy of documentation</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: P.I.N.C.H. ME has now been incorporated in the records relating to A B C communication, all staff have been updated and training has been provided to staff	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	29/02/2024
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.	Not Compliant	Orange	28/01/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	31/12/2023

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/02/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	28/02/2024

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2024
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	28/02/2024
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	31/12/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	31/12/2023

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/12/2023