



**Health  
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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:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Limited
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	04 May 2021
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0032808

## About the designated centre

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

St Mary's Residential Care Centre is a designated centre for Older People. The designated centre is registered to accommodate 62 residents. The accommodation comprised of 60 single and one twin bedroom. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Galway city. Residents have access to an enclosed garden. The service provides care to residents with conditions that affect their physical and psychological function. Resident's dependency needs are regularly assessed to ensure their care needs are met.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	61
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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 4 May 2021	09:30hrs to 17:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. The inspector saw the COVID-19 information leaflet which the person in charge had designed to provide clear information for residents and to explain the precautions being taken to protect residents in the centre.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

On the morning of inspection, some residents were up and about, some were seated in the day room areas while others were having their breakfasts in their bedrooms. The daily newspapers had been delivered and individual residents had newspapers delivered to their bedrooms. Residents seated in the main ground floor day room told the inspector how they were getting organised to attend morning mass. They said how they were very lucky to be able to attend mass which was celebrated daily in the centre.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator allocated to each floor, they were seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed a range of activities including arts and crafts, word games, bingo, poetry, reminiscence, music and sing songs. The inspector observed posters displayed for the 'Mad Hatters' tea party which had taken place at the weekend, photographs of the residents wearing their hats were also displayed. The residents spoken with said the tea party had been very enjoyable.

During the afternoon, the inspector observed residents enjoying and partaking in a live music and song session. Residents told the inspector how they enjoyed and looked forward to the musicians visiting each Tuesday afternoon. Another group of residents were observed enjoying a word game. The residents were actively taking part and appeared to be having great fun, the game was seen to stimulate lots of conversation and laughter.

The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. While visits to the centre had been taking place in a specifically designed visiting area which allowed visits to take place indoors and had been provided with a glass screen fitted with amplifiers throughout the pandemic, visits were now taking place in person. Residents had the choice to receive visitors in their bedroom if they wished. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled.

Residents had access to the enclosed garden areas, the doors to the garden areas were open. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air. The inspector observed that residents on the first floor could access the large balcony areas located off the communal day areas. However, it was noted that the balcony area was not inviting, lacked suitable furniture and there were no plants or flowers provided to create an interesting and stimulating environment.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspector observed that a variety of snacks and drinks were offered between meals times. The inspector noted that modified diets were attractively presented. Residents were appropriately supported at mealtimes to eat at their own pace and were served in accordance with their choices.

The building is a purpose built two-storey nursing home. It was found to be well maintained, warm, comfortably decorated and visibly clean. Residents were accommodated on both floors in 60 single and one twin bedroom. The twin bedroom was being used for single occupancy. All bedrooms had en suite toilet and shower facilities. There was a variety of communal day spaces including day rooms and dining rooms on each floor. There were two assisted toilets located adjacent to day rooms on each floor. Other facilities included an oratory which was currently in use as a visitors room and a designated hairdressing room. There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors.

During the pandemic and as part of the COVID-19 contingency plan, residents had remained on their designated floor and separate staff teams were allocated to care for residents on each floor. To facilitate this separate staffing arrangement, some of the communal day space on the ground floor had been temporarily converted for use by staff. This impacted upon day space available to residents and is discussed further under Regulation 17:Premises.

Overall the general environment, residents' bedrooms, communal areas, toilets, shower rooms, laundry and sluice facilities were found to be visibly clean. There were two cleaners on duty each day. Systems were in place for the segregation and flow of soiled and clean laundry in line with good practice in infection prevention and control. The inspector saw that systems were in place for the safe return of

laundered personal clothing to residents.

Residents spoken with told the inspector how they liked their bedrooms as they were bright, comfortable, spacious and many had lovely views over the grounds of the adjoining St. Mary's college. The inspector observed that there were new televisions in all bedrooms and residents had personalised their bedrooms with their own family photographs, ornaments and plants.

Staff had ready access to clinical hand wash facilities throughout the centre. In addition there were wall mounted hand sanitizing dispensers at the entrance to the centre, on the corridors and in the communal areas, these were seen to be used throughout the inspection by staff.

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

This inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on information of concern received by the Chief Inspector
- to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is St. Mary's Nursing Home Ltd, the directors of the company had recently changed and a new registered provider representative had been nominated. The new management team had recently met and regular governance team meetings were scheduled.

There was a full-time person in charge who was supported in her role by the director of operations, clinical nurse manager (CNM) and the company's compliance officer. The director of operations deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

This centre had a good history of compliance with the regulations. Issues identified at the last inspection dated April 2019 had been addressed.

The inspector acknowledged that residents and staff living and working in the centre has been through a challenging time. There had been an outbreak of COVID-19 in the centre during January 2021 when two residents and six staff had tested positive

for COVID-19. At the time of this inspection, all residents and staff had recovered. All residents and staff had completed their required period of isolation and the outbreak had been officially declared over by Public Health in February 2021. Testing of staff for COVID-19 continued to take place fortnightly. While the majority of staff and residents had received their COVID-19 vaccinations with only one resident waiting to receive their vaccine, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gárda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed all mandatory training.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision. The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements.

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

Issues of concern which had been brought to the attention of the Chief Inspector were reviewed as part of this inspection and were not substantiated on the day.

## Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. There were normally three nurses and 12 care staff on duty during the morning time, three nurses and eight care staff during the afternoon, two nurses and five care staff in the evening and two nurses and two care staff on duty at night time. The staffing compliment included laundry, catering, activities coordinators and administration staff. The person in charge and director of operations worked full-time and were normally on duty during the weekdays. The inspector raised possible concerns with regard to the numbers of staff on duty in the evening and at night



time. The person in charge confirmed that staffing levels will be kept under constant review having regards to the needs of residents to ensure appropriate and suitable staffing levels are provided.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed all mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. All nursing staff had completed medicines management training. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

### Regulation 21: Records

The staff roster did not identify the nurse in charge on each shift at weekends and at night time. This posed a risk in the event of fire or other emergency as all staff might not be aware of who was in charge.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. The management team met regularly to discuss and review key performance indicators including staff training, the results of audits, infection control, falls, medication errors, nutrition, menus, safeguarding and wounds. An annual review on the quality and safety of care had been completed for 2020 and had identified areas for improvement for 2021. Regular audits and analysis were carried out in areas such as infection prevention and control, hand hygiene, staff training, privacy and dignity, safeguarding, patient handling, falls, call bells and wounds. Committees made up of staff from all departments had been set up

specifically to review infection control, nutrition and falls prevention. Areas for improvement identified had been acted upon. There had been a review and analysis on the effectiveness of on-line training in relation to hand hygiene and donning and doffing of personal protective equipment (PPE). This review identified improvement of learning and knowledge following practical demonstrations.

There was evidence of on-going communication and consultation with residents and families. A dedicated email had been set up support communication with families during the pandemic. A monthly newsletter was produced and circulated to families. Updates in relation to visiting arrangements had been communicated to all families.

Further oversight is required in relation to care planning documentation, the management and documentation of fire drills and to reviewing the communal day and outdoor spaces available for residents use.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required updating to reflect recent changes to management personnel.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required had been submitted.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the

Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

## Quality and safety

The inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. 'Key to me' life stories were in place for residents which outlined their individual preferences and interests. There was a range of activities taking place on both floors including regular visits from musicians and singers.

Residents' religious rights continued to be facilitated during the pandemic. A local priest visited and celebrated mass each day. Residents were also facilitated to view religious ceremonies on the television, listen to local church services on the local radio station and receive Holy Communion. Residents continued to recite the rosary each evening.

Infection control practices were of a good standard. The premises and equipment used by residents appeared visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Nursing documentation reviewed, indicated that residents needs had been regularly assessed using validated tools. While care plans were in place and regularly evaluated and updated, they did not always provide clear guidance on the care needs of the resident. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always reflected in the nursing documentation. The care plans did not always the reflect the

the care described and given. This is discussed further under Regulation 5: Individual assessment and care plan.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. While fire drills had been completed, further improvements were required to ensuring that records of fire drills undertaken provided assurances that residents could be evacuated safely and in a timely manner. This is discussed further under Regulation 28: Fire Precautions.

The building was two storey in design, with accommodation for residents provided on both floors. There was a lift provided between floors which allowed residents to independently access each floor. Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre.

Bedroom accommodation was provided in 60 single and one twin bedroom. All bedrooms had en suite toilet and shower facilities. There was a variety of communal day spaces including day rooms and dining rooms on each floor. However, there had been a reduction in the amount of day space available to residents and some day spaces were observed to be overcrowded. This is discussed further under Regulation 17: Premises.

## Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were facilitated seven days a week.

Visits were being facilitated in the specifically designed visiting area and residents had the choice to receive visitors in their bedroom if they wished.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

## Regulation 17: Premises

The communal day rooms and outdoor spaces available for residents use required review to ensure that they were in line with that described in the statement of purpose.

In order to facilitate a separate team of staff for each floor, one of the ground floor communal day rooms had been converted for use as a staff facility. This had resulted in a reduction in the amount of day space available to residents.

There were four day rooms located on the first floor, however, at the time of inspection ten residents were seated in one room which was seen to be overcrowded.

The first floor balcony areas were not inviting, lacked suitable furniture and there were no plants or flowers provided to create an interesting environment or sensory stimulation for residents.

Judgment: Substantially compliant

### Regulation 26: Risk management

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The personal emergency evacuation plans for residents were found to be informative and up-to-date. There was a risk register in place and systems in place for the regular review and updating of same. The management team had developed a COVID-19 contingency plan to assist them in the preparing for and managing of an outbreak.

Judgment: Compliant

### Regulation 27: Infection control

On the day of inspection, infection control practices were observed to be a good standard

- the premises and equipment used by residents appeared visibly clean.
- there was a dedicated cleaning team employed.
- there were ample supplies of personal protective equipment (PPE) available.
- staff had access to PPE and there was up to date guidance on it's use.
- staff had completed training in infection prevention and control and hand hygiene.
- staff were observed to be wearing surgical face masks as per the relevant

guidance.

- staff had access to clinical hand wash basins and alcohol gel dispensers were available and observed in use throughout the building
- systems were in place to monitor and oversee cleaning, environmental hygiene and hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

Improvements were required to fire drill documentation to provide assurances that residents could be evacuated safely and in a timely manner. Records reviewed of the last three fire drills which took place in March 2021 were inconsistent and some lacked information and details. Some did not provide information regarding the number of residents evacuated from the fire compartment and the number of staff involved in the evacuation. There was no recent records of a night time scenario which involved the evacuation of the largest compartments(six residents) using night time staff levels. All staff members had not been involved in a simulated evacuation of a compartment.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

While care plans were documented on admission and evaluated regularly, the current care needs of the residents were not always clear. This posed a risk to residents.

- Care plans were not always informative and person centered.
- Care plans were not always clear, for example, it was difficult to locate and view the up-to-date care needs of residents.
- Some care plans had not been updated to reflect the recommendations of allied health professionals .
- Some manual handling charts were not accurate and others unclear.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met

and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics and physiotherapy. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition needs were met. The four week rolling menu had recently been reviewed by the dietitian and suggestions had been acted upon. There were no residents with pressure ulcers. Residents at risk of impaired skin integrity had specialised pressure relieving equipment in place and a nutritional care plan as recommended by a dietitian or GP.

Judgment: Compliant

### Regulation 8: Protection

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

The provider did not act as pension agent for residents. The inspector was satisfied that small amounts of money that were kept for safekeeping on behalf of some residents was managed appropriately. There were individual balance sheets maintained, with two signatories for all transactions. The accounts were audited by the accounts manager.

Staff continued to promote a restraint free environment. There were 11 residents using bed rails at the time of inspection, many at the residents own request. Risk assessments, care plans, resident consent and safety checks in line with national policy were documented in all cases.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health

Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. All residents were accommodated in single bedrooms with shower and toilet en suite.

There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. New televisions had recently been provided to all residents bedrooms and large smart televisions had been provided to the communal areas.

The centre published a monthly newsletter which was available to residents and family members. The newsletter was a colourful production, the most recent newsletter showed residents enjoying and celebrating St. Patricks day, Easter, enjoying icecream in the sunshine and attending a staff retirement party.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Residents could partake in a variety of activities which took place on both floors. Local musicians visited and entertained residents on a weekly basis. Details of access to advocacy services were displayed for residents.

Residents' religious rights continued to be facilitated during the pandemic. A local priest celebrated mass each day in the centre. Residents were supported to recite the rosary each evening.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Mary's Residential Care Centre OSV-0000726

Inspection ID: MON-0032808

Date of inspection: 04/05/2021

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The duty roster now clearly identifies the nurse in charge on each shift.</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>Our care plans are currently under review to reflect the most recent assessments that describe in an easy and accessible way the needs of the resident, their views, preferences and choices, the resources available and the actions required by members of the Care Team to meet those needs.</p> <p>The night time simulated fire drill carried out in December 2020 has been reviewed. Subsequent to that review the fire drill documentation has been updated. Fire drills have been carried out with the objective of assessing the evacuation of the largest compartment containing six residents and using night time staffing levels in the simulated evacuation.</p> <p>Another room is available on the first floor for use by the Residents if they wish to have some quiet time alone away from their bedrooms and this room may also be used by the Residents to receive visitors.</p> <p>The communal space is being reviewed as the restrictions from the pandemic are further eased and staff can return to their usual staff facility. This will ensure that the communal space available to the Residents is maximized and suitable to the Residents' needs.</p>	

<p>The improvements to the outdoor space on the Balcony has commenced with the addition of garden ornaments, wall painting, plants, outdoor furniture and purpose built raised beds to enable the Residents to participate in the planting of flowers, vegetables and herbs. This has created an attractive and interesting outdoor area. These improvements have been discussed with the Residents.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated with the correct staffing levels.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Another room is available on the first floor for use by the Residents if they wish to have some quiet time alone away from their bedrooms and this room may also be used by the Residents to receive visitors.</p> <p>The communal space is being reviewed as the restrictions from the pandemic are further eased and staff can return to their usual staff facility. This will ensure that the communal space available to the Residents is maximized and suitable to the Residents' needs.</p> <p>The improvements to the outdoor space on the Balcony has commenced with the addition of garden ornaments, wall painting, plants, outdoor furniture and purpose built raised beds to enable the Residents to participate in the planting of flowers, vegetables and herbs. This has created an attractive and interesting outdoor area. These improvements have been discussed with the Residents.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The night time simulated fire drill carried out in December 2020 has been reviewed.</p>	

Subsequent to that review the fire drill documentation has been updated. Fire drills have been carried out with the objective of assessing the evacuation of the largest compartment containing six residents and using night time staffing levels in the simulated evacuation.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Our care plans are currently under review to reflect the most recent assessments that describe in an easy and accessible way the needs of the resident, their views, preferences and choices, the resources available and the actions required by members of the Care Team to meet those needs.

## 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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/06/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	04/05/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/06/2021

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	20/05/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant		02/06/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	30/06/2021

	that resident's family.			
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