



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Old Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	19 April 2021
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0031659

About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. Each unit accommodates 24 residents in 20 single and two twin bedrooms. All residents' bedrooms have en-suite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing care to 48 male and female residents with assessed maximum, high, medium and low dependency needs. The service strives to provide care to residents and their families in a respectful, caring manner. The provider aims to deliver a high quality standard of care, both physical and psychological using a person centred approach. The designated centre's stated philosophy and motto is to 'add life to years when you cannot add years to life'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Monday 19 April 2021	09:30hrs to 16:30hrs	Naomi Lyng	Lead

What residents told us and what inspectors observed

The inspector spent time on both units in the centre on the day of inspection and communicated with approximately one third of the residents living there. The inspector observed that approximately 80% of the residents living in the centre had a cognitive impairment and therefore found that it was difficult for some residents to share their experience of living in the centre. However, the inspector observed that residents appeared happy and comfortable as they went about their daily lives, and were observed to be supported to live as independently as possible. The general feedback from those residents who did speak with the inspector on the day was that Cluain Lir Community Nursing Unit was a good centre, and residents felt safe and supported while living there.

Some residents openly shared their experiences of living in the centre during the COVID-19 pandemic with the inspector, and the general feeling shared was that it had been a difficult and lonely time for all. Many residents reported missing their families and the engagement with their local community, with one resident reporting that he felt "shut off from the world." Some residents reported greatly missing local services such as the day care centre which had been temporarily closed due to the COVID-19 restrictions. This communication mirrored the comments reported in the residents' questionnaires completed in October and November 2020, where residents stated "I miss visits", "some days I feel so lonely" and "I miss my family terribly."

Visiting restrictions were observed to be in line with national public health guidelines, and residents were supported to receive scheduled visitors in a safe and appropriate manner. Compassionate visits were observed to be facilitated on an individual basis, and window visits were facilitated when this preference was indicated. The inspector was assured from records maintained in the centre that all visitors to the centre were appropriately screened for the COVID-19 virus and informed on the infection control (IPC) precautions in place. In addition, the inspector observed that a number of residents' care plans had been updated to reflect the measures in place for residents to maintain communication with families during visiting restrictions, including the use of video call services.

Residents were observed to have good access to activities relevant to their interests and capabilities, and a weekly activity schedule was displayed on both units. Activity staff were observed facilitating residents to engage in activities in a meaningful way, and residents appeared to be enjoying taking part in group exercises and role-playing games on the day of inspection. On another unit, residents were observed watching homemade videos of previous events held in the centre and chatting with staff about different memories and stories they had from those events. One resident reported greatly enjoying the sing-a-long sessions in the centre and told the inspector that a musical instrument was often made available for residents' use. Another resident reported that they greatly looked forward to the daily activities and that they helped "break up the day." The positive feedback from residents on the

day of inspection reflected the findings from the activity audit which was carried out in February 2020. The inspector found that staff spoken with were knowledgeable of residents' interests and preferred activities, and were observed facilitating meaningful social engagement with residents with communication difficulties throughout the inspection.

Residents were encouraged to share their experiences and opinions on how the centre was run through the facilitation of regular "resident action groups", questionnaire surveys and audits. There was evidence of 1:1 consultation with residents in relation to services delivered in the centre and, where required, action plans were observed to be initiated based on the findings of the audits and questionnaires. However, it was not clear how those residents living with dementia and those residents who were unable to communicate verbally were involved in these surveys and audits. Due to the communication barriers experienced by many of the residents, the inspector found that the centre would also benefit from consultation with residents' families and advocates to ensure all residents were effectively represented in how services were delivered in the centre.

The layout and design of the premises promoted a good quality of life for residents. The inspector observed that both units had access to a number of communal seating areas and a dining room facility. The inspector observed that residents had access to an outside area for fresh air via two secure courtyard gardens on the groundfloor and a balcony area on the first floor. Communal areas were pleasantly decorated, and there were cupboards displaying books, games and photographs of residents. Staff reported that the courtyard area had been used to host an outdoor concert attended by a famous local musician during the COVID-19 restrictions, and that the experience had given "a great boost" to both residents and staff.

All residents' bedrooms were observed to have an ensuite facility, promoting the maintenance of residents' privacy and dignity. Residents who spoke with the inspector reported that they were happy with their bedrooms and found them to be comfortable and sufficient for their needs. Bedrooms were observed to be kept in a clean and tidy manner, and were personalised with residents' belongings and photographs. Residents had access to sufficient secure storage for their personal possessions, and each bedroom had a television and seating available for residents who preferred to spend time privately in their own room. The inspector learned that twin bedrooms in the centre had been reduced to single occupancy following the initial COVID-19 outbreak that had occurred in the centre in 2020, and that a number of bedrooms had been kept unoccupied in the event that a cohorting area for confirmed COVID-19 residents was required.

Residents were complimentary of staff, and the inspector observed a number of positive interactions between staff and residents. Staff were observed knocking on doors and addressing residents in a polite, friendly and respectful manner. One resident showed the inspector their mobility aid and described how staff had helped them to decorate it so that they could easily locate it when needed.

The inspector observed a meal-time in one of the units and found that it was a relaxed, pleasant experience and that the atmosphere was unhurried. Residents

were assisted with their meals as required by staff in a respectful and discreet manner, and residents were observed chatting comfortably with staff members and other residents despite the socially distanced seating arrangements. Most residents that communicated with the inspector were satisfied with the quality of food provided in the centre. One resident reported that they did not enjoy the choice of food offered on the centre's menu, however the inspector was assured that staff were aware of the resident's identified preferences and that these were made available when requested by the resident. From a review of records maintained in the centre, the inspector observed that where residents reported dissatisfaction with the food offered in the centre, a 1:1 consultation was completed with the resident to identify improvements and suggestions in relation to the provision of meals.

Residents communicated with on inspection reported that they had no complaints or concerns in relation to the centre, and felt comfortable raising complaints with staff if required. The inspector observed that residents appeared well turned out and happy as they moved around the centre, and there was a pleasant atmosphere on both units. Staff were proactive in ensuring that residents were comfortable, and were observed using non-verbal methods of communications where required.

In summary, this was a good centre and residents were observed to be supported to live a meaningful and engaged quality of life. Areas that were identified as requiring further improvement are discussed further under the following two sections of this report.

Capacity and capability

This was an unannounced risk inspection to assess the designated centre's preparedness and management of a COVID-19 outbreak, and took place over one day.

The centre had experienced a significant COVID-19 outbreak in April 2020 where 13 residents and 13 staff were confirmed COVID-19 positive. Sadly, one resident passed away during this time. The centre had arranged for a post outbreak review to be completed in conjunction with an external facilitator, and identified key learning points and actions required. The inspector observed that the management team had put appropriate measures in place to address the findings. For example, the centre had reduced the occupancy of all twin bedrooms in the centre to single occupancy to ensure that residents could self-isolate in their own bedroom safely and comfortably in the event that they were identified as a close contact or were suspected of having contracted COVID-19. The centre was also running on reduced occupancy to ensure that an area was available for the cohorting of confirmed COVID-19 residents if required. Overall, the centre demonstrated compliance with national public health guidance, *"Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities."*

The Health Service Executive (HSE) is the registered provider for Cluain Lir Community Nursing Unit. The inspector found that there was a clear governance and management structure in place with clear lines of authority and accountability. There was a nominated provider representative who attended the centre on the day of inspection. The person in charge (PIC) worked full-time in the centre and was supported in her role by an assistant director of nursing (ADON) and two clinical nurse managers (CNM2s).

The provider and PIC demonstrated responsiveness to findings on the previous inspection in September 2019, and all areas of substantial compliance were found to be addressed satisfactorily on this inspection. However, this inspection identified that infection control (IPC), staff training, care planning and the oversight and management of risk in the centre required improvement to ensure a safe and effective delivery of care to residents.

The provider had ensured that there were adequate resources, including facilities and equipment, allocated to the delivery of care in accordance with the centre's statement of purpose. The inspector observed from the staff available on the day of inspection and a review of actual worked and planned rosters, that the number and skill mix of staff available was appropriate to meet the needs of residents. Where staff vacancies existed, the inspector observed evidence of responsive recruitment of new staff, including two staff nurses and a clinical nurse manager (CNM1). The provider had also put in place contingency arrangements for staff on long-term sick leave, and agency staff were used proactively to cover any gaps in staffing where required.

The inspector reviewed a sample of staff files and found that these contained the required Schedule 2 information. There was evidence that all staff had received appropriate Garda (police) vetting clearance prior to engaging in employment in the centre, and there were records of completed staff induction and performance appraisals available.

There were systems in place which ensured that continuous monitoring and auditing of quality care metrics was carried out on a regular basis, including care planning, falls risk, pressure ulcers, restraint use and medication management. These systems identified quality improvement plans and included dissemination of learning to staff. However, the inspector found that a number of areas identified by management as requiring improvement had not yet been addressed at the time of inspection.

There were arrangements in place for residents' consultation and participation in the organisation of the centre, including satisfaction surveys, questionnaires and resident action group meetings. Appropriate complaints procedures were in place, and the inspector observed that the investigation outcomes, satisfaction of the complainant and the learning implemented to improve the quality of care and services for residents was documented. There had been no unsolicited information or concerns received by the inspectorate in relation to this centre since 2018.

In summary, this was a well-managed centre with systems in place to support the safe and effective delivery of care to the residents living there. The provider and

person in charge demonstrated capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The areas identified on this inspection as requiring further improvement are discussed later in the report under the relevant regulations.

Regulation 15: Staffing

There was an adequate number and skill mix of staff available having regard to the needs of the residents and the size and layout of the centre. This included dedicated activity staff to ensure residents had opportunities to participate in meaningful activities in accordance with their interests and capacities, and at least one housekeeping staff rostered on each unit from 8:30am - 7pm daily.

The PIC ensured that there was at least two registered nurses in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector observed that, in the main, staff had good access to relevant training and were supervised appropriately.

However, the inspector observed that there were some gaps in the training records reviewed on inspection. For example, some staff were observed to have not completed updated training in fire safety and managing behaviours that challenge in line with the centre's own policies and procedures. While the PIC informed the inspector that training provided by external providers had been postponed due to COVID-19 restrictions, the inspector was not assured that alternative interim arrangements, such as online training, had been made available for staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with specified roles and detailed responsibilities for all areas of care provision.

However, the management systems in place required improvement to ensure that

effective arrangements were in place to manage all risks in the centre and protect residents from the risk of harm. For example, the inspector observed a number of risks on the day of inspection which had not been addressed adequately by the provider, including:

- a sluice facility on one unit was not secure
- there was limited and obstructed access to one narrow window in the laundry room which was observed to be pushed open and closed by staff from the outside of the building without the use of the security handle. This work around did not ensure that the window could be closed securely when the laundry was not in use and as such presented both a fire risk and a security risk.

There was an annual review of the quality and safety of care delivered to residents in the designated centre in 2020. While this included evidence of resident consultation through a questionnaire survey and feedback at resident committee meetings, it did not show evidence of consultation with residents' families as required by the regulation. This was a significant omission in the quality assurance process as there were a number of residents living in the centre who were unable to verbalise their experiences and views about the care and services provided for them.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found that these met regulatory requirements. Contracts were observed to be signed on admission by residents or their nominated representative, and included a record of the room number and occupancy of the bedroom in which the resident would live.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints on the day of inspection. The inspector reviewed the complaints records and observed that they included details of the investigation undertaken by the nominated complaints officer, the outcome of the complaint, whether or not the complainant was satisfied, and the measures taken by the centre to make improvements in response to the complaints made.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented the policies and procedures set out in Schedule 5, and these had all been updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents were observed to enjoy a good quality of life in this centre, and there were arrangements in place to ensure residents' health and social care needs were being met.

The provider had been responsive to the findings on the previous inspection, and the inspector observed that residents were now being facilitated to engage in meaningful activities by dedicated activity staff. Overall, this inspection found good levels of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). However, some improvements were required in relation to infection control (IPC) processes and care planning for residents, and this is discussed further under the relevant regulations.

The inspector observed that residents' health care needs were supported by ongoing on-site access to the designated medical officer, who attended the centre three times a week. There was good access to allied health professionals on a referral basis including physiotherapy, speech and language therapy, audiology, dietician and tissue viability nursing. A designated occupational therapist visited the centre three times a week and completed activity assessments, seating assessments and rehab with residents where required. In addition, a podiatrist attended the centre every three months. The centre had good links with pharmacy services and residents had access to psychiatry of later life and community geriatrician services by referral through the general practitioner (GP).

The inspector reviewed a sample of residents' care plans and found that each resident had a care plan in place. However, the standard of care planning was not consistent across one of the units. For example, the inspector observed that some care plans were comprehensive, detailed, showed evidence of resident consultation and were informed by multidisciplinary team input and assessment. These care plans were observed to be used by staff to provide person-centred care and support to residents. However, the inspector found that a small number of care plans had

not been reviewed within the required timeframe set out by the regulations. This is discussed further under Regulation 5: Individual Assessment and Care Plan.

The centre was observed to be slowly reducing the use of restraints in the centre in line with national guidance, "*Towards a restraint free environment*," and nine residents were observed to be using bed rails on the day of inspection. Of the sample of restraint risk assessments and care plans reviewed, the inspector found that these had been updated as required, and showed evidence of consultation with the resident, an occupational therapist and the GP. The records showed evidence that alternative less restrictive restraints were trialled, and that resources such as low low beds were made available to residents. Staff spoken with were knowledgeable on the different forms of restraint, and demonstrated awareness of the control measures in place to reduce the risk of restraint use in the centre.

The inspector observed the emphasis placed on fire safety in the centre, and there was good evidence of monthly fire evacuation drills being completed in the centre. These records included simulation of night-duty scenarios where reduced staffing was available. These were timed and analysed by the fire safety officer, and identified recommendations and learning was communicated to staff. The provider reported that there were planned works to reduce the occupancy of a fire compartment containing nine residents by the installation of additional fire doors, and provided evidence following inspection that this work had been delayed due to the difficulty in sourcing the required materials from overseas.

Regulation 26: Risk management

There was a risk management policy in place and it contained hazard identification in the centre, assessment of risks, and the measures and actions in place to control the risks including abuse, the unexplained absence of a resident, accidental injury to residents, aggression and violence. From a review of incident records, the inspector was assured that there was effective identification, recording, investigation and learning from serious incidents and adverse events in the centre.

Judgment: Compliant

Regulation 27: Infection control

The centre had infection prevention and control (IPC) processes and procedures in place, links with specialist IPC nursing and governance arrangements within the housekeeping team. Housekeeping staff communicated with on inspection were knowledgeable of their role and responsibilities, and demonstrated good awareness of the updated national COVID-19 guidance. The inspector observed that staff were compliant with appropriate personal protective equipment (PPE) measures and

demonstrated good hand hygiene practice.

While the centre appeared visibly clean, the inspector observed a number of areas which required review to ensure that residents were protected from the risk of cross contamination and viral transmission. This included:

- Washing machines and clinical equipment being stored in a sluice facility
- Inappropriate storage of hoist slings
- A housekeeping room was not compliant with IPC standards, as it was found to contain a macerator, which is more appropriately placed in a dirty sluice facility
- The housekeeping room identified in the bullet point above also did not contain an appropriate hand washing facility
- An accessible appropriate pedal operated bin was not available in one utility area
- Damaged wall surfaces in some areas of the centre did not facilitate effective cleaning procedures
- Communal hygiene products were observed to be stored in an open shelf unit in a communal bathroom
- A communal bathroom was being used to store residents' equipment
- The centre would benefit from the use of a cleaning tag system. For example, it was unclear in one utility area what resident equipment had been cleaned and disinfected and what equipment still required sanitisation.

The provider provided further information following the inspection in relation to planned works for the reconfiguration of utility areas (housekeeping rooms and the sluice facilities) to ensure that these would meet IPC standards, and there was evidence that this work had been delayed due to issues with the procurement of required supplies from overseas.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans in the centre and observed that residents received a comprehensive assessment of their health, social and personal care needs on admission to the designated centre. This assessment was observed to inform the care plans prepared in consultation with the residents, and was observed to be completed within 48 hours of the residents' admission to the centre.

From a review of the records available, the inspector found that a number of care plans had not been formally reviewed or updated every four months in 2020, as required by the regulations. As a result, some care plans were not up to date and did not reflect the resident's current needs. For example, the inspector observed

that the COVID-19 care plans in place for some residents were generic and did not reflect the individual residents' needs or wishes. The inspector was assured that this had been identified by the PIC and a review of all residents' care plans was taking place. However, this had not yet been completed at the time of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were observed to have access to appropriate medical and allied health care. While there was a designated medical officer working in the centre, the inspector was assured that residents had the option of retaining their own general practitioner (GP) of choice where possible on admission.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that appropriate facilities for occupation and recreation were made available for residents, and that opportunities for residents to participate in meaningful activities were facilitated by appropriately experienced activity staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0031659

Date of inspection: 19/04/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff have been scheduled for fire training. • A training programme in managing responsive behaviours has been arranged for all staff. • The Centre will provide all other Statutory/mandatory training as required this year. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • All chemicals will kept secured in locked presses in the dirty utility (sluice) room to allow unobstructed access to this area by staff carrying contaminated products in line with IPC guidance. • Estates/Maintenance department will provide a system to ensure that the window in the laundry can be opened & closed by staff in a secure manner. • Evidence of consultation with the residents' family has been gathered since inspection and will be included in the annual review going forward. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A separate laundry room has been provided. • The housekeeping and sluice room containing the macerator have been segregated into two rooms. • The janitorial unit in the housekeeping room above will be provided with upgraded taps to comply with IPC standards. • Appropriate bins have been provided in each area. • Damaged wall surfaces will be repaired by Maintenance and repaired surfaces painted to allow for effective cleaning. • Resident equipment/personal hygiene products will be stored appropriately to ensure compliance with IPC standards. • Cleaning tags are available for use by staff to comply with IPC standards. Their use will be re-enforced at staff team meetings to ensure adherence to cleaning procedures. 	
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:</p> <ul style="list-style-type: none"> • An audit of care plans has been undertaken to ensure they have been reviewed as required to meet the changing needs of residents and at a minimum intervals not exceeding 4 months. • A review of resident's "Covid" care plans will be completed to ensure they are individualized to meet resident's 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/07/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	05/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	16/07/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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 that resident's family.	Substantially Compliant	Yellow	16/07/2021