



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

Issued by the Chief Inspector

Name of designated centre:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0034397

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
Wednesday 29 June 2022	08:30hrs to 18:00hrs	Sinead Lynch	Lead
Wednesday 29 June 2022	08:30hrs to 18:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

The inspectors met a number of residents and spoke with residents who were willing and able to converse. Residents stated they were very happy with the centre, they felt they were being looked after very well. One resident with said 'they enjoyed the last three years they had been in the centre, the food was good and the staff were kind and gentle towards them'. Inspectors also observed residents who had impaired communication and/or were living with dementia and found that they appeared content and well-cared for in the centre.

Visitors were also spoken with and were very positive about the centre. One visitor explained that 'they phone them when there are any issues or updates and that they were very happy with the care.

Inspectors observed that some, but not all of the residents' bedrooms were personalised with possessions that were meaningful to the the resident. Adequate storage was available with a lockable drawer or press for safe keeping of items.

Staff were observed to be kind, patient and positive in their approach with residents. Residents appeared relaxed and comfortable with the staff and were noted to have called them by their first names. Calls bells were answered in a timely manner and residents spoken with also confirmed that there were never any delays in the bells being answered by staff.

Residents told inspectors that if they had any concerns they could go to any of the staff and felt comfortable to do so at any time.

While the lived experience of the residents was overall positive, there were many areas that required strengthened oversight by the registered provider to ensure the quality and safety of residents was promoted at all times. The inspectors observed numerous areas, including resident's bedrooms and bathrooms where premises were in a poor state of repair or maintenance. There were insufficient number of showers available to meet residents' needs and on the day of the inspection, one of the three communal showers was observed to be not fit for purpose, and the provider took it out of service. There were several areas of risks found on the day, including gaps in staff knowledge and training, health and safety risks, fire safety in addition to environmental hazards and as a result the inspectors issued the provider with a number of immediate action plans on the day of the inspection, which are further detailed in the report.

When inspectors did a full walkabout of the premises with the person in charge, they saw numerous examples of how residents' quality of life was impacted by the overall lack of cleanliness in the centre which is detailed further under regulation 27; Infection prevention and control in this report. There were adequate numbers of cleaning staff rostered on the day but the over-sight of cleaning in the centre needed stronger governance to ensure the centre was adequately cleaned and well

maintained. Training was made available for staff, however, one staff member was found to be working in the centre since December and had completed no training.

Residents were overall supported to have a good quality of life. On the day of the inspection there was live music in the main sitting rooms and residents could be seen enjoying the music and some dancing with staff and families. Other residents were seen to enjoy gardening or reading their daily newspapers.

There was mass in the centre on a Thursday, a visiting hair dresser weekly and the voting mobile unit visited at election times.

The provider had an external advocacy service in place and records viewed on the day of the inspection showed that some residents had linked with this service for many different reasons. The complaints process was displayed around the centre but there were no open complaints on the day of the inspection.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section

Capacity and capability

Overall, inspectors found a number of immediate risks on the day which had not been identified by the registered provider, and as a result the inspectors were not assured that this was a well-governed centre. While there were systems and structures in place for overseeing the service, these systems were not effective and in the absence of a proactive maintenance plan inspectors found that the designated centre was not appropriately resourced. The current management system in the centre were not sufficiently robust to ensure they identified areas for improvement, specifically in respect of premises, supervision of staff, training and staff development, governance and management and infection control. Inspectors acknowledged that the registered provider had recently purchased the designated centre in 2020 and had an improvement plan in place which had been tempered by the pandemic, COVID 19 outbreaks in the centre and staff turnover. Nevertheless, significant action and focus was now required to achieve regulatory compliance in order to continue to provide a safe and high quality service.

The provider had made an application to renew the registration of the designated centre. This was not submitted within the required timeframe as per Health Act (2007). The information submitted with the application required review as the floor plans and the statement of purpose did not reflect the centre as seen on the day of inspection.

The centre is owned and operated by Dunmurry West Care Homes Limited. There is

a person in charge in the centre who works full time. They are supported in their role by a clinical nurse manager. The person in charge reports to the provider and a quality and safety manager provides support and guidance. Minutes of meetings attended by the management team were viewed on the day of the inspection and the work plan around refurbishment requirements in the centre was regularly discussed, however there were delays in the implementation of required improvements. The person in charge had only started in the centre very recently and had started to make some improvements in the clinical care. Residents spoke very highly of the person in charge and throughout the inspection, the person in charge was observed to be very familiar with the residents and visitors.

The registered provider had audit and monitoring systems in place to oversee the service, including environmental walk-arounds. However, the audit system was not effective as it had failed to identify areas for improvement in respect of infection prevention and control practices in the centre and other maintenance and health and safety issues as found by the inspectors on the day. Audits had assessed the cleanliness and hygiene standards of various location in the centre, including bathrooms and bedrooms. These audits showed high scores of compliance which was not reflected in what inspectors observed on the day.

A number of risks were identified during the inspection and an immediate action plan was issued to the registered provider in respect of;

- mould found in a resident's bedroom posing a risk to health
- hatch to the attic space opened which posed a fire safety risk
- Fire door to bedroom held open with a chair, posing a fire safety risk
- communal bathroom door unable to close which impacted residents' privacy
- damaged electrical sockets which posed a fire safety risk
- staff training and knowledge in infection prevention and control

Inspectors acknowledged that prompt action was taken by the provider on the day and further assurances were provided after the inspection regarding staff training, as gaps were identified during the inspection. Improved oversight of staff knowledge in infection prevention and control and staff practices was required. Despite a comprehensive training schedule for staff and appraisal system as seen by inspectors, the oversight of training and staff knowledge and practice was not of an appropriate standard. Specifically, in respect of household staff knowledge and competence, inspectors found that not all staff had received appropriate training and supervision to enable them to carry out their duty in a safe manner.

Inspectors found that additional resources were required to ensure effective oversight. There was no receptionist or person allocated to attend to visitors who arrived in the centre. This task, which included COVID-19 assessment and checks for visitors was completed by nursing staff, which in effect meant that they were removed from supervision or providing direct resident care. This was significant

especially at the weekends when there was no other management present on site or available at the front reception area. The provider was informed of the inspectors' concerns on the day of the inspection.

The person in charge had notified the Chief Inspector of any accidents or incidents that had occurred in the centre and they had robust plans in place to prevent such incidents reoccurring.

Complaints were well managed in the centre, and there was no open complaints in the centre on the day of the inspection. The complaints procedure was displayed in a prominent place in the centre and the process was available to guide the complaint management system.

There was an annual review of the quality and safe of the service delivered to resident, this involved residents being consulted and expressing their opinions.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider did not submit an application to renew the registration of the designated centre within the required time frame. The information submitted with the application in respect of floor plans and statement of purpose was required to be updated.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge met the requirements set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not have the number and skill mix of staff appropriate to the needs of the residents assessed needs and also the layout of the centre, for example;

-There was only one registered nurse on night duty to deliver care to 42 residents, half of whom had high and maximum dependency needs. The centre was registered

for 47 beds and the inspectors were not assured that one nurse could provide safe and effective care for such a high number of residents with complex needs

-There was no receptionist or a person allocated to attend to visitors calling to the centre, this negatively impacted on resident care as the nurse on duty had to leave their residents to attend to the visitors

-The maintenance position remained vacant. While the provider had appointed a new person who was due to commence in the centre the following week, the findings on the day were that the absence of a proactive maintenance had significant impact on the quality and safety of the service.

Judgment: Substantially compliant

Regulation 16: Training and staff development

An immediate action plan was issued to the provider on the day of the inspection;

-One staff member who started in the centre in December 2021 had not completed any training. This staff member was removed from the centre on the day and assurances were received following the inspection that a comprehensive review of all staff training had been completed and further training dates were scheduled in the following days

-Staff supervision was not effective, specifically in respect of household and cleaning duties. There were numerous cleaning schedules in place that had been signed off as completed, such as cleaning of rooms or equipment. However, based on the observations on the day, the oversight of cleaning practices was poor.

Judgment: Not compliant

Regulation 21: Records

The registered provider had the required records in place as set out in schedule 2,3, and 4 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Despite management structures and lines of reporting in place, the governance and

management of the designated centre was not sufficiently robust as evidenced by the following:

-The centre was not adequately resourced; the oversight of premises, staffing, training and infection prevention and control practices was poor.

-Supervision of staff and practice at the weekends was not optimal. While the person in charge and clinical nurse manager worked in a supernumerary capacity on a Monday to Friday basis, there was no managerial oversight at the weekend. A nominated senior nurse that was tasked to oversee residents' care had also the responsibility for the management of the centre, including managing the administrative and visiting arrangements.

-There was poor oversight in the maintenance of the building including the logging and following up of issues that needed repair, the time delay in response to issues such as light bulbs not working, call bells requiring fixing.

-The provider had auditing systems in place but they had failed to identify issues that inspectors found on the day of the inspection, management of risk was not proactive and effective and immediate action plans were issued to the provider in this respect

-There was no environmental audits in place and the management team completing weekly walkabouts in the centre had failed to identify key areas of risk such as; mould, fire safety, unsafe flooring and that a shower was not in a functional order

-Weak governance around the supervision of household and cleaning

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of services available for inspectors to view. These were in line with the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had the centres statement of purpose in place which contained all the information required as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A log of accidents and incidents was made available to inspectors and all that was required were notified to the chief inspector within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which included an appeals procedure. The complaints procedure was displayed in a prominent place in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a copy of the required schedule 5 policies in place in the centre. There were reviewed within the required timeframe.

Judgment: Compliant

Quality and safety

Inspectors were assured that staff provided person-centred care and that the quality of the clinical care provided to residents was good, however the lack of proactive maintenance programme and the poor oversight of cleaning and infection prevention and control practices in the centre had a significant impact and posed a risk to the safety of the residents.

Staff in the centre appeared to be very committed to providing high quality care to their residents. Inspectors observed staff being kind and respectful to residents. Staff appeared to know the residents likes and dislikes and residents appeared familiar with the staff.

The centre provided good access to health care services to include a dietitian, speech and language therapist, tissue viability, dental, ophthalmology and a

chiroprapist. There was good access to the general practitioners (G.P's) for the residents and it was noted that when referrals were made by the GP's follow up was also clearly documented. Referrals to the psychiatry of older age were seen and when recommendations were made a care plan was developed by staff to inform care delivery.

There was robust nursing assessments completed for residents which formed part of the care plan process; residents' involvement in the care plan was observed by inspectors. One care plan indicated that a resident was to have a bath every 2nd day with Epson salts and luke-warm water, inspectors spoke with staff who were very aware of this process.

Although good care practices were seen on the day of the inspection there were poor practices in relation to the maintenance and cleaning of the centre. Dust was found on the hand rails and some areas of the centre were found to be of a poor standard of cleanliness. Areas in the centre were in need of maintenance such as floor covering in the en-suites and bathrooms and some worn and tarnished bed tables. The provider, on the day of the inspection showed the inspectors the plan of works for the centre, which had been costed, but there were no clear time frames for the completion of works in place. While there was a long-term plan in place, immediate risks in respect of premises had not been identified and mitigated by the provider.

The centre had completed a lot of work in relation to fire safety since the last inspection. Improvements were seen in the process around; fire drills, servicing of equipment, staff training and the reporting system for issues. Nevertheless, the oversight of fire safety was not adequate. Inspectors observed a bedroom door being kept open by a chair, despite being fitted with a self-closing device. The battery had run out but it had not been reported by staff in the maintenance book. This was addressed on the day.

Resident had access to independent advocacy and contact details and information was displayed around the centre. Residents spoken with said they felt safe in the centre.

The centre had multiple activities available in the centre. Some residents were seen doing gardening, attending the live music and reading the daily newspapers.

Regulation 11: Visits

Visiting in the centre was in line with the current guidelines. Visitors were seen sitting in the enclosed gardens and also in residents bedrooms.

Judgment: Compliant

Regulation 17: Premises

There were not a sufficient number of showers to meet the residents' assessed needs and having regards to residents' dependency levels. There were 27 residents to three communal showers which is not in line with *National Standards for Residential Care Settings for Older People in Ireland* (2016). Furthermore on the day of the inspection one of these three communal showers was found to be not fit for purpose and had to be taken out of use.

Although the centre was purpose built, work was required to bring it in line with schedule 6 of the Health Act;

- The centre was not in a good state of repair for example flooring was torn and walls were seen to have been damaged or stained and not repaired or repainted
- The centre was not found to be clean overall, for example hand rails were full of dust
- Emergency call facilities were not accessible in every residents' bedroom
- The floor covering in several areas including the bedroom en-suites or the entrance to the garden was not safe and posed a trip hazard
- Inadequate lighting and ventilation, for example; An over bed light that was reported more than a week previous had not been repaired, a light in a residents' bathroom was not working, poor ventilation and odours were present in a number of bathrooms in the centre
- There was not suitable supportive equipment available for some residents who required them
- Damaged electrical sockets were seen in residents' rooms and on the corridors
- The layout of the laundry facility did not support a one way system to ensure segregation of processes and prevent cross-contamination

Judgment: Not compliant

Regulation 27: Infection control

The procedures in the centre were not consistent with the standards for the prevention and control of healthcare associated infections;

- Environmental cleaning was not adequate; several areas were found to be visibly

unclean despite signed checklists that the rooms/areas had been cleaned. There was a high level of dust throughout the centre

-Equipment was visibly dirty; residents' wheelchairs were stained with food residues and crumbs, nebuliser masks and oxygen concentrators were unclean

-Multiple pieces of furniture and surfaces were observed to be damaged which did not allow for proper cleaning

-Hand washing sinks were not of appropriate specifications to support good hand hygiene practices; this included the clinical handwash basin at the nursing station

-Staff practices and knowledge was poor in respect of infection prevention and control; staff were observed wearing nail varnish and rings, which was against local policy and best practice

-There was inappropriate storage practices; items were observed stored on the floor which did not allow for effective cleaning

-Linen trolley were not covered which did not ensure safe transport practices. Inspectors were informed that new trolleys had been ordered

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire;

-Staff were not all trained and knowledgeable in fire prevention and emergency procedures, including evacuation procedures

-Some fire door self-closing devices to residents' bedrooms were not working and inspectors observed one fire door held open with a chair.

-Damaged electrical sockets were noted in several areas

-A hatch to the attic space was missing, which impacted the fire containment in the centre

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a comprehensive assessment and care plan developed for each resident.

These care plans were reviewed within the required time frames.
Judgment: Compliant
Regulation 6: Health care
The registered provider had provided appropriate medical and health care to meet the needs of the residents.
Judgment: Compliant
Regulation 8: Protection
The registered provider has taken all reasonable measures to protect residents from abuse. Staff were provided with training in relation to the detection and prevention of and responses to abuse. The registered provider did not act as a pension agent for any residents living in the centre.
Judgment: Compliant
Regulation 9: Residents' rights
<p>While residents living in the centre reported that they had a good quality of life and were consulted and supported to make choices, infrastructural and maintenance issues significantly impacted on residents' privacy and dignity.</p> <p>-The door to one of the three communal bathrooms in the centre was damaged by water and could not be closed. This meant that residents were required to have showers with the door ajar.</p> <p>-Residents accommodated in the Blue side of the building had to travel long distances to access a shower, which was located at the end of the corridor. This corridor was used as the travel route for other residents looking to access communal areas such as the dining room, reception and dayroom.</p>
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 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0034397

Date of inspection: 29/06/2022

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> • The registered provider submitted/posted the application to renew the registration on the 8th April 2022, the due date was the 10th April and the application arrived on the 11th April. • The Statement of Purpose and the floor plan has been updated and sent to HIQA. Complete 	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. A second staff nurse is going to be put on night duty. The Head of HR has been informed and is actively recruiting the nurses required to fill this shift Monday to Sunday. It will take approximately 3 months to recruit and have this post filled. Completion date 31/10/22. 2. A person each day has been allocated to attend to visitors calling to the nursing home. Complete. 3. The maintenance person has started. The maintenance is being managed proactively since their appointment. Complete. 	

Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Further training dates were put on in July and the start of August in Fire, Safeguarding, Infection Control and Manual Handling. Complete 2. All rostered staff have up to date training in Fire, Safeguarding, Infection Control and Manual Handling. The training matrix has been updated. Complete 3. To ensure there is no deficits in the future we have brought on a new training program that provides training and keeps a record of all staff training and highlights when staff are becoming due. 31st August 4. Improved Household supervision has been put in place. The Director of Nursing and CNM is overseeing household and cleaning. There is currently a daily environmental check being completed by the DON and/or CNM. Any issues are identified to the staff member immediately, corrected and then rechecked. Complete 5. There is a walk around check list being put in place and this will be completed by a member of the Group Management team on a weekly basis. – 19th August 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. A full review of the training matrix was completed and all rostered staff are now up to date with mandatory trainings. Complete 2. A review of governance and management was completed within the home. There is now Management cover on the weekend provided by the CNM and DON, this is reflected within the weekly roster. Complete 3. A new Maintenance person has been appointed to the home and has commenced working in the nursing home. Complete 4. New auditing tools have been sourced and now being used in the home. Complete 5. A full Environmental/IPC audit and R&M audit was completed in the home. Audits are Complete. Actions compiled and actions has commenced and time frames being schedule. 6. A contractor was engaged and has resolved the mould issue. Ongoing R&M audits will pick up any future issues. Complete 	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. A detailed repairs and maintenance audit was conducted identifying any issues with floors, walls, ceilings, electricals, etc. Complete. Actions compiled and actions has commenced and time frames being schedule – 31st August. Example of areas that have already been completed – bathroom completely refurbished, en-suite flooring refloored, ceilings painted.
2. Handrails was immediately cleaned and this is checked as part of our daily environmental walk around. Complete
3. All bedrooms have a call bell in place. A resident hourly check is in place. A large number of units have been sourced and will have them in house by the end of August. The service contractor has been organised to service the system. 31st August.
4. The floor covering in the sn-suites and garden entrance is being repaired. This will be complete by 30th September.
5. There has been a audit conducted of the lighting and of all the extractor fans. Complete. An action was prepared and repair work is being scheduled - 30th September.
6. At the time of inspection the comfort chair in question was on order. The chair arrived but wasn't suitable and a new chair has been ordered. The resident has been provided with alternative seating while awaiting new chair – 31st August.
7. The two electrical sockets were repaired immediately and a repairs and maintenance audit conducted. Completed
8. Laundry company has come in to rearrange the laundry equipment to ensure the home can be segregated into a dirty and clean area. Clear signage will then be put in place to guide segregation - 16th September
9. An area has been identified within the home to renovate and build a new shower room. This shower room will be located beside the dining room replacing an existing toilet and store. This shower room will contain a Shower, WC and WHB. This will be completed by 31st October 2022.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. A meeting was held with the household staff to discuss the findings. There is now a daily check Monday to Friday carried out by the DON and/or CNM of all areas that have been cleaned. There is also a weekly audit completed by the DON and/or CNM on all areas that have been cleaned. Complete and ongoing.
2. A deep clean was carried out on all wheelchairs and comfort chairs. There is now a scheduled cleaning audit of all mobility aids carried out. Nebuliser masks and Oxygen

concentrators are cleaned by the Nurse on a twice weekly basis and this is checked by the CNM/DON. Complete & ongoing.

3. Environmental audit was carried out by the Groups new Quality and Clinical Practice Lead. Complete.
4. New sinks have been installed to meet the standard criteria. Complete.
5. All rostered staff have completed IPC training again. The Groups new Quality and Clinical Practice Lead is providing hands on training to all staff - 31st August.
6. All items are now appropriately stored within the home. Complete
7. New Linen trolleys have been ordered and the home is awaiting delivery of same – 30th September.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The chair was removed from the fire door and the door magnet repaired. All staff have been instructed not to put anything in front of fire doors. This is part of the daily check completed by DON/CNM. Complete
2. The electrical sockets were replaced. Repairs and Maintenance audit completed.
3. The attic hatch was there put had been left open due to TV person putting in a new system. The was closed immediately. Complete.
4. All rostered staff have their fire training in place. Complete

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The communal bathroom has been completely refurbished. The door has been repaired and is now able to be closed providing the residents with privacy. Complete
2. An area has been identified within the home to renovate and build a new shower room. This will elevate residents travelling long distances to have a shower. 31st October.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	08/08/2022
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Substantially Compliant	Yellow	08/08/2022

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	31/10/2022

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	08/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	08/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	30/09/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	08/08/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	08/08/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points,	Substantially Compliant	Yellow	08/08/2022

	first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2022