



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

## Issued by the Chief Inspector

Name of designated centre:	Carechoice Montenotte
Name of provider:	Carechoice Montenotte Limited
Address of centre:	Middle Glanmire Road, Montenotte, Cork
Type of inspection:	Unannounced
Date of inspection:	06 May 2021
Centre ID:	OSV-0000253
Fieldwork ID:	MON-0032907

## About the designated centre

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

Carechoice Montenotte has been in operation as a designated centre since 2003 and is registered to accommodate 111 residents. There are four floors each named after a point in Cork Harbour which can be viewed from the centre - Camden, Carlisle, Currabinney and Roches Point. Each of the floors is a self contained unit provided with day rooms, kitchenette, dining room, staff areas, sluice rooms, assisted bathrooms and storage rooms, a treatment room and a nurse's office. The centre is serviced by stairs and a fully functioning lift between all floors. Resident accommodation is provided in 67 single en-suite bedrooms and 22 twin bedrooms. There is a large Oratory on the ground floor, a sitting room with internet access, a visitors canteen and on the third floor there is an activity room which are all available for residents and relatives use. There is a an outdoor seating area at the front of the centre and a secure garden area which enables residents to walk around an enclosed garden and enjoy safe walkways and seating.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care. Specific care needs covered include general nursing care, active elderly, frail elderly, dementia care, physical disabilities, intellectual disabilities, psychiatry of old age and general palliative care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs the services of physiotherapist, exercise therapist and occupational therapy in-house. Medical and other allied healthcare professionals provide ongoing healthcare for residents on a very regular basis.

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

Number of residents on the date of inspection:	94
--	----

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 6 May 2021	08:45hrs to 17:00hrs	John Greaney	Lead
Friday 7 May 2021	08:30hrs to 15:30hrs	John Greaney	Lead
Thursday 6 May 2021	08:45hrs to 17:00hrs	Abin Joseph	Support
Friday 7 May 2021	08:30hrs to 15:30hrs	Abin Joseph	Support

## What residents told us and what inspectors observed

The overall feedback from residents and from relatives is that this is a nice place to live. Residents commented that staff were kind and caring. The inspectors met with a number of residents throughout the two days of inspection and also spoke with a small number of visitors.

Inspectors arrived at the centre in the morning to conduct an unannounced risk inspection. Inspectors were guided through the infection prevention and control (IPC) measures necessary on entering the designated centre. These procedures were comprehensive and included the completion of a COVID-19 questionnaire, a signing in process, hand hygiene, face covering, and temperature checks. Inspectors were informed and later observed, staff attending fortnightly COVID-19 serial testing, on the first day of inspection.

Following an opening meeting with the person in charge (PIC), inspectors were accompanied on a tour of the premises by the assistant director of nursing (ADON). During this tour and throughout the two days of inspection, inspectors met and spoke with a number of residents in their bedrooms and in communal areas.

There is an outdoor seating area at the front of the centre. Inspectors observed residents receiving visitors in this area on both days of inspection. There is another outdoor area across the car park at the front of the centre. This area is landscaped and has footpaths and garden benches. Most residents can only access this area when accompanied by a member of staff due its location and the risk associated with crossing the car park. It was rarely used on both days of the inspection, even though the weather was good on both days.

Overall, the centre was clean throughout. There were posters and notices displayed to remind staff, visitors and residents to comply with IPC practices and social distancing. Tables and chairs in the dining and day room areas were arranged in such a way to promote social distancing. There was adequate signage throughout the centre to assist residents and visitors to navigate the centre.

Inspectors observed small groups of residents sitting in various sitting rooms. Residents were divided into four pods, one on each floor to minimise interaction between residents and therefore minimise the number of close contacts, should one resident test positive for the virus. Inspectors observed residents attending various activities. Visitors were complimentary about the care received by their relatives in the centre. One visitor spoken with was not fully aware of the availability of weekend visiting times in the centre.

Many of the residents' bedrooms were personalised with memorabilia, photographs and pictures. Day rooms and dining rooms were decorated and furnished adequately to meet the needs of the residents. Some residents' bedroom doors had discrete visual cues to assist staff to identify residents' falls risk and other specific health care

needs.

Inspectors observed staff engaging with and assisting residents in a kind and respectful manner. Inspectors availed of the opportunity to speak in detail with approximately twenty residents while also having brief conversations with other residents. Residents were very complimentary about the care, living arrangements and staff working in the centre.

Inspectors observed residents' dining experience. Staff were seen to encourage the use of the dining rooms. At meal times those resident who preferred to dine in their bedrooms were facilitated. Residents were seen to be supported and assisted discretely and respectfully with their meals. Staff were aware of the various dietary needs of residents and their menu choice for the day. Inspectors observed staff serving snacks and drinks to residents at regular intervals throughout the day. Residents' snack menu was displayed in each floor offering twenty four hour access.

Inspectors found that a number of items such as hoists, wheel chairs and weighing scales were stored on the corridor. Even though staff tried their best to keep these items in areas where there was less movement of residents, this still posed a risk to the safety of mobile residents. The PIC and ADON acknowledged the limited storage capacity in the centre.

A number of residents' bedrooms had been fitted with safety gates to prevent other residents from wandering into the bedrooms. One resident spoken with stated that they had requested this gate to be closed. This particular resident did not want anybody coming into their room and touching their personal items.

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 was an unannounced risk inspection to monitor compliance with regulations. Overall, inspectors found that residents received a good standard of care that met their assessed needs. There were systems in place to ensure that residents' well-being was promoted and residents lived as independently as possible.

CareChoice Montenotte is a residential care setting operated by the CareChoice Montenotte Ltd. It is registered to accommodate 111 residents. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. There is a support office with various departments, such as quality and innovation, human resources, property development and finance. The management structure in the centre was well established and clear. The person in charge is full time and is supported by an assistant director of nursing, three clinical nurse managers (CNMs), senior staff

nurses, staff nurses, and care staff.

The inspectors acknowledged that residents and staff living and working in the centre has been through a challenging time. The centre was subject to two outbreaks of COVID-19. Once in September 2020, when fourteen residents and ten staff tested positive and again in December 2020 when four residents and four staff tested positive. On both occasions, based on ongoing communications with the person in charge, the inspector was satisfied that the outbreaks were well managed. Testing of staff for COVID-19 continued to take place fortnightly and was underway on the first day of this inspection. While the majority of staff and residents had received their COVID-19 vaccinations, residents 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.

The inspectors found that overall the governance and management of the centre was robust and ensured that residents received good quality and safe care. There was a comprehensive quality assurance process in place with good oversight of key areas including clinical care practices. The inspectors found that this information was used to ensure a sustainable and continuous quality improvement programme in the centre.

There was a strong emphasis on staff training and development in the designated centre, including regular in-house training sessions for staff. These included COVID-19 training in relation to the ongoing HPSC guidance (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). As a result staff were aware of their responsibility to keep the residents safe and demonstrated good practices in infection prevention and control.

Records of staff meetings showed evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included risks identified in the centre, reviews of audit findings and initiation of quality improvement projects. Staff were confident in their roles and demonstrated competence in their work.

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 Garda Síochána vetting disclosures.

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

## Regulation 14: Persons in charge

The person in charge (PIC) is an experienced nurse and manager and meets the requirements of the regulations in terms of qualifications and experience.

Judgment: Compliant

### Regulation 15: Staffing

The hours of housekeeping and kitchen assistants had recently been reduced. A review was required to ensure that housekeeping staff could maintain the enhanced cleaning schedule put in place at the outset of the COVID-19 pandemic.

Judgment: Substantially 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, responsive behaviour and infection prevention and control. Inspectors 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

Records were stored securely and easily retrievable. A review of a sample of personnel records indicated that all of the information required by Schedule 2 of the regulations was available in each staff members file. All staff had been Garda vetted prior to commencing employment.

Judgment: 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.

There was evidence of on-going communication and consultation with residents and families. Updates in relation to visiting arrangements had been communicated to all families.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The Contract of Care had been updated since the last inspection and provided adequate detail of the services provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose was reviewed and updated so that it accurately reflected the facilities available in the centre and correlated with the Floor Plans.

Judgment: 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

Inspectors were satisfied that complaints were managed in line with the centre's 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.

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

Judgment: Compliant

### Quality and safety

Overall, residents received a good standard of care and enjoyed a good quality of life in the centre. Some improvements were required in relation to access to outdoor space, fire safety, and some bedrooms on the ground floor lacked natural light.

This is a four storey facility and is registered to accommodate one hundred and eleven residents in sixty seven single and twenty two twin bedrooms. Each of the floors is a self-contained unit provided with sitting rooms, kitchenette, dining room, sluice room, communal toilets, communal bathrooms, storage rooms, a treatment room, staff areas and a nurses' office. Inspectors noted that the premises was decorated to a good standard with features, such as paintings, art works and murals. The centre was generally clean and well maintained.

Improvements to the environment since the last inspection included the installation of additional showers for those residents that did not have showers in their en suite bathrooms. The dining rooms were also reconfigured and now appeared more spacious and inviting for residents. As identified on the last inspection, due to proximity of the walls of adjacent wings of the building some bedrooms lacked natural light and required artificial lights both day and night.

Residents expressed satisfaction with the quality of the care they received and stated that they felt safe in the centre. Inspectors observed residents and staff engaging in several meaningful interactions throughout the day of inspection. Some

improvements, however, were required in relation to maintenance of the premises, storage of equipment, infection control and fire safety.

Residents' nursing and health care needs were assessed and met to a good standard and they were assured of timely access to nursing and medical care. There was also good access to dietician, speech and language therapy (SALT), occupational therapy (OT), mental health and palliative care services.

There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans in place. A sample of care plans reviewed by inspectors provided adequate details of residents' care needs and a list of interventions to meet the identified needs. This included the care to be provided as residents approached end of life. A review of medication management practices indicated that there were appropriate measures in place to ensure that medicines were prescribed, administered and stored in line with recommended practice.

Fire safety measures were reviewed. Records were seen relating to preventive maintenance of fire safety equipment such as fire extinguishers, the fire alarm system and emergency lighting. Staff were trained and knowledgeable about the fire safety measures in the building. Fire safety was discussed at the handover report each morning. Inspectors found that some improvements were required in relation to the effectiveness of fire evacuation drills and the absence of emergency lighting in the laundry area.

There was a comprehensive COVID-19 contingency plan in the centre. Inspectors reviewed these documents and found they were up-to-date; the policy was last updated on 28 April 2021. Wall-mounted alcohol hand sanitisers were appropriately located throughout the centre. Staff members with whom inspectors spoke were knowledgeable of recommended infection prevention and control practices and were seen to sanitise their hand regularly.

There was a system in place to safeguard residents from any form of abuse. Adequate records were maintained of financial transactions made by or on behalf of residents. Staff members spoken with by inspectors were knowledgeable of the steps to be taken in the event of allegations of abuse. Restraint practices were in compliance with national guidance including the exploration of alternative options to the use of restraints. Adequate assessments were in place prior to the use of bedrails and safety checks were conducted while restraint was in place. Improvements were required in relation to risk assessments prior to the use of safety gates on some of the bedroom doors.

Visiting arrangements were in line with recommended HPSC guidance currently in place. There was a staff member allocated to receive and guide visitors through IPC protocols. Indoor and outdoor facilities were available for residents to receive their visitors. The person in charge ensured that, in general relatives were kept up to date on changing public health guidance and visiting arrangements during the pandemic. There were electronic tablets and WiFi access to enable video calls to relatives and friends.

Residents' rights were respected and promoted in the centre. Residents had the

opportunity to attend residents meetings in order to provide feedback on the operation of the centre. Residents were supported by an activity team of five staff, led by a full-time activities coordinator, to engage in various individual and group activities. Some residents in the centre received a personalised family newsletter. Pet therapy, quiz, colouring, exercise, bingo, men's club, music sessions and sensory sessions were some of the highlights of the centre's activity list. Residents had access to advocacy service and the contact details were displayed in many prominent locations in the centre.

There was a choice of menu available for residents. Staff were knowledgeable about the menu choice and modified dietary needs of residents. Food and fluids were seen to be served at regular intervals and snack menu was available for residents at any time of the day.

### Regulation 11: Visits

The centre had an effective system in place to facilitate visiting in line with national recommended guidance. Residents had ample opportunity to receive their visitors both indoor and outdoor. Compassionate visits also were facilitated.

Judgment: Compliant

### Regulation 13: End of life

Comprehensive arrangements were in place for ascertaining and facilitating residents' end of life preferences. Individualised care plans supporting these preferences had been developed.

Judgment: Compliant

### Regulation 17: Premises

- the windows of some bedrooms on the ground floor faced directly onto high walls and restricted natural light from entering bedrooms. As a result, these bedrooms required the lights to be switched on during the day. A mural was painted on one wall to enhance the view from the window of that room
- there was inadequate storage space as evidenced by the storage of hoists and wheelchairs on corridors

Judgment: Substantially compliant

### Regulation 26: Risk management

Some residents had stair guards installed on their bedroom doors to prevent other residents from wandering into their bedrooms. While these were put in place with the consent of residents, there was a need to carry out individual risk assessments to ensure that these gates did not pose a risk to the resident occupying the room or to a resident that may attempt to enter the room.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were items of equipment such as urinary catheter holder in the en suite bathroom of a resident that did not have use for such items.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- while there were regular fire drills, most were conducted in the same areas of the centre and did not involve the evacuation of a number of residents from one compartment
- due to the reconfiguration of the laundry there was no longer emergency lighting in the room
- mattresses were inappropriately stored on a stairs landing on the third floor

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Adequate systems were in place for the management of medications. The centre used electronic prescribing and electronic medication administration records. There were regular audits conducted of medication management.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had comprehensive assessments conducted using validated assessment tools. Care plans were developed and reviewed on a regular basis and following and changes in a resident's condition. There was evidence of consultation and participation of residents and their families, if applicable, during the development and review of these care plans.

Judgment: Compliant

### Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met to a good standard and staff supported residents to maintain their independence where possible. Inspectors reviewed documentation which indicated that there was good access to medical care with regular medical reviews. During the COVID-19 pandemic and outbreak residents continued to receive a good service from their GPs. In relation to COVID-19, there was evidence of ongoing liaison with the public health team. Residents had access to a range of other professionals which had continued throughout the pandemic, with most reviews taking place remotely. Residents had access to specialist services such as community mental health services and palliative care support when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The use of restraint was under regular review. Where bedrails were in place a risk assessment was conducted prior to their use and alternatives to bedrails were explored. Staff were familiar with residents and were able to identify the various ways in which residents communicated their needs.

Judgment: Compliant

### Regulation 8: Protection

Adequate arrangements were in place to safeguard residents from abuse. Staff were trained and were able to identify the appropriate way to respond to suspicions or allegations of abuse. Adequate arrangements were also in place to manage residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

While there were outdoor areas, these were not secure and were not readily accessible to residents due to their location. For safety purposes, most residents could not access these areas unless accompanied by staff. Inspectors noted that, despite the good weather on the days of the inspection, very few residents were observed outdoors.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Carechoice Montenotte OSV-0000253

Inspection ID: MON-0032907

Date of inspection: 07/05/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels are reviewed by management on an ongoing basis to ensure that they are adequate to meet the needs of the residents and their care.</p> <p>Whilst the housekeeping and kitchen assistant hours have been reduced, the home has undertaken a review of the housekeeping work schedule and in conjunction with audit results and consultation with the Housekeeping supervisor the reduction in hours in recent times have not affected standards related to IPC and the required cleaning schedule.</p> <p>The Housekeeping Supervisor who has completed Level 5 IPC training is a member of the nursing home IPC committee and will continue to complete the weekly IPC audit to identify the homes compliance with the IPC policy. Any non-compliance identified will be reviewed in consultation with the PIC. Any actions required will be addressed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Nursing home has completed a review on 14th of May 2021 of the premises with the Directory of Property, RDO and DON.</p> <p>The Nursing home will undertake to complete a review of the bedrooms on the ground floor with regard to identifying initiatives to increase natural light in these rooms.</p> <p>The PIC and clinical management team have reviewed the number and storage of hoists and wheelchairs to ensure that all the equipment is required and is stored appropriately.</p>	

<p>The home continues to monitor the safe storage of equipment on a daily basis. The property review completed by the RDO and DON will include suitable storage options.</p>	
<p>Regulation 26: Risk management</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>As identified on the day of inspection there are a number of residents who have stair guards at their bedroom doors. These have been discussed with residents and individual risk assessments were completed on the day of inspection. Additional education has been provided to staff in relation to the use of stair guards. The associated assessments will continue to be reviewed in line with best practice and regulation.</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The equipment which was not in use has been removed.</p> <p>Further education on cleaning and storage of items has been provided to staff.</p> <p>The nursing home has implemented a system to ensure that all rooms are inspected fully to include equipment on occasions where the resident vacates the room for short or long periods.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Whilst there were regular fire drills completed, the nursing home management has undertaken to ensure that these drills are completed to include evacuation of a number of residents in a variety of areas within the home. The nursing home has two staff members who have received training to deliver and practice the Fire Safety. Both announced and unannounced evacuation drills are being completed in line with best practice to provide opportunity for staff to practice the evacuation in various</p>	

circumstances.

As part of the reconfiguration and improvements of the laundry, there was one emergency light removed. This has now been rectified in May 2021 with installation completed by the nursing home emergency lighting supplier.

The nursing home has reviewed the storage of all mattresses and staff have received additional education on safe storage. The exit routes and fire safety checks are completed on a daily basis to ensure that all access/egress are free of obstruction.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Whilst there were outdoor areas available, the nursing management has undertaken to ensure that consultation with residents offering access to those areas is completed on a daily basis.

Where the resident is unable to enter the external areas without supervision, staff have been informed to offer the walks in the garden to residents on daily basis and respect their preference. As part of the daily activities', staff will arrange events in the gardens appropriately.

In addition, PIC has reviewed and sourced appropriate undercover which will provide the opportunity for residents to enjoy the outdoor in any weather condition.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/08/2021
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Substantially Compliant	Yellow	11/06/2021

	identification and assessment of risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	14/06/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	27/05/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/06/2021
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	Substantially Compliant	Yellow	30/09/2021

	followed in the case of fire.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/09/2021