Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Luke's Home
Name of provider:	St Luke's Home Cork Company Limited by Guarantee
Address of centre:	Castle Road, Mahon, Cork
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0038707

About the designated centre

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

St Luke's Home is a purpose-built facility, in operation on the current site since 1994 and provides residential accommodation for up to 128 residents. Following a series of redevelopments and extensions accommodation is arranged throughout four nominated 'houses' or units. Three of these units provide accommodation for 30 residents, comprising 18 single, two twin, and two four-bedded bedrooms. The fourth unit is dedicated for residents with dementia or a cognitive impairment, and the design and layout of this unit is in keeping with its dementia-specific purpose. Accommodation on this unit is laid out in a north and south wing, comprising 30 single and four twin rooms and accommodates 38 residents in total. All bedrooms have en-suite facilities including toilet, shower and hand-wash basin and additional communal shower and toilet facilities are also available close to communal areas on each unit. Each of the units have their own dining and living rooms. There are numerous additional communal areas and facilities available in the central area of the centre which includes the main restaurant, a large oratory for religious services and a spacious conservatory/ activity area that was bright with natural lighting. There is an arts and craft room and a separate library. Residents also have access to a hairdressing facility in this area. All communal areas are furnished in a homely style with dressers and soft furnishings and the centre is decorated with pictures, paintings, familiar furniture and soft furnishings throughout. 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 offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers palliative care, care to long-term residents with general and dementia care needs and has two respite care beds for residents with dementia. The centre provides 24-hour nursing care with a minimum of nine nurses on duty during the day and four nurses at night time. The nurses are supported by the person in charge, nurse managers, care, catering, household and activity staff. Medical and allied health care professionals provide ongoing health care for residents. The centre employs the services of a physiotherapist five days per week, occupational therapy, chiropody, dietetics, dentistry, ophthalmology and speech and language therapy is also available in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	120

How we inspect

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 18 January 2023	09:10hrs to 18:00hrs	Siobhan Bourke	Lead
Wednesday 18 January 2023	09:10hrs to 18:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

In general, the inspectors found that residents' rights and choices were promoted by kind and caring staff. The inspectors met with many of the 120 resident living in the centre on the day of inspection and spoke with 10 residents in more detail regarding their experiences. The inspectors also met with a number of visitors and relatives who were visiting residents in the centre on the day of inspection. The inspectors observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival inspectors were guided through the centre's infection control procedures by the centre's receptionist who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. As the person in charge was on planned leave, the assistant director of nursing attended an opening meeting with the inspectors and accompanied them on a walkaround of the centre. During the walkaround the inspectors saw that the centre was very clean throughout and residents confirmed that their rooms were kept very clean. Some residents were sitting in the dining rooms having a leisurely breakfast, while others were having personal care or were up and ready for the day's activities.

St. Luke's Home is a designated centre located in Blackrock, near Cork City, and is registered to accommodate 128 residents. Residents are accommodated on the ground floor in four houses or units namely Wise, Gregg, Exham and Maguire House. Wise, Gregg and Exham House each have accommodation for 30 residents with 18 single rooms, two twin rooms and two four bedded rooms. Maguire House provides accommodation for residents with dementia and was divided further into Maguire South and North. Maguire House had 30 single rooms and four twin rooms. Residents' bedrooms all had ensuite shower, toilet and hand wash basin facilities. Inspectors saw that residents' living in single or twin bedrooms had plenty room for storage of residents' clothes and personal belongings, however the layout of some of the four bedded rooms required review as residents living in these rooms had less space. Bedrooms were seen to be personalised with family photographs, paintings and residents own possessions. In general, residents' rooms were well maintained, however inspectors saw that the paintwork of some furniture such as beds, dressing tables and lockers, in some residents bedrooms required renovation. This is further discussed under regulation 17.

There were plenty spacious communal areas and rooms for residents' use through out the centre. There was a large oratory where a large group of residents attended for morning prayers with the centre's chaplain during the morning. The centre had a large bright activity room that was used by the "social club" and could cater for large groups of residents. This room opened out into the centre's spacious gardens with brightly coloured outdoor seating, raised flower beds and mature plants. The centre also had a well stocked library with comfortable seating and a computer for residents to use. The inspectors saw that there were numerous seating areas

throughout the centre where residents could sit in private or enjoy some time with their visitors. Gregg house, Wise house and Exham house had two living rooms and a dining room that residents were seen to use during the day. Residents were sitting and chatting with other residents and staff in the dining rooms and day rooms. Inspectors saw that Maguire house also had two dining areas, and an activities room. The inspectors saw that the larger dining room, "Maguire's Restaurant" in Maguire house was nicely decorated with home style furniture and finishes. Many of the communal areas had wallpaper feature walls which provided a warm and homely feeling. The centre also had a family room with a sofa bed where families of residents who were end of life could stay to be close to their loved ones.

The inspectors observed the lunch time experience during the inspection and saw that the "Oyster" restaurant was full with residents who were enjoying their meal. Food orders were taken for each table and a menu displaying the choices available were on each table. The lunch time meal appeared appetising and nutritious and residents in the restaurant were complimentary regarding the options available. Residents could also choose to have their meals in their bedrooms or in the dining rooms in each house. There was enough staff available to provide assistance with residents who required it. The inspectors saw assistance were provided to residents who required it, in a dignified and respectful way. The inspectors observed the dining experience in Maguire house and found that it was not a conducive dining experience for all the residents living there. On the day of the inspection, inspectors saw that only six residents had their lunch time meal in the dining room. The remaining residents had their lunch time meal either in their bedroom or sat in the chair they were in for the day in the day room. This did not afford residents choice in where they had their meal served or a chance to move to a dining room where a meal was served on a dining table for a more traditional social meal time experience. The dining room itself was a lovely room but table settings were sparse and could be further enhanced. In Maguire North the inspectors observed that the major of residents spent the day in bed and none of these resident attended the dining room for meals. During the inspection, residents had mixed feedback on the standard of food with some residents highly satisfied with the choices and food available while others raised issues regarding the quality of meat available. Management team were aware of these concerns and were working with the catering company to address these.

Residents were full of praise for the staff in the centre and one resident described the care provided as “tremendous. ” The inspectors saw that residents were neatly dressed and appeared well cared for. Staff were seen to interact with residents in a dignified and respectful way.Those residents who could not communicate their needs appeared comfortable and content. The inspectors observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents’ preferences and choices.

Visitors were seen coming and going throughout both days of the inspection and were welcomed by staff. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Feedback from visitors was generally positive about the current care and support given to the resident and

families.However, some visitors did identify there had been issues in the past which were generally resolved.

Inspectors observed that alcohol hand gel was available at point of care within each room.There was easy access to PPE for staff in each house, however, inspectors saw that some staff members did not have their masks positioned correctly.

Residents told inspectors that there were plenty activities available for them during the day and activities scheduled for the day were displayed throughout the centre. The inspectors saw that there was a varied schedule of activities available for residents seven days a week. The activities team in the centre were supported by a team of volunteers who had returned to the centre. On the morning of inspection, a number of residents were ready for a day trip to Crosshaven that sadly had to be rescheduled due to the icy road conditions. Residents in Maguire house enjoyed a Sonas session during the morning. The social club was ongoing in the morning and afternoon and here groups of residents were knitting or creating artwork or just sitting and chatting with staff and other residents. The centre had two hairdressing salons, one on the main corridor and a smaller quieter one in Maguire House. On the day of inspection, the hairdresser was attending to residents in Maguire House. Residents had access to wifi, television, newspapers and electronic devices in line with their capacity. Residents views were sought on the running of the centre through regular residents' meetings in the centre. From a review of these minutes it was evident that action was taken in response to their suggestions.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of June 2022. The inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. While many of the actions required from the previous inspection had been addressed, further improvements were required as outlined under the relevant regulations in the quality and safety section of this report. The office of the Chief Inspector was in receipt of some unsolicited information and solicited information, received in the form of notifications. All of these were looked into before and during the inspection and were found to be actioned.

The centre is owned and managed by St Luke's Home Cork, Company Limited by

Guarantee who is the registered provider. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The director of nursing is the designated person in charge of the centre and reported to the chief executive officer. The centre has an executive management team whose membership included, the chief executive officer, the director of nursing, finance manager and human resources manager, head of services manager and director of education. The executive management committee was responsible for the oversight of the day to day operation of the centre and met every three weeks. The provider held regular board meetings that included up to date reports from the director of nursing and the chief executive officer. A number of sub-committees such as the quality and risk committee, audit and risk committee were in place to provide assurance to the board regarding the quality and safety of care provided to residents. Operational management meetings such as the management team weekly meeting, clinical nurse manager meetings and health and safety meetings, were also in place in the centre. Each house also held staff meetings to communicate key issues with staff. It was evident to inspectors that clinical risks to residents were discussed and actioned at these meetings. Multidisciplinary committees were in place such as a nutrition committee, a palliative care group, restrictive practice group and a falls group to review key risks to residents. A newsletter, St' Luke's of Hazzard was displayed in each of the houses to raise awareness with staff of issues of concern, for example a reminder of the importance of safety checks and a policy of the month was also selected for staff to review.

The director of nursing was supported in her role by an assistant director of nursing and a team of clinical nurse managers. Due to a recent resignation, recruitment was underway to fill the second assistant director of nursing position in the centre. Management support was available to support and supervise nursing and care staff in the centre 24 hours a day, seven days a week as clinical nurse managers were rostered at night and weekends. On the day of inspection, the director of nursing was on planned leave and the assistant director of nursing was in charge in her absence.

Management in the centre ensured that staff were provided with both face-to-face and online training appropriate to their role. Staff attended a three day training programme that provided mandatory training on infection control fire precautions, manual handling and responsive behaviour. This training programme also included promoting skin integrity and end of life care. Staff who spoke with inspectors confirmed that they were up to date with required training.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that action plans were implemented from findings from these audits to improve practice when required. Key risks to residents such as pressure ulcers, infections and falls were monitored in the centre. There was a low incidence of pressure ulcers in the centre. Restrictive practices such as bed rail usage was also monitored by the person in charge. Falls were analysed through audit by the multidisciplinary team to identify

any trends.

The person in charge was the designated person responsible for the management of complaints in the centre. The complaints log was examined and records of both verbal and written complaints were maintained. The arrangements for the review of accidents and incidents within the centre was good with input from members of the multidisciplinary team to identify any areas for improvement or learning. From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

The management team were in the process of collecting information to inform the centre's annual report for 2022.

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff on duty in the centre to meet the assessed needs of the 120 residents living in the centre, given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of both face-to-face and online training available to ensure all staff had relevant and up to date training to enable them to perform their respective roles. A three day face-to-face mandatory training programme was available for staff and was held regularly in the centre. This training programme included care skills, dementia and responsive behaviour, infection prevention and control, safeguarding, fire training and manual handling. The inspectors saw that staff were adequately supervised in their respective roles.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspectors, and all records were well-maintained and securely stored. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored.

Judgment: Compliant

Regulation 30: Volunteers

From a review of a sample of records, the inspectors found that volunteers supporting recreational activities in the centre had their roles and responsibilities set out in writing and were vetted in accordance with the National Vetting Bureau Act.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy that was in line with regulatory requirements. The complaints procedure was displayed in the centre. A review of the complaints log found that complaints were clearly documented and investigated in line with the centre's policy.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspectors found some issues were identified in relation to food and nutrition, infection control, medication management and premises. These required action as outlined under the relevant regulations.

Residents had access to appropriate medical and allied healthcare professionals to ensure their healthcare needs were met. There was evidence of regular medical reviews and referrals to specialist services as required. The centre employed a physiotherapist who provided a service to residents four days each week. A full time social worker was also employed in the centre. Residents also had access to occupational therapy, speech and language therapy, tissue viability and dietitian services.

From a review of a sample of care plans, inspectors found that validated assessment tools were completed by nursing staff and informed the development of care plans and these were found to be person-centred, individualised and sufficiently detailed to direct the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated in line with regulations or when the residents' needs changed.

Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapists and their recommendations were implemented. The inspectors saw there were adequate staff on duty to provide assistance to residents at meal times. A system had been implemented to ensure all residents received their meals in a timely manner. The inspectors saw there were drinks and snacks provided to residents throughout the day that were attractively prepared and served. The inspectors saw that meals served in the main restaurant provided residents with a sociable dining experience. However, action was required to improve the mealtime experience in Maguire House. This is outlined under regulation 18.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. Residents had access to a number of secure outdoor areas, which were accessible from various parts of the centre. There were plenty communal and private spaces for residents use and in general the premises were well maintained and promoted residents independence and well being. The inspectors saw that some action was required in relation to premises as outlined under regulation 17.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication

administration practices were being monitored well and areas for improvement were identified and actioned. However, improvements were required in the management of medications that required administration in an altered format as outlined under Regulation 29 Medication and Pharmaceutical services.

The inspectors saw that the centre was very clean throughout and staff had easy access to personal protective equipment (PPE) and alcohol hand rub dispensers at the point of care. Improvements had been taken by the provider in relation to infection control findings from the previous inspection. However some actions were required in relation to the wearing of surgical face masks as outlined under Regulation 27 Infection control.

Management and staff promoted and respected the rights and choices of residents in the centre. Resident meetings were held and relevant issues such as food and complaints were discussed. There was evidence that actions arising from these meetings were reviewed and addressed by the management team. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Dedicated activity staff and a team of volunteers implemented a varied and interesting schedule of activities seven days a week for residents. Residents had access to independent advocacy services as well as the centre's social worker who worked as an advocate for residents. Residents and relatives had participated in the National Nursing Home Experience Survey in 2022 and a working group had been established by the management team to address the findings.

Regulation 11: Visits

There were lots of visitors coming and going to the centre on the day of inspection. Visitors and residents confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in their bedrooms or in the communal spaces through out the centre. Many relatives were seen to also take their relatives out for a walk or to the dining room for a coffee/tea.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes and that clothes were laundered and returned to residents in a timely manner. Residents had access to lockable storage in their rooms where required.

Judgment: Compliant

Regulation 17: Premises

Inspectors saw that in general the premises was seen to be appropriate to the number and needs of the residents living in the centre and in accordance with the statement of purpose. However, the following areas required action.

- Paintwork of some furniture such as lockers and dressing tables in residents rooms were worn and chipped.
- As identified on previous inspections the layout of some of the four bedded rooms required review to ensure they met the needs of residents sharing these rooms and afforded them the required privacy and dignity.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were mixed findings in relation to how residents meals were served in the centre. The majority of the residents had a pleasant dining experience, however action was required in the dementia specific units as the majority of residents in these units had their meals served in the day room or their bedroom. On the day of the inspection, inspectors saw that only six residents had their lunch time meal in the dining room. The remaining residents had their meal served either in their bedroom or sat in the chair they were in for the day in the day room with a bedtable in front of them. This did not afford residents choice in where they had their meal or a chance to move to a dining room where a meal was served on a dining table for a more traditional social meal time experience.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspectors found the following required action to ensure that practices in the centre were consistent with the National Standards for infection prevention and control in community services (2018),

- oversight of mask wearing by staff required action as inspectors observed a number of staff wearing masks incorrectly during the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors saw that action was required in the management of medications that required administration in an altered format such as crushing. These were not individually prescribed, therefore nurses were not always administering medications in accordance with the direction of the prescriber. This could lead to medication errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

Residents were regularly reviewed by two general practitioners (GP) who attended the centre four days a week. Out of hours medical cover was provided by Southdoc when required. Inspectors reviewed a sample of residents' files and saw that residents had timely access to a dietitian, speech and language therapist and physiotherapist as required. Overall the inspectors found that residents received appropriate medical and health care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Comprehensive care plans were in place for residents who experienced the behaviour and psychological symptoms of dementia (BPSD). Staff were up-to-date with training to support residents who had responsive behaviours. The use of

bedrails and other physical restraints in the centre was monitored and there was evidence of alternatives to restraint such as low-low beds, observation, sensor alarms in use in accordance with best practice guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that staff generally promoted residents' rights and respected their choices in the centre. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Residents have access to independent advocacy services if required.

The inspectors saw there was easy access to enclosed gardens/courtyards and for walks in the grounds of the centre. There were regular day trips out to local places of interest, to the cinema and other areas as identified by residents.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Luke's Home OSV-0000290

Inspection ID: MON-0038707

Date of inspection: 18/01/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Operational Plans are current and ongoing. Capital Expenditure plans are prepared and under review	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The Dining Experience for all residents is currently under review, focusing on the person-centered and social experience at all times.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Infection Prevention and Control Resources will focus on best practice in this area for both residents and staff alike.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Continuous audit of our medical and pharmaceutical practice will ensure full compliance with the regulations.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/04/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/09/2023