



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

Issued by the Chief Inspector

Name of designated centre:	St Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0037531

About the designated centre

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

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years and is registered to provide care to 30 residents. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. Communal accommodation in the form of dining and day rooms are on the ground floor and bedroom accommodation is on the first and second floors. There are three single bedrooms and six twin bedrooms on each floor. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Thursday 28 July 2022	08:45hrs to 18:15hrs	John Greaney	Lead
Thursday 28 July 2022	08:45hrs to 18:15hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Throughout the one day of this inspection, inspectors met and spoke with several residents and visitors. Overall, the feedback from residents and relatives was positive, both about the care delivered and the kindness of staff. Areas for improvement were required, predominantly in relation infection prevention and control and the premises. These are discussed in more detail in relevant sections of this report.

The inspectors arrived to the centre unannounced for a one day inspection. On arrival, the inspectors were met by the assistant director of nursing (ADON) and shown to the sitting room, where an opening meeting was held. Following the opening meeting with the ADON and the recently appointed manager, the inspectors were taken on a tour of the centre.

St. Teresa's Nursing Home is a three storey premises located in the centre of Cashel town, County Tipperary and is registered to provide care for 30 residents. All bedroom accommodation is on the first and second floors and all communal rooms are on the ground floor. It is a family run nursing home and the building itself is a protected structure. On the day of this inspection there were 29 residents living in the centre. Bedroom accommodation on each floor comprises 6 twin bedrooms and three single bedrooms. Three of the bedrooms on each floor are en suite with a shower, toilet and wash hand basin. Each of the other bedrooms share a bathroom with one other bedroom. Access to the upper floors is via a standard passenger lift located off the main sitting/dining room. There is also a large platform lift to the rear of the premises that is used by residents that have speciality seating. There are also two stairwells, situated at either end of the building. Residents have access to an enclosed garden area.

At the entrance to the centre there is a sitting room with an adjacent small library room and a conservatory. This sitting room was seen to be used only for visiting on the day of the inspection. This room also contains a printer and can be used by staff for administrative purposes. The small library room was being used as an office on the morning of the inspection. Access to the conservatory is through the library room and this area is not readily accessible to residents, particularly residents with a mobility impairment due to the need to negotiate steps leading into this room. Further into the premises, there is a large sitting/dining room. This is where residents predominantly spend their day. One side of the room is designated the dining area and the other side of the room is the designated sitting area. Some residents remain in the sitting area, where their meals are served on tray tables.

On the morning of the inspection activities were being facilitated by a staff member with responsibility for the programme of activities in the centre. This staff member works each day until 2pm. On the afternoon of the inspection another staff member facilitated activities in the form of a Sonas session. Sonas is a multi-sensory therapeutic activity predominantly for residents with a cognitive impairment but is

open to all residents.

While the centre provided a homely environment for residents, a number of maintenance and infrastructural issues impacted effective infection prevention and control. For example, some of the surfaces and finishes including wall paintwork and flooring were showing signs of wear and tear. The covers of three chairs in the dining room were worn or torn. A hand wash sink was available on each floor for staff use. However, the clinical hand hygiene sinks in the sluice room and nurses station did not comply with recommended specifications for clinical hand wash basins. Appropriate sluicing facilities were not available. While some effort had been made to address the layout of the main laundry, issues were again identified similar to the findings from previous inspections indicating that they had not been effectively addressed. Cleaning textiles were laundered in an exterior maintenance shed which was visibly unclean and cluttered.

Needles and syringes were stored on open shelving at the nurses station. These were accessible to residents and visitors. A box of intravenous fluids was observed on the floor under a hand wash sink which increased the risk of contamination. Residents tooth brushes were also inappropriately stored in shared glasses on sinks where residents wash basins were emptied and stored. Excessive infection prevention and control signage was on display in some areas of the centre. For example, personal protective equipment (PPE) signage was displayed outside the bedrooms doors of eight residents rooms on the second floor whom were being cared for with standard infection control precautions. Findings in this regard are further discussed under the individual Regulation 27.

Despite the infrastructural and maintenance issues a good standard of environmental hygiene was observed in resident and communal areas on the day of inspection. Ample supplies of PPE were available. Appropriate use of PPE was observed. Alcohol hand gel was readily available along corridors for staff use.

Inspectors availed of opportunities to speak with residents informally through opportunistic chats. Feedback from residents was positive, both about the care received and the responsiveness of staff to their requests for assistance. Inspectors observed interactions between residents and staff and noted a relaxed atmosphere. Staff clearly knew residents well as evidenced by instigating conversations about topics of interest to individual residents.

The next two sections of the report will describe the specific findings of the inspection, describing the capacity and capability of the service and how this impacts on the quality and safety of the care delivered to residents.

Capacity and capability

This unannounced inspection was carried out to assess the overall governance of the centre to identify if required improvements identified on the previous inspection,

conducted in September 2021, had been addressed and the actions outlined in the centre's compliance plan following that inspection had been implemented. In response to the finding of that inspection and also the previous inspection, a condition had been attached to the centre's registration to comply with Regulation 15: Staffing and Regulation 27: Infection Control by 23 May 2022. Overall, while improvements were noted in staffing arrangements, significant improvements were required in relation to infection control. While the governance structure had been enhanced, further improvements were required in relation to governance and management, particularly in the centre's quality and safety monitoring arrangements.

The centre is a family run centre, owned and operated by Cashel Care Limited, the registered provider. The company is made up of two directors. One of the directors is the person in charge and she represents the provider. The person in charge is responsible for the day to day operation of the centre. The second director is available as support and carries out some of the day to day upkeep of the centre. The person in charge lives locally and is on call at the weekends and evenings.

Governance and management arrangements had been strengthened since the last inspection with the appointment of an assistant director of nursing (ADON) and a manager. However, both of these were recent appointments and at the time of the inspection, the roles were not yet fully established. There were significant intervals between audits of high risk areas as detailed under regulation 23 governance and management below.

There was a suite of infection prevention and control procedures in place. However, these procedures lacked detail and were not aligned to standards for infection prevention and control as published by the Authority. As a consequence, these procedures did not have the necessary information to adequately guide staff on infection prevention and control. For example, procedures did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or colonisation. Furthermore, the cleaning guidelines were not available to view on the day of the inspection.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. However, further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with multi-drug resistant organisms (MDROs).

Regulation 14: Persons in charge

There is a person in charge of the centre that meets the requirements of the regulations in terms of experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

Based on the observations of inspectors and discussions with staff, there were adequate numbers and skill mix of staff to meet the needs of residents on the day of the inspection. Improvements had been noted in the hours allocated to cleaning since the last inspection and there were now two staff scheduled for cleaning duties on most days of the week.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training, and staff were facilitated to attend training relevant to their role. The provision of mandatory training was up-to-date for all staff, in key areas such as infection prevention and control and safeguarding.

Judgment: Compliant

Regulation 21: Records

A review of a sample of personnel records found that all staff had Garda vetting completed prior to commencing employment in the centre. There were, however, gaps in employment histories for which a satisfactory explanation was not recorded and some references were addressed to whom it concerns and there was no record to show that these were verified.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were required in relation to governance and management arrangements, including:

- the registered provider had failed to comply with a condition that had been

attached to the centre's registration to comply with Regulation 27: Infection Control by 23 May 2022. This condition was attached in response to the finding of the two previous inspections

- there were significant intervals between audits of high risk areas. For example, audits of fire safety, falls management, a kitchen audit and an audit of hoists had been conducted in 2021. The most recent audit of medication management was conducted in April 2021; the most recent audit of care planning was in August 2021; and the most recent audit of restraint was conducted in November 2021
- while infection prevention and control audits were undertaken, high levels of compliance were consistently achieved. However, the findings of these audits did not align with the findings on this inspection, which indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.
procedures did not have the necessary information to adequately guide staff on infection prevention and control
- infection prevention and control audits were not tracked and trended to monitor progress
- the annual review of the quality and safety of the service delivered to residents in 2021 was in progress but not yet completed.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of accident and incident records indicated that notifications required to be submitted to the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure for making a complaint was on prominent display in the centre. A review of the complaints log indicated that complaints were recorded and investigated, and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place.

Judgment: Compliant

Quality and safety

Overall, the feedback from residents was positive and the inspector was satisfied that residents were happy living in the centre. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services. However, significant improvements were required in the areas of infection prevention and control and in assessment and care planning. These issues and other areas of required improvements are discussed in more detail under the relevant regulations of this report.

Residents had good access to medical care and were reviewed regularly by their GP. Residents were also provided with access to other health care professionals, in line with their assessed needs. From a review of records it was evident that residents who required assessment were referred to allied health professionals, such as a dietetic and speech and language therapy

The inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, to inform care planning. However, care plans were predominantly pre-printed and did not outline on an individual basis the needs of each resident. This is discussed in more detail under Regulation: 5 of this report.

As discussed earlier, due to the findings of previous inspections in relation to infection prevention and control, a condition had been attached to the registration of the centre to comply with regulation 27 by 23 May 2022. Since the last inspection, additional hours had been allocated to cleaning duties and this was reflected in improvements in the general cleanliness of the centre. The centre had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of colour coded flat mops and cleaning cloths to reduce the chance of cross infection. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. However, the findings of this inspection indicated that there continued to be deficits in the in relation to the oversight of infection prevention and control, environmental hygiene and the storage of cleaning of equipment. Deficiencies were also evident in infection prevention and control assessment and care planning. Details of issues identified are set out under Regulation 27 and Regulation 05 below.

Records reviewed by the inspectors showed that bed rails were individually risk assessed prior to use. Residents were regularly checked when restraint was in use. However, there was a high usage of bed rails in the centre as outlined under

Regulation: 7 Managing behaviour that is challenging.

Resident meetings were held and relevant issues, such as food and activities were discussed. Records indicated that issues raised at these meets were addressed. Improvements were noted in activities since the last inspection. Residents were seen to participate in activities throughout the morning and on the afternoon of the inspection.

Inspectors found that there continued to be restrictions on visiting. Proportionality requires that restrictions to individual liberty and measures taken to protect residents from serious harm should not exceed what is considered necessary to address the actual level of risk.

Regulation 11: Visits

Some visiting restrictions remained in place. Plans were not in place to progress toward full normal access. For example;

- visits continued to be scheduled in advance with the facility
- inspectors were informed that visits continued to be limited to one hour and a maximum of two visitors.

Judgment: Substantially compliant

Regulation 17: Premises

The centre is located in the town of Cashel in Co. Tipperary, close to amenities such as shops, a church and restaurants. It was formerly a convent that has been converted to a designated centre for older persons. Due to the change of function of the premises, the design and layout presents with some limitations that contribute to deficits in infection prevention and control and these are discussed in more detail under regulation 27 of this report. Resident bedroom accommodation is on the upper floors and all communal space is on the ground floor. There was good access to outdoor space and residents were seen to spend some time outdoors.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk

management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- disparities between the consistently high levels of compliance achieved in local infection control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services
- records of resident's infection and MDRO colonisation were not collated and monitored by management as to determine whether rates were changing and whether additional interventions were needed
- there was some ambiguity among staff and management regarding which residents were colonised with MDROs
- the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example antimicrobial use was not monitored and there were no antimicrobial stewardship audits, guidelines or training records available
- infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or colonisation.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- due to the small size of the laundry, adequate arrangements were not in place for the segregation of 'dirty' to 'clean' workflow . This increased the risk of cross contamination during the laundering process
- sinks in communal resident bathrooms were not kept clear of extraneous items including toothbrushes, washbasins and personal hygiene products. This increased the risk of cross contamination
- there was no clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and intravenous fluids
- a domestic cleaning product was used to clean the general environment. Staff

confirmed that this product was also used during an outbreak of COVID-19. A material safety data sheet was not available for this product. An assessment had not been undertaken to ensure that they were suitable for use in a healthcare environment and they effectively inactivated viruses that cause COVID-19 and influenza infections

- staff changed into their uniforms and had breaks/ lunch in the same room. Failure to appropriately segregate functional areas poses a risk of cross contamination
- some surfaces and flooring was worn and poorly maintained within a small number of rooms and as such did not facilitate effective cleaning

Equipment was not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example:

- staff confirmed that they manually sluiced urinals and commode basins. This practice increased the risk of environmental contamination and cross infection
- management were unaware that the bedpan washer was out of order. Three staff spoken with said they had never used the bedpan washer. bottles of alcohol gel were topped up and refilled. Soap dispensers within residents rooms were being refilled. Single use bottles should not be topped up to avoid the risk of contamination
- cleaning equipment was stored within the sluice rooms. This posed a risk of cross-contamination
- inspectors were informed that used wash-water was emptied down residents sinks. Basins were observed to be stacked and stored in sinks which also posed a risk of cross contamination
- moving and handling slings were not individually allocated all residents that required their use. Slings were stored on top of each other within a shared bathroom. This increased the risk of cross contamination
- a spillage kit containing a scoop and scraper, single use gloves, protective apron, surgical mask and eye protection, chlorine granules and tablets and health care risk waste bags was not readily available for dealing with a blood spillages. Staff were unclear about how to manage blood and body fluid spillages

Judgment: Not compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire safety, including:

- while fire extinguishers had stickers attached indicating they had preventive maintenance completed in December 2021, a certificate was not available within the centre confirming that preventive maintenance was conducted in

accordance with relevant standards

- while fire drills were conducted regularly, there was a need to ensure that the fire drill record contained adequate detail, such as the mode of evacuation simulated during the drill
- there were double doors leading to bedrooms, sometimes referred to as "cat and kitten" doors. For fire safety purposes there was a need to ensure that the smaller door was kept closed

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not person centred and lack the detail to effectively guide care. For example;

- care plans were pre-printed and not adapted to reflect the individual needs of residents. They also referred to residents as "patients" throughout
- wound care plans did not contain adequate detail, such as the frequency or type of dressing change prescribed
- the healthcare associated infection assessment was limited to vaccination and Meticillin Resistant Staphylococcus Aureus (MRSA) status. The MRSA status section had not been completed in eight of the 11 charts reviewed
- a small number of residents had been identified as Carbapenemase-Producing Enterobacterales (CPE) contacts while in hospital. This information was not documented in their assessments or care plans
- the care plan for a resident undergoing MRSA decolonisation treatment did not outline the requirement for, clean clothing, bedding, towels and flannel to be provided, in addition to regular changes of clothing and bed linen during a course of treatment. This may impact the effectiveness of decolonisation
- visiting care plans had not been updated to reflect current national guidance.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The percentage of residents using bed rails in the centre was high with 62% of residents having them in place. While inspectors saw evidence of some alternatives in use for some residents, further action is required to reduce the current levels in place.

Judgment: Substantially compliant

Regulation 8: Protection

A report of an investigation into safeguarding matter was not available to confirm that it was adequately investigated.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was a need to review the privacy screens in some of the twin bedrooms. For example, should the curtains be closed around the bed nearest the bedroom door, the resident in the second bed could not access their bed without entering the first resident's bedspace.

While there were improvements noted in the programme of activities and activities were scheduled for some afternoons, in the absence of the activity coordinator there was a need to ensure activities were scheduled on all afternoons.

The design and layout of two of the twin bedrooms meant that it would be necessary to disturb the resident in the adjacent bed should the resident in the inner bed require the use of assistive equipment, such as a hoist. In addition, should the resident in the inner bed require assistive devices, such as a ski sheet for evacuation purposes, the outer bed could impede and slow down the evacuation process.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not 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	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Teresa's Nursing Home OSV-0000293

Inspection ID: MON-0037531

Date of inspection: 28/07/2022

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
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A full employment history is now in place on the staff members cv	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We will reduce the intervals between audits and ensure all results reflect the practice in the nursing home	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: We have an open door policy in the nursing home the past 8 months, family members have the code to the door to enter the nursing home at any time. If family wish to telephone in and book visits they may also do this but are encouraged to come in at their leisure once the residents are content with this.	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Any infection identified in the nursing home will be addressed and documented to ensure compliance with national standards. All staff will be made aware should a resident be admitted from an acute setting with a MDRO and how to care for their needs and prevent any further infection. The antimicrobial stewardship in the nursing home will be developed, strengthened and supported with audits, to include the national guidelines and training for staff.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All fire equipment was serviced and up to date on the day of inspection, certificates for all the servicing are now on file in the nursing home for inspection</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans will be adapted to reflect the individuals needs of residents. Wound care plans will be more comprehensive as needed. Infection status of all residents will be sought on admission and documented. Any treatment for MRSA decolonization will include clothing, bedding etc to ensure it is effective. Visiting care plans will be discontinued as all residents family and friends are now permitted to visit anytime as before the pandemic. Should there be any need to change visiting policy in the home we will reintroduce these care plans to reflect changes</p>	
Regulation 7: Managing behaviour that	Substantially Compliant

is challenging	
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: We will continue to provide bedrails for residents who request them for ease of movement in bed. We always use the least restrictive practices in the nursing home and only if the resident is a high risk of falling out of bed, this is under constant review and will change only if deemed to be in the residents best interest.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Investigation carried out. Allegation completely unfounded.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will review the curtains around each bed space and move them accordingly to ensure privacy if another resident wishes to go to their bed. We will liaise with different activity providers and ensure residents are content with the activities programme which currently consists of sonas, reflexology, flower arranging, bingo, chair activities, and music sessions. All fire evacuations have addressed the two rooms and their layout for evacuation. Should a resident need the use of a hoist they will be offered the outer bed in the room so as not to disturb the other occupant of the room.</p>	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	05/09/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	05/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	05/09/2022

	designated centre and are available for inspection by the Chief Inspector.			
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	05/09/2022
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.	Not Compliant	Orange	01/10/2022
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	29/08/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	01/10/2022

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/10/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	01/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	05/09/2022
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	05/09/2022

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/05/2022
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	05/09/2022