



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

## Issued by the Chief Inspector

Name of designated centre:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Adare Road, Croagh, Limerick
Type of inspection:	Unannounced
Date of inspection:	01 August 2023
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0040418

## About the designated centre

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

Adare and District Nursing Home is a designated centre which is located in the village of Croagh, a few miles from Adare, Co. Limerick. It is registered to accommodate a maximum of 84 residents. The entrance to the centre is the foyer and this is an expansive place with seating areas for residents and visitors to gather. Most of the building is single storey with a two-storey edifice to the right of the foyer which houses two single occupancy apartments. The centre comprises two units: The Main House (46 bedded) and The Willows (35 bedded) which is the memory care unit. Bedrooms are single and twin occupancy and all have en suite shower, toilet and wash-hand basin facilities. Additional toilet and bath facilities are located throughout the centre. Each unit has their own main dining room, smaller dining room, day room, quiet room and resting areas. Residents have access a sensory room, and to paved enclosed courtyards with seating, parasols, garden furniture and raised flowerbeds. Adare and District Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

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

Number of residents on the date of inspection:	83
------------------------------------------------	----

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
Tuesday 1 August 2023	09:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Tuesday 1 August 2023	09:00hrs to 18:00hrs	Una Fitzgerald	Support

## What residents told us and what inspectors observed

The overall feedback from residents living in the designated centre was that they were happy with the care they received and their life in the centre. Inspectors observed that residents were content and comfortable in the company of staff. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection which was carried out over one day. Following an introductory meeting, inspectors walked around the centre with the person in charge, which gave them an opportunity to meet with residents and staff. The inspectors observed many residents were relaxing in the communal areas and some residents were in the process of getting ready for the day. The atmosphere in the centre was welcoming.

Adare and district nursing home is a purpose built facility located in Co Limerick. The designated centre is registered to provide long term and respite care to a maximum of 84 residents. There were 82 residents living in the centre on the day of this inspection and the inspectors were informed that one resident was in hospital. Resident accommodation was mostly laid out on the ground floor and there was a two-storey edifice to the right of a spacious reception, which houses two single occupancy apartments. Corridors on either side of the reception lead to resident living and bedroom accommodation which located in was located in two separate units, known as 'the main house' and the 'willows'.

The willows unit was a secure, dementia specific unit, which is restricted with keypad access. Inspectors observed that this unit was designed with decor which was intended to be stimulating for residents with dementia. Residents' bedroom doors were painted in a variety of colours to replicate front doors, in order to assist residents with way-finding. Murals which depicted familiar images such as shops and a post office were painted along corridor walls and some wall decor was tactile in design, to encourage resident interest and activity. Corridors were wide and had handrails on both sides to support residents safe mobility. Residents also had unrestricted access to an enclosed garden area which was decorated with colourful seating and inspectors observed residents enjoying use of the garden on the day of the inspection. There were a number of communal spaces in the willows unit, such as a large day room and sensory room. Inspectors observed a group of residents being supported by staff to use an interactive cognitive game in the sensory room and they appeared to be very engaged in this activity.

Residents living in the willows unit had adequate wardrobe and storage space for their clothes and personal belongings. However, inspectors found that oral hygiene products and resident dentures were inappropriately stored at night time. These items were stored in a communal cupboard. Inspectors were informed by staff that these items were removed from residents bedrooms as a safety measure, however inspectors found that this practice posed a risk of infection to residents as the items

were not clearly labelled. Furthermore, inspectors found that not all residents who required their dentures for eating, had them in place for their breakfast on the morning of the inspection.

Inspectors observed that residents living and bedroom accommodation in the 'the main house' was appropriately furnished to create a homely environment. Residents bedrooms were personalised with items of significance such as photographs and soft furnishings. Corridor walls were decorated with information boards which displayed photographs of recent resident and staff events. Activities schedules were displayed for resident information. The dining room appeared clean and spacious and pictorial menus were displayed. There was a large communal sitting room located behind the reception area. Inspectors observed that there were up to eighteen residents sitting in this room at various times of the day. Inspectors observed that residents were sitting in this room with no staff in attendance at intervals on the morning of the inspection. The television was playing at a high volume. Inspectors sat in this room chatting with individual residents, and they observed that, for a period of over five minutes, no member of staff entered the room to check on the residents in this area. When a staff member did enter the room, they exited immediately having confirmed that residents were safe. Inspectors observed that there was no engagement with the residents. This room was unsupervised on two further occasions on the afternoon of the inspection. In contrast, a member of staff was present to supervise and support residents in the communal sitting room in the willows unit, at all times.

The reception area was a hub of activity throughout the day. Many residents spent time sitting in this area, observing the comings and goings of others. Inspectors observed residents chatting comfortably with reception staff and all staff passing through this area greeted the residents by name. In the afternoon, inspectors observed that this area was used by residents as a place to congregate for individual and social activities. At one stage inspectors observed a resident was drawing, a resident was knitting and one resident was having a nap, while others were chatting with their visitors.

Many residents had high praise for the service provided. Inspectors heard positive comments from residents such as "you couldn't fault the staff". Residents spoken with voiced satisfaction with the length of time it took to have their call bells answered. Notwithstanding this positive feedback, on the afternoon of inspection, the inspectors observed that several resident call bells were ringing simultaneously, for up to four minutes, with no staff available to attend to the needs of the residents. Furthermore, on the answering of their bell, one resident was informed that staff would return at a later stage to carry out their request.

Residents informed inspectors that they were satisfied with the activity schedule in place. The activities team resource had been increased which meant that there was an activities staff member co-ordinating the social care programme on a daily basis. Residents described to the inspectors the variety of activities they could choose to attend. These included arts and crafts, bingo, baking sessions and music activities. The staff spoken with were familiar with the individual likes and dislikes of the residents. Residents who chose to remain in their bedrooms were offered one-to-

one activities sessions. Regular were outings were arranged to a local garden centre and a community bingo game.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service provider and present the findings under each of the individual regulations assessed.

## Capacity and capability

This inspection was a one day unannounced risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to follow up on unsolicited information that had been received in relation to protection, management of personal possessions and healthcare. The information was partially validated on this inspection and actions was required to ensure that the management systems in place were effective in bringing the designated centre into compliance with the regulations and to ensure that residents received a safe and appropriate service.

The registered provider of this centre is Mowlam Healthcare Services Unlimited Company. There was a clearly defined management structure in place, with clear lines of authority and accountability. The management team consisted of a person in charge and an assistant director of nursing who were supported by a team of clinical nurse managers, nursing staff, health care assistants, housekeeping and catering staff. The designated centre was also supported by activity, administration and maintenance personnel. The assistant director of nursing deputised in the absence of the person in charge. Additional governance support was provided by a regional healthcare manager who had oversight of a number of other designated centres operated by the provider.

The provider had management systems in place to monitor and evaluate the quality and safety of the service provided to residents. This included a schedule of clinical and environmental audits. There were regular management team meetings which were attended by the person in charge and the regional manager, in order to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the agenda items discussed. While there was management oversight of the service, the inspectors found that these monitoring systems did not always identify effective action plans in a timely manner. For example, inspectors viewed records of several complaints received since January 2023, in relation to the management of residents personal laundry. Concerns regarding the laundry were also raised at a resident meeting in February 2023. Complaint records showed that each individual complaint had been addressed by the person in charge. While complaints had been addressed at an individual level, inspectors found that the monitoring of these parts of the service was not robust and did not ensure that incidents would not be repeated. Inspectors also found that record management

systems were not robust and a number of records, set out in Schedule 2 and 3 of the regulations, were not available on the day of inspection. This is discussed under Regulation 21: Records.

Inspector found that the centre had sufficient staffing resources on the day of the inspection to meet the needs of residents. Nursing and care staff practices were observed to be of a satisfactory standard with staff demonstrating that they were familiar with residents' needs, however, increased supervision of staff was required to ensure that residents needs were attended to promptly. This is discussed under Regulation 16: Staff Training and Development.

The provider had made arrangements to facilitate training for staff in infection control, manual handling and safe-guarding. Training records indicated some staff required refresher fire training, as detailed under Regulation 28: Fire precautions.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre. However, not all incidents were notified to the Chief Inspector as required by the regulations. This is discussed further under Regulation 31: Notification of incidents.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse and works full-time in the centre. Their clinical and management experience was in line with regulatory requirements. The person in charge was knowledgeable regarding the specific care needs of the residents accommodated in the centre, and it was evident that they were involved in the day to day operation of the service.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, inspectors observed that there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents. Records showed that there was a registered nurse on duty at all times to oversee the clinical needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles and as a result, this was evidenced by;

- There was ineffective planning for staff allocation resulting in a lack of resident supervision during staff handover, particularly in the afternoon time. For example, inspectors observed residents' call bells were not answered in the main house whilst all staff were gathered together at the staff handover.
- The management team had implemented a staff allocation system to ensure the supervision of residents in the communal sitting room in the main house. However, inspectors observed that this room was unattended by staff on several occasions throughout the inspection.

Judgment: Substantially compliant

## Regulation 21: Records

The registered provider did not maintain records as required under Schedule 2 and 3 of the regulations. For example,

- Two staff files reviewed did not contain a record of current registration details of two members of nursing staff employed in the centre.
- Inspectors were informed that a record is maintained to record deposits and withdrawals of residents finances in the centre. These records were not available on the day of the inspection, as required under Schedule 3 of the regulations.
- Daily progress records did not provide staff with a comprehensive overview of the resident's day spent. A sample of five records viewed by inspectors indicated that daily entries were copied and duplicated.
- Care planning documentation reviewed had incomplete detail in relation to wound care.

Judgment: Not compliant

## Regulation 23: Governance and management

The management systems in place did not ensure that the service provided to residents was safe, appropriate and consistent. This was evidenced by:

- On the day of inspection, resident valuables and individual monies could not be accessed as key personnel were not available. The system in place to manage residents property was not robust as it was reliant on individual staff members to access residents monies, as opposed to a clearly defined process.
- The process in place for the management of personal laundry did not ensure that residents could retain control over their clothing as detailed under Regulation 12: Personal possessions.
- inadequate oversight of infection control practices within the centre.
- Inadequate oversight of records management, as detailed under Regulation 21: Records. This is a repeated finding from a previous inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector of a safeguarding, concern as required by the regulations.

Judgment: Not compliant

### Quality and safety

Overall, inspectors found the residents living in the centre received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. Nonetheless, inspectors found that non-compliance in relation to infection control practices, the state of repair of parts of the premises, management of resident personal possessions and fire precautions, required action to ensure compliance with the requirements of the regulations.

Residents' needs were assessed on admission to the centre, through validated assessment tools, in conjunction with information gathered from the residents and, where appropriate, their relatives. This informed the development of care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity, risk of malnutrition, and falls.

A review of residents' daily progress reports identified poor practice with regard to the documentation of the care and treatment provided to residents on a daily basis. In five resident records reviewed, inspectors identified multiple occasions where the daily progress report was an exact copy of the previous entries. In one file, there

was no reference made to a pressure ulcer that required a dressing review every three days as per the advice from a tissue viability nurse specialist. While the care plan documentation reviewed had missing detail specific to wound management, inspectors acknowledged that this detail had not had a negative impact on the care delivered to residents. This is discussed under Regulation 21: Records.

Residents had good access to a general practitioner who visited the centre five days a week. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place. Residents had timely access to specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Residents were supported to safely attend out-patient and other appointments.

The centre was actively promoting a restraint-free environment. There were no bed rails in use in the centre at the time of the inspection. Restrictive practices were implemented in accordance with national restraint policy guidelines.

There was a laundry system in place which collected and returned residents laundry. However, findings on the day of this inspection as detailed under Regulation 12: Personal Possessions, did not assure inspectors that residents personal clothing was managed appropriately.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Appropriate documentation was maintained for yearly checks and servicing of fire equipment. However, inspectors found that further action was required to ensure that the centre was in compliance with Regulation 28: Fire Precautions. For example, there was no assurance that residents could be safely evacuated to a place of safety, at any time of the day or night. No recorded evidence of a simulated full compartment evacuation drill conducted to take account of night time staffing levels and residents evacuation requirements was available for review.

The provider had a number of policies and procedures in place to prevent and control the risk of infection in the centre. On the day of inspection, the building was found to be clean. Cleaning staff were knowledgeable on the cleaning system in place and were observed to adhere to the policy. A single use, colour-coded, mop and cloth systems was in operation. Notwithstanding good practices in place, the inspector found that further actions were necessary to ensure residents were protected from risk of infection and these findings are discussed under Regulation 27; Infection Control.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Residents had access to an independent advocacy service and details regarding this service were displayed in the reception area of the centre. Residents' meetings were convened to ensure residents had an opportunity to express their concerns or wishes. Minutes of

residents meetings indicated that residents were consulted about the quality of activities and the quality and safety of the service, the quality of the food, laundry services and the staffing. Residents had access to television, radio, newspapers and books. Residents' wishes in relation to their preferred religious practices were recorded and respected. Catholic mass was celebrated daily in the centre.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated excellent knowledge of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or one of the communal areas.

### Regulation 11: Visits

Inspectors found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors as they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Inspectors observed two large boxes of unlabelled items of residents personal laundry. Staff informed the inspectors that the procedure for labelling and returning the laundry to the correct resident, was wholly dependent on individual staff being able to identify which resident owned the items. This posed a risk that items of personal clothing would be misplaced and the system of managing residents belongings did not ensure that residents were able to retain control over their personal possessions.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was not maintained in a good state of repair. This was evidenced by;

- Skirting boards and wall surfaces were damaged in several resident bedrooms.

- Paintwork was chipped and damaged on wall surfaces and on several bedroom and utility room doors.

There was there was a lack of suitable storage space in the designated centre and inspectors observed the following;

- Cleaning trolleys were stored in the sluice room. This arrangement increased the risk of environmental contamination and cross infection. This was a repeated finding.
- The storage of a hoist in a dining room in the willow unit. This posed a risk of falls.

Judgment: Substantially compliant

### Regulation 27: Infection control

Actions were required to ensure that the designated centre fully met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- The area around the water outlets in several sinks used by staff for hand hygiene was visibly stained. This finding did not give assurances that these areas had been thoroughly cleaned and this posed a risk of cross infection.
- Residents dentures and oral care products were stored inappropriately in a communal cupboard and not clearly labelled, which posed a risk of cross infection.
- Rolls of clean clinical waste collection bags were stored on the equipment drying rack in a sluice room. This posed a risk of cross infection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was inadequate precautions in place to protect residents and others from the risk of fire, and to ensure that the centre was in compliance with Regulation 28: Fire precautions; This was evidenced by the following;

- Inspectors observed that there were large spaces between the door and the floor under a number of fire doors and this posed a risk that fire and smoke would not be contained in the event of a fire safety emergency.

- A review of the staff training records found that some staff did not receive appropriate and up-to-date fire safety training in fire prevention and evacuation procedures.
- A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centre's largest compartments with the lowest staffing levels, to ensure that residents could be safely evacuated with these staffing levels.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practices to ensure appropriate usage.

Judgment: Compliant

### Regulation 9: Residents' rights

Interactions between residents and staff were observed to be kind, dignified and respectful. Residents were encouraged to exercise choice and had control over how they spend their day and their right to privacy was upheld.

Residents were supported to maintain their individual style and appearance. Residents had the choice to participate in a variety of activities or spend time in their bedrooms reading and watching television.

Residents had access to an independent advocacy service.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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 Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0040418

Date of inspection: 02/08/2023

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) has met with all staff regarding call bell response times, and it was agreed that there is always at least one staff member allocated and available to answer call bells during handovers or safety pauses.</li> <li>• The PIC will conduct monthly call bell audits to monitor response times and will implement improvements based on findings.</li> <li>• The PIC will ensure that the staff allocated for communal sitting room resident supervision is in place, particularly during staff handover meetings and safety pauses.</li> </ul>	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• Since the inspection, all staff files have been reviewed and we can confirm that all information within individual staff files is now in accordance with the requirements under Schedule 2 of the Health Act.</li> <li>• The PIC will ensure that there is access to the records that are maintained regarding residents’ deposits and withdrawals of residents’ finances within the centre, and these records will be available for inspection, as required under Schedule 3 of the regulations.</li> <li>• The PIC will provide education to nursing staff regarding individual accountability and responsibility in relation to accurate record-keeping. We will amend the home’s policy on clinical documentation to state that copying and pasting records from one date to another is not permitted. The PIC and ADON will monitor compliance with this requirement through the clinical care documentation audits.</li> <li>• The PIC will ensure that wound assessments and care plans will be completed and</li> </ul>	

updated accurately and in a timely manner. The PIC and ADON will monitor compliance through regular clinical care documentation audits.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The PIC will ensure that the PIC or designated deputy (ADON or nurse in charge) can always access resident valuables and individual monies. The system in place has been revised to reflect that the PIC, designated deputy or nurse in charge can access these items at any time that a resident wishes to access their own valuables or money.
- The PIC will ensure that the laundry company will provide individual laundry bags to ensure that residents' personal clothing can be collected, laundered and returned to the residents correctly.
- The PIC and Infection Prevention & Control (IPC) lead nurse will ensure that national IPC guidelines are adhered to and implemented within the home. Housekeeping staff will receive Clean Pass training to enable them to understand the appropriate cleaning procedures and protocols. The PIC will monitor compliance with IPC practices through regular walkabouts of the home, observing practice, and by undertaking monthly IPC and environmental hygiene audits. Quality improvement plans (QIP) will be developed and implemented to address identified deficits following audits. IPC will be an ongoing agenda item for monthly management team meetings and the IPC Committee will escalate findings to the PIC and request specific actions in response, as required.
- The PIC has undertaken a full review of employee records and can confirm that they are in accordance with Schedule 2 requirements.
- The PIC has developed a QIP as detailed under Regulation 21 above to address the issue of staff copying and pasting within care records.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC will ensure that all complaints will be assessed to determine whether they may refer to a potential safeguarding concern; if so, a notification will be submitted to the Authority in accordance with legislative requirements and the matter will be investigated in accordance with the home's policy on Protection and Safeguarding.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• The PIC has contacted the laundry company and there will be a system in place to ensure that each individual resident's personal clothing items will be collected in their own individual laundry bag, laundered and returned to the resident appropriately.</li> <li>• The PIC will ensure that all clinical and housekeeping staff understand and effectively implement the process of labelling all residents' clothing.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• We will replace all damaged skirting boards.</li> <li>• There is a schedule of decorative upgrade works in place to include the replacement of damaged skirting boards, painting upgrade and these works have commenced since the inspection.</li> <li>• The PIC will ensure that all equipment is stored appropriately and safely in the centre, and that there is no inappropriate storage of equipment in spaces used by residents.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The PIC and ADON will closely monitor standards of environmental hygiene and adherence to IPC standards in the home, in accordance with the national IPC guidelines and Health Protection Surveillance Centre recommendations.</li> <li>• The PIC and IPC lead nurse will undertake IPC audits in the centre and a QIP will be developed to address any identified non-compliances.</li> <li>• The IPC Committee will meet monthly and escalate any findings or issues to the PIC for further action.</li> <li>• IPC will be a running agenda item for all monthly management team meetings so that all staff are aware that IPC standards are the responsibility of all staff members and departments.</li> <li>• The PIC will ensure that housekeeping staff maintain the outlets of all sinks in a clean</li> </ul>	

condition to prevent cross-contamination.

- The PIC will ensure that all housekeeping staff receive Clean Pass training.
- We will provide individual cabinets for each resident for their toiletries and individual labelled containers for dentures to facilitate their safe storage and to prevent cross-contamination.
- Clinical waste bags will be stored safely and to prevent the risk of cross-contamination.

Regulation 28: Fire precautions

Substantially Compliant

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

- The work to address gaps between the fire doors and floors has been completed.
- Fire safety training and annual refresher update training has been completed for all staff.

We will ensure that weekly fire evacuation drills are carried out and evaluated, simulating night-time conditions and focusing on the larger compartments

## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/11/2023
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly	Substantially Compliant	Yellow	30/11/2023

	and returned to that resident.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2023
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	31/12/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/09/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/10/2023

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/10/2023
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	Substantially Compliant	Yellow	30/09/2023

	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	30/09/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	30/10/2023