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 Paul's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	St Nessan's Road, Dooradoyle, Limerick
Type of inspection:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0000433
Fieldwork ID:	MON-0037486

About the designated centre

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

St. Paul's Nursing Home is a purpose-built designated centre and has been in operation since 1963. The nursing home was opened and operated by the Bons Secour De Troyes until 2010 when it was purchased by Blockstar Limited, who are the current registered providers. The centre is registered to accommodate 57 residents in 52 bedrooms – one three bedded room, three two bedded rooms (two with en suite facilities) and 48 single bedded rooms (seven with en suite facilities). The centre provides 24-hour residential care for both female and male residents and provides general long-term care, palliative care, convalescent care and respite care. The centre is registered to care for persons over the age of 18 but most residents are over 65 years of age and can cater for residents assessed as being from low to maximum dependency levels' as per the modified Barthel Index.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

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	09:00hrs to 17:30hrs	Oliver O'Halloran	Lead
Thursday 28 July 2022	09:00hrs to 17:30hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Residents living in St. Paul's Nursing Home told the inspectors that they enjoyed their life in the centre and that staff treated them kindly and respected their choice with regard to how they spend their day. Residents told the inspectors that they felt safe living in the centre and received timely support and assistance from staff.

Inspectors were met by the person in charge and guided through the infection prevention and control measures in place on arrival at the centre. Following an introductory meeting, the inspectors walked through each of the three floors of the premises with the person in charge.

Inspectors observed a calm, quiet and relaxed atmosphere in the centre throughout the inspection. Staff were observed greeting residents respectfully as they entered their bedrooms to provide care and support. There was an observed comfort and relaxed rapport between residents and staff. Residents appeared well groomed and dressed according to their preferred individual style and appearance.

Inspectors observed residents using a variety of communal areas in the centre such as the day rooms, enclosed gardens and some residents were observed spending time in the chapel. Some residents chose to remain in bed until late morning and were content listening to the local radio station. Residents were observed attending the hair salon throughout the morning and appeared to enjoy this activity.

On walking around the centre, inspectors observed some poor practice in relation to fire safety. Some fire doors were observed to be held open with a wedge. This meant that the protection given by the fire door, in the event of a fire, was by-passed.

The centre was laid out over three floors, with resident bedrooms and day room accommodation on all floors. There was lift access between floors. Inspectors observed that, of the two showers available on the second floor to residents, only one was accessible to residents due to the inappropriate storage of hoists, slings and linen trolleys in one shower room. Inspectors observed multiple areas where ceiling tiles were broken and damaged. Visible holes remained in the ceiling where services had been relocated. Residents told the inspectors that, during recent construction works, they found it very loud and disturbing while works were being undertaken, until works ceased in the evening time.

Inspectors spent time talking to residents in their bedrooms. Residents were complimentary of the management and staff. Residents told inspectors that staff would 'always do their best for you'. Residents told inspectors that they enjoyed their own company in their bedroom and passed the day by reading and watching television. Residents stated that they would attend the communal areas when there was music activities or bingo. Residents were satisfied with the response times for

staff to answer their call bells.

Residents were complimentary of their bedroom accommodation and the storage facilities for their personal possessions. Residents personal clothing was laundered on-site and residents reported being satisfied with the service. Inspectors observed that some furniture, such as wardrobes and chests of drawers, were in a poor state of repair as doors and drawers could not be closed or locked due to visible damage. Inspectors observed that residents had the option of locking their bedroom doors and were provided with keys at their request.

Overall, residents were satisfied with the quality of the food they received and the choices on offer at mealtimes. Residents had the choice of having their meals in the dining room on the ground floor, in the communal rooms on each of the three floors, or in the privacy of their bedrooms. Staff were available to facilitate the residents' choice and provide assistance and support where necessary.

Residents told the inspectors that they could raise any concerns they may have with a member of the staff and were confident that the issue or concern would be resolved. Residents told inspectors that they would like more opportunities to consult the management team about the quality of the service. Residents explained that they had only one opportunity this year to attend a residents forum meeting. Inspectors observed that notices were placed around the centre advertising that a meeting was scheduled for August 2022. The centre was home to a small number of residents under the age of 65 and inspectors met with those residents and the staff who provide close supervision and care to those residents. Residents appeared content and relaxed in their environment. Arrangements were in place to provide care and support to those residents in line with their assessed needs.

There was an easily accessible activities schedule displayed on each of the three floors for residents to view and choose activities in line with their interests and capabilities. On the day of inspection, care staff were providing activities for residents. Inspectors observed a number of residents attending bingo which they looked forward to.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection, carried out over one day, by inspectors of social services to;

- assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

- review the registered provider's compliance with condition 4 and condition 5 of the centre's registration.
- follow up on actions taken by the provider to address issues of non-compliance found on the last inspection in December 2021.
- follow up on notifications and information submitted by the provider and person in charge.

The registration of this centre was renewed in August 2020. Significant regulatory non- compliance was identified on previous inspections with regard to fire safety and the premises. Consequently, the Chief Inspector renewed the registration of the centre with two additional restrictive conditions attached to the centre's registration. The purpose of those conditions were to improve the availability and accessibility of sanitary facilities for residents and to take the necessary action to ensure residents were adequately protected from the risk of fire. Following engagement with the office of the Chief Inspector, the provider applied to extend the date to comply with the conditions of registration to 30 April 2022. On this inspection, inspectors found repeated non-compliance with Regulation 17, Premises and Regulation 28, Fire precautions and consequently, the registered provider had failed to comply with their conditions of registration. This was evidenced by;

- There were only two showers available for 20 residents on the second floor.
- Not all toilets, including en-suite toilets, were wheelchair accessible.
- While compartments had been sub-divided with fire doors, the fire doors had not been certified and were not functioning.

Additionally, inspectors found that action was action was required to comply with;

- Regulation 23, Governance and management,
- Regulation 21, Records,
- Regulation 27, Infection control, and,
- Regulation 9, Residents rights.

The centre was operated by Blockstar Limitied. The provider had a clear governance structure in place with lines of authority and accountability clearly defined. The person in charge was supported by the provider group regional manager. On site, the person in charge was supported by two clinical nurse managers who work full time. The clinical nurse managers provided direct resident care and also worked in a supervisory capacity, approximately 30% of each clinical nurse manager role was spent in a supervisory capacity. The clinical nurse managers deputised in the absence of the person in charge. There was a team of nursing, care and support staff in place. A review of the centre's staffing, rostered on the day of inspection, found that the staffing levels and skill mix were adequate to meet the assessed care needs of the residents given the size and layout of the building.

The provider had a system in place to monitor the safety and effectiveness of the service. An audit schedule was in place, which included audit activity across clinical and environmental aspects of the service. Audit activity examples included medication management audit, infection control compliance audit, dining experience audit, care plan audit and resident nutritional status audit. A review of audit

findings, and associated action plans arising from deficits identified that audit activity and the management of action plans arising from audit findings led to quality improvement initiatives. An annual review, had taken place for the year 2021, which identified areas for improvement in 2022. Improvement was required to ensure that risk management systems were effective. While there was a risk register in place, on review inspectors found that the register did not identify risks associated with fire doors being ineffective, and therefore the risks associated with same in the event of a fire, were not identified. Furthermore, the risk of fire containment associated with the laundry shoot that linked the three floors of the premises had not been appropriately risk assessed. The potential risks to residents from the ongoing building works, were also not identified in the centres risk register, therefore no identified actions were in place to mitigate against these risks to residents.This is discussed further under Regulation 23, Governance and Management. On review of the records of incidents that had occurred in the centre, inspectors found that the Chief Inspector had been informed of notifiable incidents, in line with regulatory requirements.

The inspection was facilitated by the person in charge, who had recently taken up post in this centre. The person in charge had sufficient management experience and the required management qualification to meet the requirements of the regulations.

Training was provided for all staff appropriate to their role. Staff who spoke with inspectors demonstrated the required skills, competencies and experience to carry out their roles effectively.

There was evidence of effective communication systems, with frequent meetings between the management team and the various staff teams taking place. A review of minutes of these meetings evidenced that a wide range of issues were discussed, and where actions were necessary to improve aspects of the service, action plans were put in place, which were reviewed.

Inspectors reviewed four staff files and found that they contained the requirements as set out in schedule 2 of the regulations. Inspectors were shown an archive room in the centre, which was locked. This room contained documentation in boxes, which were labelled with years from 2018 onwards. The person in charge and the registered provider representative, explained to inspectors that records as set out in schedule 3 of the regulations, pre dating 2018 were stored in an attic space of the centre, which was an area that was not registered as part of the centre. This is discussed further under Regulation 21, Records.

A review of contracts for the provision of services found that all residents had an agreed contract in place. The contract included an additional service charge in addition to the weekly fee, however, the contract did not specify which services this fee covered. Action was required to ensure compliance with Regulation 24, Contract for provision of services.

The centre had a complaints policy. A complaints procedure was prominently displayed in the centre. Inspectors reviewed complaints records and found that they met all the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge was appropriately experienced and qualified to meet regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the needs of the residents, and the size and layout of the designated centre

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were appropriately supervised.

Judgment: Compliant

Regulation 21: Records

A review of the record keeping arrangements in the centre found that records, as set out in schedule 3 of the regulations, were kept in an area that was not registered as part of the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that improvement works relating to fire safety and the premises were completed within the time lines required in the centre's conditions of registration. The provider had not completed the works required to meet the requirements of Condition 4 and Condition 5 of the centre's registration within the required timeline. They had also not applied for a change to

the condition to extend the timeline. These conditions outlined the requirement to address fire safety issues, and issues relating to residents access to bathrooms and shower facilities.

Governance and management systems were not effectively monitored. For example;

- There was poor oversight of risk management systems. For example;
  - There were no risk assessments carried out prior to, or during, construction works in the centre.
  - There were no risk assessments carried out with regard to the fire risks identified as detailed under Regulation 28.
- Record-keeping and file management systems were not effectively monitored. For example, records were stored in an area of the premises that was not registered as part of the designated centre.
- The systems in place to provide monitoring and oversight of infection prevention and control did not ensure that the centre was in compliance with Regulation 27 Infection control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Action was required to ensure that the contract for the provision of services met regulatory requirements. For example;

- The contract for the provision of services did not clearly specify which services are covered by the additional service charge.
- The contract for the provision of services did not specify the number of other residents, if any, sharing the residents bedroom accommodation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector as per regulatory requirements had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy. The complaints procedure was prominently displayed in the centre. Complaints were managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents received a satisfactory standard of care and support from a team of staff who respected residents rights and promoted their independence. Residents were satisfied with the quality of care they received and felt safe living in the centre. Nonetheless, action was required to ensure that all residents in the centre were safe. Inspectors found repeated non-compliance identified during previous inspection of the centre with regard to Regulation 17, Premises and Regulation 28, Fire precautions. Consequently, the registered provider was in breach of condition 4 and condition 5 of the centre's registration. In addition, inspectors found that action was also required to comply with Regulation 27, Infection control and Regulation 9, Residents' Rights.

The actions committed to by the registered provider following the previous inspections of the centre, including installing two showers on the first floor of the premises and one shower on the second floor had not been completed.

Inspectors found that staff demonstrated a satisfactory understanding of the centre's fire evacuation procedures and the role of each staff member should the emergency fire alarm be activated. Residents personal evacuation emergency plans (PEEP) were displayed in residents rooms and detailed the evacuation method and supports each resident required. Fire safety training and evacuation drills were carried out frequently. However, Inspectors observed some poor practice in relation to fire safety precautions, such as the holding open fire doors. In addition, the systems in place to ensure containment of fire required action to ensure compliance with the regulations.

The centre’s risk management policy contained all the information required under Regulation 26. As part of the risk management systems, a risk register was maintained that recorded potential risks to residents’ safety and welfare and the controls to be implemented to mitigate the risk of harm to residents. However, the risk register did not contain risk assessments specific to the risks associated with the fire doors defects or the ongoing building works in the centre that may impact on residents living in the centre. This issue is addressed under Regulation 23, Governance and management.

A sample of residents nursing notes and care plan records were reviewed on the electronic system by the inspectors. Residents health and social care needs were comprehensively assessed through a variety of validated assessment tools that underpinned the development of person-centred care plans. The details of residents specific care interventions and supports contained in residents’ care plans evidenced

that residents were actively involved in the development and review of their care plans. However, Inspectors found that initial wound assessments were not completed, therefore appropriate care plans could not be developed for this area of need.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

Residents were supported to retain their own general practitioner (GP) if they wished and were reviewed by their GP, as required or requested. Residents were facilitated to access the advice of allied health and social care professionals such as dietetics, occupational therapy and speech and language therapy, through a system of referral. There was evidence that the wound care provided to residents was evidence-based and the recommendations of tissue viability experts was incorporated into the resident's plan of care to support wound care.

Staff demonstrated an appropriate knowledge of infection prevention and control measures that included the appropriate wearing of personal protective equipment. Inspectors found that the centre was visibly clean in areas occupied by residents that included bedrooms and communal day rooms. However, areas such as sluice rooms and storage areas and equipment used by residents were not clean on inspection. There was inconsistency in the application of the cleaning process and procedure by staff. This is described further under Regulation 27, Infection control.

Inspectors found that residents were free to exercise choice in how to spend their day. Residents were provided with television and Internet access and daily newspapers were available. Residents could attend religious services three times per week in the centres' chapel. Residents confirmed that they were satisfied with the activities provided on a daily basis. However, residents were not facilitated with opportunities to consult with management and staff on the quality and organisation of the service.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors in their private accommodation or in designated visiting areas. Visits were observed to be unrestricted.

Judgment: Compliant

Regulation 13: End of life

A holistic assessment of residents end-of-life wishes and support needs was completed on admission to the centre. Decisions regarding resuscitation status were made through a a multi-disciplinary team approach in consultation with the resident and, where appropriate, their relatives.

Judgment: Compliant

Regulation 17: Premises

The actions required to comply with Condition 5 of the centres' registration had not been completed. This was evidenced by;

- There were two showers for 20 residents living on the second floor of the premises. Additionally, inspectors observed that one of those shower rooms was used to store hoists, linen trolleys and hoist slings. Consequently, the shower room was not accessible to residents.

There were areas in the interior and exterior of the building that were not kept in a good state of repair and did not meet the requirements of Schedule 6 of the regulations. This was evidenced by;

- There was no hand wash basin or janitorial sink in the housekeeping room. This is a repeated non compliance from the previous inspection.
- There were multiple areas of the premises were floor coverings were torn and visibly damaged. Some floor transition strips were loose and this created a trip hazard for residents.
- Residents furniture was visibly chipped and damaged. For example, some wardrobe doors and chest of drawers were visibly damaged and could not be closed securely.
- Wall paper and paint in residents bedrooms were damaged and peeling from the wall.
- Externally, waste that included personal protective equipment and cigarette butts, were discarded on the ground outside the laundry area.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy met the requirements of the regulations.

The non-compliance found with the system of risk management is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements under Regulation 27. Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by the Authority. This was evidenced by;

- Housekeeping staff were not carrying out cleaning of the centre in line with best practice.
- Sluice rooms, storage rooms, communal toilets and some shower rooms were visibly unclean.
- Equipment, such as commodes and toilet seat raisers, were not cleaned appropriately after use and were visibly unclean on inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not completed the actions committed to as detailed in the providers compliance plan for fire safety following the previous inspection. For example;

- The fire doors that had been installed were observed to be ineffective. The fire doors did not align correctly when closed and smoke and heat seals were dislodged and this compromised the integrity and function of the doors in the containment of smoke in the event of a fire emergency. The provider had given assurance to the Chief Inspector that all fire safety work was due to be competed the end of April 2022, as required by Condition 4 of the providers registration.
- A completed fire safety risk assessment of the building, including an assessment of the location of the fire panel on the first floor and repeated panel on the ground floor, was not made available for inspectors to review.

The registered provider did not have adequate arrangements in place for monitoring and reviewing fire precautions. This was evidenced by;

- Poor practices were observed whereby fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system. This impacted on effective fire containment measures.
- Some doors, including the door between the laundry and housekeeping area, were missing portions or all of the required heat and smoke seals around the

head and sides of the fire doors.
- There were gaps and holes in the ceiling where services penetrating the ceiling had been relocated. This impacted on the containment of fire and smoke, in the event of an outbreak of fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not always based on appropriate assessments as required by regulation 5. For example, the assessments of wounds were not completed and therefore, appropriate care plans could not be prepared for this area of need.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to a GP. Residents were also supported with referral pathways and access to allied health and social care professionals.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure compliance with this regulation. Inspectors found that:

- Residents were not provided with the opportunity to be consulted about, and participate in the organisation of the designated centre.

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 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Paul's Nursing Home OSV-0000433

Inspection ID: MON-0037486

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: Records were stored in an area of the centre that was not registered. All records have been reassigned to a secure area within the Centre. This action was completed by 31.08.2022	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: S-The Centre had failed to meet the requirments of Condition 4 and Condition 5 of the Centres registration. M- • Fire doors replaced. • New sanitary facilities on top floor are expected to commence 05.11.2022. • All risk assessments have been reviewed and implemented as required. • A new infection control audit has been introduced with oversight from DON. • Records identified on the day of inspection have been reassigned to a secure area within the centre. A- Achievable R- Earliest available date for contractor to commence works. T- To be completed by 31.01.2023	

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The Contract for the provision of services did not meet regulatory requirements. A new contract of care which is robust and fit for purpose has been implemented. This action was completed by 11.10.2022	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: S- The centre had failed to complete the actions required under condition 5 of the centre's registration. M- A contractor has been appointed to oversee the areas identified during the inspection. A - The Centre will complete the works by 31st January 2023. R -Realistic T - 31st January 2023.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Infection prevention and control management did not fully comply with the requirements under Regulation 27. • Housekeeping staff have completed enhanced training in environmental cleaning in line with best practice. • Daily cleaning and decontamination of resident equipment is in place. • Monthly infection control audits, daily spot checks, discussion at staff meetings and clinical governance meeting have been implemented. • The DON will have oversight of all the decontamination records in the centre. This was achieved on 28.07.2022.	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
S-The Centre had not completed the actions as detailed in the providers compliance plan for fire safety following the previous inspection.
M-
• A Fire Risk Assessment has been completed.
• The fire doors on both floors have been replaced.
• Any inappropriate door holding devices found on the day of inspection are now removed. There is increased daily surveillance by the DON with immediate remedial action and discussed regularly at staff meetings.
• Missing seals on fire doors replaced and new fire doors have been ordered.
• All gaps in the ceilings have been closed.

A-Achieved

R- Realistic

T- 14.10.2022

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans were not based on appropriate assessments as required by Regulation 5. The centre has recently introduced new audits, which assist in identifying any improvements required and enhances the governance of all wounds.
The DON will continue to review all audits monthly and will discuss at clinical governance meetings.
This was implemented on 01.08.2022

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents were not provided with the opportunity to be consulted about and to participate in the organisation of the designated centre.
• In the interests of transparency and to engage in meaningful dialogue, resident meetings will be held at least every six weeks.
• The DON reviews all minutes of meetings and any concerns are dealt with impartially and with SAGE involvement if deemed necessary.
This was implemented by the 8th of August 2022

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.	Not Compliant	Orange	31/01/2023
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.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	31/01/2023

	effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/10/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	11/10/2022
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	Substantially Compliant	Yellow	28/07/2022

	staff.			
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	14/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/10/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/08/2022
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.	Substantially Compliant	Yellow	01/08/2022
Regulation 9(3)(d)	A registered	Substantially	Yellow	08/08/2022

	provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Compliant		