



**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. Theresa's Nursing Home
Name of provider:	Camillus Healthcare Limited
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0034236

About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises ten single bedrooms. Two of the bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have a wash hand basin. Access to the first floor is by stairs and chair lift.

Accommodation on the ground floor comprises 16 single bedrooms. There are three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. The provider is a company called Camillus Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 February 2022	09:30hrs to 19:00hrs	John Greaney	Lead
Wednesday 2 February 2022	09:30hrs to 19:00hrs	Mary Veale	Support

What residents told us and what inspectors observed

Overall, residents spoken with provided positive feedback about the care they received and services provided in the centre. Some residents did express dissatisfaction with not being able to leave the center and visit local amenities.

After an opening meeting with the person in charge, inspectors were accompanied on a tour of the centre by the person in charge. St. Theresa's Nursing Home is a two storey premises, with bedroom accommodation on both floors. The first floor can be accessed via stairs and chair lift. There is no elevator and as a result, only residents assessed as being low to medium dependency can be accommodated on the first floor.

The inspectors first visited the upstairs section of the premises. After climbing the stairs or using the chair lift, residents need to negotiate an additional two steps leading to a wing containing four single bedrooms. These four bedrooms were vacant on the day of the inspection and one of these bedrooms was currently being used to store personal protective equipment (PPE). The other wing of the upstairs contains six single bedrooms. Five of these rooms were previously designated as twin rooms, but have been reduced to single occupancy as they do not meet the requirements of the regulations in terms of floor space. Even though these rooms have now been reduced to single occupancy, they have not yet been reconfigured to reflect this and each room still contained the furniture for two bed spaces. Sanitary facilities on the first floor comprise two bathrooms; one bathroom has a bath, shower, toilet and wash hand basin; and the other has a shower, toilet and wash hand basin.

The ground floor contains 16 bedrooms. Four of these bedrooms had previously been designated as twin rooms but do not meet the requirements of the regulations in terms of floor space to accommodate two residents. On the day of the inspection, three of these rooms continued to be occupied by two residents.

Communal space on the ground floor comprises a large sitting room, a smaller sitting room, and a visitors' room. Residents also had access to an enclosed outdoor area. Communal rooms were furnished appropriately with couches and armchairs.

Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents confirmed that staff were responsive to their needs and provided assistance in a respectful manner. All residents spoken with stated that they felt safe in the centre. Interactions observed between staff and residents were noted to be courteous and respectful. Staff were available throughout the inspection and were knowledgeable of residents' individual needs. It was evident that the person in charge was well known to residents and was knowledgeable of each resident's individual needs. Residents' bedrooms were personalised to varying degrees based on each resident's preferences.

Inspectors spoke with a number of residents and all were complimentary of the staff. Some residents reported that they missed going out to the town and to local restaurants. Residents told inspectors that they enjoyed the food in the centre. There was always a choice at meal times and drinks and snacks were available throughout the day. One resident in the sitting room stated that they felt cold, however, other residents in the sitting room had no complaints about the room temperature. Inspectors did, however, note in the evening that the radiators in the sitting room were lukewarm despite the heat being on. The provider made contact with a plumber prior to the end of the inspection to rectify the problem.

Visiting was prearranged by telephone. Inspectors were informed that visiting could take place in the resident's bedroom or in the visiting room. Inspectors talked to two visitors who confirmed that they usually booked their visits in advance but said that there was never any difficulty in arranging visiting at a time suitable to them. The visitors were complimentary of the staff and the care their family member received.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The centre is owned and operated by Camillus Healthcare Limited. The company is made up of two directors, one director is also the person in charge. As person in charge she was also responsible for the day-to-day running of the centre and worked from Monday to Friday and was on call at the weekends. She was supported in her role by two clinical nurse managers, a team of nurses, health care staff, and housekeeping and catering staff.

Significant non-compliance's were found on the previous two inspections. Following the most recent inspection in September 2021 an urgent compliance plan were issued in response to non compliance relating to Regulations 23(a)(b)(c), 15(1), 17(2), 27, 28 (1) (e)). Following a meeting with the provider, a warning letter was issued on 9 September 2021. The provider was required to complete the following actions:

- complete a deep clean of the designated centre, and sufficiently resource the cleaning staff with experienced persons. The cleaners will work seven days per week, across the entire day
- strengthen the governance and management arrangements so that the provider would have operational oversight of the centre
- review the visiting arrangements in place
- submit any relevant documents regarding fire safety and the compartmentalisation of the centre.

This was an unannounced inspection by two inspectors of social services to monitor compliance with the regulations and to follow up on the actions from the previous inspections. This inspection found the improvements with care planning and health care found in September 2021 were sustained but the provider had not taken effective action to achieve compliance with other care and welfare regulations. Repeated non-compliances were found in relation to regulations 15, 23, 11, 9, 17, 27 and 28.

The centre is registered to accommodate 35 residents, however, with the implementation of S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016, nine twin rooms no longer afford individual residents 7.4m² of available space to include their bed, chair and personal storage space. A notification was submitted by the provider to the Chief Inspector on 16 December 2021 that the centre would close on 31 December 2021 and residents and families were informed of the intended closure. This was due to the misinterpretation of the regulations by the provider, who thought that many of the single bedrooms did not meet the requirements of the regulations. Following receipt of the notification, an urgent meeting was scheduled with the provider to clarify that all of the bedrooms were adequate in size to accommodate one resident but the twin rooms were not big enough to accommodate two residents from 01 January 2022 onwards. On this inspection three of these twin rooms continued to be occupied by two residents.

There were suitable recruitment practices in place and the provider ensured that all staff had a An Garda Síochána (police) vetting in place prior to commencing employment. Staff training records showed that staff had good access to mandatory training and additional training was provided online in order to meet the needs of individual residents. However, a small number of staff had not received training in safeguarding vulnerable adults.

The centre had an accessible complaints policy and procedure in place. A review of the complaints log indicated that most complaints were issues raised verbally by residents, and these were recorded. Inspectors found that these were investigated and responded to, in a timely, open, and transparent manner, by the person in charge who was the designated complaints officer.

It was found on the last inspection in September 2021 that there were inadequate numbers of cleaning staff and inadequate numbers of care staff to provide for the social needs of residents on duty. These were repeated findings on this inspection. A review of cleaning records indicated that on occasion, in the absence of sufficient numbers of cleaning staff, care staff carried out cleaning duties on the same days that they were rostered to provide direct care to residents, which is not good infection prevention and control practice as it poses a risk of cross contamination. There were insufficient numbers of care staff to meet the social care needs of residents which meant that residents did not have access to meaningful activities or entertainment.

Inspectors, also noted that the person in charge continued to limit access to the community by residents and this extended beyond what was public health advice

and was not based on individual risk assessments. This risk averse approach by the provider impacted on the residents' quality of life and their right to freedom of movement.

Regulation 14: Persons in charge

The person in charge was an experienced nurse and manager. The person in charge had the required experience and qualifications required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were not appropriate to meet the needs of residents. For example:

- a review of the staff roster, cleaning records and discussions with staff indicated that cleaning staff were not on duty each day of the week. As a result there was crossover between staff carrying out caring and cleaning duties, which does not comply with good infection and control practice and may contribute to cross contamination
- The staffing model in place did not facilitate staff to provide meaningful activities for staff.

Judgment: Not compliant

Regulation 16: Training and staff development

A comprehensive training and development programme was in place for all grades of staff. However, there were gaps in the training matrix where a small number of staff had not completed mandatory training in safeguarding vulnerable adults.

Judgment: Substantially compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A sample of four personnel records indicated that a full and comprehensive

employment history was available for each member of staff; employment references were obtained for each member of staff, including a reference from their most recent employer; and Garda vetting was in place for all staff.

The provider was requested to review their records retention and archiving practice, as records that should either have been archived or disposed of were contained in folders with current records. For example, daily fire safety checks dating back to 2002 were contained in the fire safety folder and audit records dating back to 2009 were contained in the audit folder.

Judgment: Compliant

Regulation 23: Governance and management

Current resourcing and governance arrangements required review and improvement. This is a repeated finding. For example:

- the provider had failed to ensure that the designated centre had sufficient resources
 - to ensure the effective delivery of care including days when there were no cleaning staff rostered for duty
 - to meet the social care needs of residents
- the risk of COVID-19 in the centre were not based on an assessment of the current national situation. The measures taken to mitigate risk were not proportionate and impacted on residents' rights and their quality of life
- authority and accountability, and specific actions required to respond to issues identified in a fire safety risk assessment were not clear on the day of the inspection
- the provider had yet to ensure that the premises complied with with SI 293/2016 in relation to the minimum floor space available for residents in three of the twin bedrooms.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that included the services provided and fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose had been amended and contained all the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the chief Inspector within the required time frames. The inspector followed up on incidents that were notified, and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

An up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available, implemented and regularly reviewed in the centre.

Judgment: Compliant

Quality and safety

Overall, residents health and welfare was maintained by a good standard of evidence-based care and support. While many residents were content living in the centre and said they felt safe inspectors found that non-compliances in relation to fire safety, infection control, premises, and residents rights, found on previous inspections continued to impact on residents' safety and well being.

Improvements were required in relation to the frequency at which preventive maintenance of the fire alarm and emergency lighting was conducted. Residents all had Personal Emergency Evacuation Plans in place, and these were updated regularly and identified the evacuation methods applicable to individual residents for evacuations. Fire drills were conducted regularly but more variation was required in the scenarios simulated and more detail was required in the fire drill records. While a fire safety risk assessment had been conducted, not all actions identified as required had been completed.

Due to inadequate numbers of cleaning staff there were days when there were no cleaning staff rostered for duty. As a result care staff carried out cleaning duties without adequate segregation of roles. There was also a need to review practices in relation to the refilling of personal bottles of hand hygiene gels. There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspection these measures were observed to be adhered to by staff.

The risk management policy met the requirements of the regulation. There were associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse.

There were twenty six bedrooms in the centre. Previously, nine of these bedrooms had been designated as twin rooms and seventeen were single rooms. As already stated in this report, none of the twin rooms contained the required space to accommodate two residents yet three bedrooms continued to be used as twin rooms. There were also some other maintenance issues that needed to be addressed and these are discussed in more detail under Regulation 17.

Residents care plans and daily notes were paper based. All residents had a nursing assessment and care plan in place. A review of a sample of care plans found a good degree of personalisation and reflected the care needs of each resident. Residents had good access to their general practitioner and were supported in the centre by allied health care professionals, such as a physiotherapy, dietetics and speech and language therapy.

Inspectors did not find evidence that visiting was being facilitated in line with the latest public health guidelines. All visits were booked in advance, which was not in compliance with guidance at the time of the inspection. There was also a need to review residents' access to the community and this is discussed in more detail under

Regulation 9.

Residents were assisted to get up in the morning at a time of their choosing. Residents had access to television, radios, newspapers, telephones and WiFi. Inspectors found there was limited activities for residents. This is outlined further under Regulation 9: Residents Rights.

In general, a restraint-free environment was promoted, particularly in relation to the use of bedrails. On the day of the inspection, no resident had bed rails in place. Improvements, however, were required in relation to freedom of movement to ensure that any restrictions on residents going on outings, for example to a café or restaurant, were based on an individual risk assessments. The centre had a clear policy and procedure on the management and protection of personal property and finances including pension management. The provider was not acting as a pension agent for any residents on the day of the inspection.

Regulation 11: Visits

While visiting was facilitated, it was a booked system and visitors had to phone in advance to schedule a visit. Inspectors found that this was an unnecessary restriction on residents rights to have visitors. The person in charge confirmed to inspectors that there weren't a lot of visitors, so therefore booking visits should not have been required.

Judgment: Substantially compliant

Regulation 17: Premises

Required improvements in relation to the premises included:

- the heating in parts of the centre was not functioning effectively
- there was water on the floor of the laundry as a result of a leak in one of the washing machines
- there was staining on the ceiling of a bedroom, which appeared to be related to a previous water leak
- a section of the floor covering upstairs was damaged and required repair
- three bedrooms in use as twin rooms did not meet the requirements of the regulations and did not afford the residents access to a minimum floor space of 7.4m² to include enough space for their bed, a chair beside their bed and space to store their personal belongings.

Judgment: Not 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.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practice in the centre was not in line with the National Standards for Infection Prevention and Control (IPC) in Community Services and other national guidance. For example:

- personal bottles of hand sanitisers were being refilled. Even though each staff member was given a bottle of hand sanitiser with which to top up these bottles, single-use bottles should not be topped up to avoid the risk of contamination
- on days when there were no cleaning staff on duty, care staff were cleaning floors and sanitary facilities as well as providing direct care to residents. This poses a risk of contamination and does not comply with good infection prevention and control practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- quarterly preventative maintenance of the fire alarm, due on 17 December 2021, had yet to be completed
- records of preventive maintenance of emergency lighting indicated an annual rather than quarterly maintenance schedule
- some cross corridor fire doors were in need of adjustment to ensure that they created a proper seal when closed, to prevent the spread of fire and smoke
- some improvements were required in relation to fire drills, including:
 - while there were regular fire evacuation drills, all drills since the most recent inspection in September 2021 were conducted from the first floor. While it is acknowledged that this is a high risk area, the drills should be varied to include downstairs, as this is where the residents with the highest dependency are accommodated
 - more detail is required in fire drill records to identify when residents

are evacuated to a place of relative safety. For example, one drill record only recorded the time to when residents were evacuated to the front door, rather than to the adjacent compartment

- while fire evacuation plans had been updated since the previous inspection, the orientation of some plans needed to be amended so that residents, staff and visitors could more easily identify from the plans the direction of travel to a place of relative safety

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs.

Inspectors examined a sample of residents' care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. Care plans were found to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents' overall healthcare needs were met, and that they had access to appropriate medical and allied healthcare services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents presenting with significant challenging behaviour. Staff spoken with were knowledgeable of residents individual needs and knew what to do when residents behaviour may indicate they had an unmet need. There was evident that the provider promoted a restraint free environment. On the day of the inspection none of the residents living in the centre had bedrails in place.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by inspectors stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous. Any allegations of abuse were investigated and adequate safeguarding measures were put in place while the investigation was underway. The provider was not pension agent for any residents. The provider held small sums of money for some residents and adequate records were maintained of any transaction conducted by or on behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that improvements were required in relation to residents' rights. For example:

- residents' rights in relation to freedom of movement outside of the centre were restricted. Discussions with residents and the observations of the inspectors were that restrictions in place in relation to outings, either with family or alone, were not based on an individual risk assessments. The restrictions imposed on residents are disproportionate to the risk posed
- inspectors observed limited activities being provided to residents on the day of the inspection. Most activities were self directed and residents were observed sitting in chairs in communal rooms and in bedrooms with minimal stimulation, other than television. This was also a finding on previous inspections.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially 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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0034236

Date of inspection: 02/02/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: New Housekeeper recruited.</p> <p>Designated Activities Co-Ordinator now in place.</p> <p>2 new staff members recruited.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff members are now trained in safeguarding of vulnerable adults.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: New housekeeper recruited.</p>	

<p>Designated Activities Co-Ordinator in place.</p> <p>A list of works completed in relation to the fire safety risk assessment was provided to the inspector on 04.02.2022.</p> <p>All rooms are now individually occupied. All rooms are now for single occupancy.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: We have an open visiting policy in place.</p> <p>A review of satisfaction by the residents has been completed.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Heating matter was addressed on the day of inspection and is now fixed.</p> <p>Leak in laundry from washing machine is now fixed.</p> <p>Stain in ceiling of bedroom has been removed.</p> <p>Floor covering upstairs has been fixed.</p> <p>Rooms are now set out as single rooms and are individually occupied.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All hand sanitiser bottles are now for single use only.</p> <p>New Housekeeper recruited.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Quarterly preventive maintenance fire alarm completed on 04.02.2022. A review to ensure quarterly maintenance is completed on schedule is complete.</p> <p>Quarterly preventive maintenance of emergency lighting is completed. Next quarterly inspection to be completed in April.</p> <p>Adjustment of cross corridor fire doors completed 15.03.2022</p> <p>A review of the fire drills was completed. More variation and details of fire drills are now implemented to include fire drills on Ground Floor.</p> <p>A review and update of fire evacuation plans has been completed.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents are facilitated free movement outside of the centre with family/alone based on individual risk assessments.</p> <p>Designated Activities Co-Ordinator now in place. Activities include bingo, arts and crafts as well as the return of Dog Therapy & Music.</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	25/02/2022
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	25/02/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Not Compliant	Orange	15/03/2022

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	16/03/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	15/03/2022
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	15/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Not Compliant	Orange	15/03/2022

	accordance with the statement of purpose.			
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	15/03/2022
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.	Substantially Compliant	Yellow	07/02/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/12/2021
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	04/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means	Not Compliant	Orange	10/02/2022

	of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	07/02/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	02/02/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	02/02/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as	Not Compliant	Orange	02/02/2022

	such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably practical, ensure that a resident voluntary groups, community resources and events.	Not Compliant	Orange	02/02/2022