



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

Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	18 November 2021
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0033177

About the designated centre

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

Maryborough Nursing Home is a designated centre and located in the sub-urban setting of Maryborough in Cork city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough 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, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Thursday 18 November 2021	09:10hrs to 17:10hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector met with the majority of the 36 residents living in the centre and spoke with seven residents in more detail to gain an insight into their lived experience. Residents told the inspector that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by the clinical nurse manager who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Following an initial meeting, the person in charge accompanied the inspector on a walk around the centre to meet the residents and staff. It was evident to the inspector that the residents knew the person in charge well. For example the inspector saw a resident and the person in charge enjoy lively banter regarding rival soccer teams. During the walk around, the inspector observed that a number of residents were up and dressed and ready for the day's activities while some were being assisted by staff with their personal care. Rooms that were vacated by residents had their windows open to increase ventilation while unoccupied during the day.

The centre was laid out over five corridors with six to nine residents living in each corridor on the ground floor. The communal spaces were located near the entrance. The centre had 35 single rooms and one twin room. Of these rooms, 31 bedrooms had en-suite toilet and shower, one bedroom had en-suite toilet and hand wash basin while four bedrooms that were not en-suite had a hand-wash basin. The person in charge explained to the inspector that physical distancing could not be achieved with two residents in the twin room due to its size, therefore it had one resident on the day of inspection and had been reconfigured for single occupancy. The inspector saw that the majority of rooms were spacious and decorated with residents' personal possessions and photographs. The inspector saw that some surfaces of furniture such as lockers and chest of drawers were worn and damaged. The person in charge outlined that this had occurred due to the use of chlorine based products during the outbreak and that they were in the process of replacing some of the lockers. Flooring in a number of residents bedrooms as well as the treatment room and utility room also required replacement as it was worn. The room used for the hairdresser in the centre required renovation. This will be discussed under regulation 17.

There was plenty communal spaces and rooms in the centre with one large day room and two smaller rooms. The centre also had a large dining room for residents' meals. The person in charge told the inspector that residents were now in social pods for activities and use of communal spaces during the day. The centre was

warm, comfortable and bright. There was ongoing renovations on the day of inspection with corridors and grab rails on corridors being painted bright colours to help residents with wayfinding. A number of new lights had also been fitted in the communal rooms and corridor. The corridors were nicely decorated with art works. The inspector saw framed photographs of cork scenes that were donated by relatives hanging on one of the corridors. Bedrooms appeared clean and residents who spoke with the inspector were happy with the standard of cleaning in the centre.

The centre had two enclosed courtyards that could be freely accessed by residents. A local artist had been commissioned to paint murals on the centre's walls to brighten up these spaces. A mural of Shandon, a shop front, sunflowers and butterflies had the desired effect. One resident's window had a facing wall with a mural painted on it of significance to the resident which they told the inspector they loved. One of the enclosed courtyards had raised beds with scented plants and flowers and plans were underway to install a water-feature for residents.

The inspector saw that residents were offered a choice at mealtime and modified diets were seen to be well presented. The inspector saw a new four week menu that was on trial at the centre. Care staff provided assistance to residents with their meals in a respectful and dignified manner. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told the inspector that overall they were happy with the choice and amount of food available to them. While the dining room was a nice bright room with plenty tables to enable physical distancing, the tables during the lunch time meal were bare of condiments or tablecloths. The person in charge explained to the inspector that this was to ensure that tables could be effectively cleaned but assured the inspector that he would look at improving this aspect of the dining experience for residents.

Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspector were very complimentary of the care provided to their relatives in the centre. In general, visitors and residents were happy with the visiting arrangements and that visits were organised in a safe way. The inspector saw that there was plenty of centres with storage of gloves and aprons throughout the centre to ensure that staff had easy access to PPE. Alcohol hand rub dispensers were available in residents' rooms and the corridors throughout the centre.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff. There was a varied and flexible activity schedule available at the centre seven days a week. On the day of inspection, the inspector saw residents enjoying art and craft sessions, a sing song and evening rosary that were facilitated by the activity co-ordinators. One of the residents was a gifted pianist and could be heard giving recitals during the day and other residents and staff appeared to be enjoying this and singing along on occasions. Residents told the inspector that they loved the music sessions where a musician attended the centre on a weekly basis.

The next two sections of the report will present findings in relation to governance

and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

It was evident to the inspector that the registered provider, management and staff provided a good standard of care and quality of life to residents living in the centre. However, the inspector found that improvement to resources and management systems was required to improve the safety of residents and staff. In particular, the systems in place with regard to staffing levels, infection control and fire safety.

Maryborough Nursing Home Limited was the registered provider for Maryborough Nursing Home and was registered to accommodate 37 residents. Maryborough Nursing Home had a change of ownership with two new company directors appointed in May 2021. Both of these directors were actively involved in the operational management of the centre, with one working as the person in charge and the other working as the general manager in the centre.

There were clear lines of accountability with each member of the team having their role and responsibilities defined. The newly formed management team and staff were working together to adapt to the evolving governance structures and systems being developed in the centre. The management team held regular meetings and minutes of these meetings provided to the inspector indicated that key clinical and operational issues were discussed and actioned.

Comprehensive systems were in place to monitor the quality and safety of the service. The person in charge collected and monitored key metrics such as falls, residents' weights, wounds, antimicrobial usage, medication management and restrictive practices. The management team had developed a schedule of audits for the centre that included monitoring of hand hygiene, infection control, care planning, quality of interactions and medication management. Audits reviewed by the inspector saw that quality improvement plans were developed with a time frame for actioning same included.

There was evidence of consultation with residents in the running and planning of the centre. In November 2021, the person in charge organised an online presentation and meeting for relatives and families to update them on the findings to recent residents and family surveys and plans to respond to these findings.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

The person in charge was an experienced nurse with the required qualifications and

experience for the role of person in charge. He was supported in this role by a recently appointed clinical nurse manager, staff nurses, care staff, household staff, an administrator, and activities staff. The current staffing levels meant that there was only one nurse on duty from 17.00hrs at the centre until 08.00hrs to meet the needs of the residents on weekdays and one nurse on duty day and night at the weekend. The centre had one cleaner rostered seven days a week. While the inspector found that the centre was generally clean, staff cleaning resources could be enhanced to ensure that all bedrooms can be cleaned daily and terminal and deep cleaning of rooms can be conducted throughout the centre. Inadequate staffing levels was also a finding in the previous inspection. This will be discussed further under regulation 15.

Staff were seen to be knowledgeable about residents' needs. There was a comprehensive programme of training available for staff at the centre that included manual handling, safeguarding, infection control, fire safety, medication management, dementia care, end of life care and managing responsive behaviour. Staff training matrix and records reviewed by the inspector showed that all staff were up to date with hand hygiene, donning and doffing PPE, safeguarding and manual handling.

The centre had experienced a large outbreak of COVID-19 in January 2021. The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time during the COVID-19 pandemic. A total of 33 residents and 24 staff members had been confirmed as testing positive for COVID-19 during the outbreak. Sadly, a number of residents who contracted COVID-19 during this time died. During the outbreak, the centre had engaged with the local public health team for support and advice. The HSE had organised for a nurse with expertise in infection prevention and control to do an on site inspection. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Following the outbreak the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. The person in charge had recently updated the centre's contingency plan for COVID-19 in case a second outbreak occurred. However, the inspector was not assured that the centre's nursing staff levels were sufficient should this occur. This is discussed under regulation 15.

Overall accountability, responsibility and authority for infection prevention and control within the service rested with the the person in charge. The person in charge and the clinical nurse manager were undertaking a course on infection prevention and control at the time of the inspection. The person in charge had also arranged for a nurse with expertise in infection control to undertake an assessment of the centre in October 2021. A comprehensive report with recommendations for improvement had been issued to the centre following this site assessment and the management team were in the process of implementing the findings.

An annual review of the quality and safety of care provided to residents in 2020 had been prepared and included a quality improvement plan for 2021.

Regulation 14: Persons in charge

The person in charge of the centre had the necessary experience and qualifications as required in the regulations. He worked full time at the centre. He demonstrated a good knowledge regarding his roles and responsibilities and was actively engaged in the effective governance and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number of nursing staff on duty was not appropriate to meet the assessed needs of the 36 residents living in the centre given the size and layout of the centre.

- On the day of inspection, 19 residents with maximum dependency care needs and eight residents with high dependency care needs were living in the centre.
- There was one nurse on duty from 17.00hrs on weekdays, when the clinical nurse manager's shift ended and there was one nurse on duty each weekend day and every night.
- There was insufficient nursing staff employed in the centre to provide two nursing teams should a second outbreak occur.
- There were insufficient cleaning staff rostered to ensure that every bedroom was cleaned each day.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in infection prevention and control and specific training regarding correct use of PPE and hand hygiene. Newly recruited staff were provided with a comprehensive induction and were supernumerary for a period to enable them to adjust to their role. This was observed on the day of inspection where two new members of staff were supernumerary on the duty roster.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and all records reviewed were well maintained. A sample of three staff files were reviewed and found to contain all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management oversight of fire safety precautions required review to ensure that that the service provided is safe, appropriate, consistent and effectively monitored.

There were insufficient resources to meet the nursing care needs of residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's incident and accident log that was stored electronically and found that all required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were analysed and reviewed each month to identify any trends and reduce risk of recurrence where possible.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and included the outcome and any areas for improvement identified.

Judgment: Compliant

Regulation 4: Written policies and procedures

While the centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations, a number of these required review and to be updated in line with the regulation as they had not been updated in the previous three years.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents were enabled to have a good quality of life in Maryborough Nursing Home with good access to medical and healthcare services. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to infection control and fire safety. These will be addressed under the relevant regulations.

Care planning was person centred and residents' care needs were assessed using validated tools to inform care plans. Residents' healthcare needs were promoted through ongoing onsite access to General Practitioner(GP) services. The centre employed a physiotherapist who was onsite twice a week to provide assessments and treatment to residents. Access to other health and social care professionals such as a dietitian, speech and language therapist and podiatrist was available to residents who required these services. There was a very low use of restrictive practices in the centre.

Residents told the inspector and the inspector observed that staff were kind and caring when interacting with residents and treated them with dignity. Residents' views were sought on the running of the centre through regular residents' surveys and residents' meetings. There was a programme of engaging and varied activities available seven days a week for residents. These were facilitated by two activities co-ordinators employed at the centre. The inspector saw residents enjoying the activities during the inspection.

Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance that came into effect on 19 July 2021. Visits were facilitated with appropriate practical precautions to manage the risk of introduction of COVID-19 with protective measures.

There was a proactive approach to risk management in the centre. Risk assessments

had been completed for risks associated with COVID-19. All of the residents and the majority of staff in the centre opted to be vaccinated against COVID-19. The majority of residents had recently received their influenza vaccine and booster vaccines for COVID-19. Some improvements required in relation to infection control are discussed under regulation 27.

The fire safety management folder was examined. Fire safety training was up-to-date for the majority of staff and the remaining staff had fire training scheduled in the weeks following the inspection. Residents had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. Fire safety drills and evacuations of compartments with simulated night time staffing levels were undertaken regularly at the centre to be assured that all staff could complete an evacuation in a timely and safe manner. Recent service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. However, the inspector found that the frequency of emergency lighting and fire detection system servicing required improving. Other issues identified are discussed under regulation 28. The provider provided assurance that a fire safety risk assessment would be undertaken by a competent person at the centre following the inspection.

While the centre provided a homely environment for residents, there was a programme of renovations underway at the centre to further improve the premises as discussed under regulation 17.

Regulation 11: Visits

Visits to residents were facilitated at the centre and in general residents and visitors who met with the inspector were happy with the arrangements in place. Indoor visiting was scheduled in advance to manage footfall in the centre. Visitors were screened on arrival for symptoms of COVID-19 and visits were facilitated in residents' bedrooms. However, visitors were limited to four per family and to one hour which is not in line with current current HPSC guidance.

Judgment: Substantially compliant

Regulation 17: Premises

There was a number of areas for improvement identified in relation to the premises. For example;

- Flooring in a number of bedrooms, treatment room and utility room was worn and required repair; the management team had ordered replacement flooring for these areas and plans were in place to replace it.
- Furniture such as lockers and chests of drawers in a number of bedrooms

were worn and damaged.

- Walls in some of the bedrooms were chipped and marked
- Storage required review as one residents dressing were inappropriately stored on top of the wardrobe.
- the layout and function of the room used as a hairsalon required review.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. There was an emergency plan in place to respond to major incidents.

Judgment: Compliant

Regulation 27: Infection control

The inspector found a number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- bedrooms were not cleaned everyday in line with best practice but rather every second day
- there was no handwash sink in the medication treatment room should staff require to wash their hands. The clinical hand wash sinks in the dirty utility room did not comply with current recommended specifications. The management team told the inspector that new compatible sinks had been purchased.
- the alcohol gel in use on the medication trolley was out of date and removed by the nurse when observed
- chemicals used in the centre for cleaning required review as for example a chlorine-based product was inappropriately used for routine environmental cleaning
- A sharps tray was seen to be unclean and did not have the temporary closure mechanism closed.
- there was no clinical waste bin for facemasks outside the room of a resident in isolation. This was immediately addressed by the clinical nurse manager.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, for example;

- Weekly fire safety checks were not consistently completed and recorded
- While records provided to the inspector indicated that the fire alarm and emergency lighting were recently serviced, these records indicated that there were gaps of over the recommended three month time frame prior to the last servicing.
- One fire door did not close completely once magnetic door holders were released and one set of fire doors appeared to have a gap between the doors. The provider provided assurance to the inspector that a competent person would carry out an immediate assessment of fire doors in the centre.
- The inspector saw that there was no signage in place to indicate where oxygen concentrators were stored to alert staff in the event of fire. This was immediately addressed by the person in charge during the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

It was evident from a review of a sample of care plans that the standard of care planning was good and described person-centred interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence based healthcare provided in the centre. General practitioners routinely attended the centre to assess and treat residents as required. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry. A physiotherapist was onsite two days a week to provide assessment and treatment to residents who required it.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Restraint was being effectively monitored by the management team and there were low levels of restraint and no bedrails in use at the centre on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. The reporting system in place was clear, and ensured any disclosures or suspicions were escalated and investigated without delay. Staff who communicated with the inspector, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. The inspector saw that staff were respectful and kind when providing assistance and when interacting with residents. The provider did not act as a pension-agent for residents or manage any finances for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. The centre employed two staff who facilitated activities such as bingo, arts and crafts and sonas sessions for residents living in the centre. Residents told the inspector that they loved the music sessions that were held in the centre where an external musician attended the centre each week. The inspector saw residents participating and enjoying an art session on the day of inspection. Residents had access to media such as radio, television and newspapers. Residents had access to religious services and clergy of their own faith. Mass was live streamed for residents daily in the centre and was held onsite once a month facilitated by a local priest.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not 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	Compliant

Compliance Plan for Maryborough Nursing Home OSV-0004451

Inspection ID: MON-0033177

Date of inspection: 18/11/2021

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: Extra Nursing hours will be added to cover twilight hours. Also, more cleaning hours will be added to ensure that every bedroom is cleaned each day. This will be monitored by the Person in Charge. To be completed by 30/01/2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire safety risk assessment was undertaken by a competent person at the centre on the 6th of December 2021, report awaiting. Action plans will be developed and implemented based on the report. To be completed by 28/02/2022. Extra Nursing hours will be added to cover twilight hours. To be completed by 30/01/2022.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	

All policies and procedures to meet the requirements of schedule 5 of the regulations will be reviewed and updated in line with the regulation. To be completed by 30/05/2022.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visiting restrictions will be reviewed and new process will be implemented in line with current HPSC Guidance. To be completed by 10/01/2022.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Worn/damaged floorings and furniture will be replaced. Chipped and marked bedroom walls will be fixed and painted. To be completed by 28/02/2022. Storage spaces reviewed and additional storage facility added as appropriate. Completed on 20/12/2021. Layout of hair salon will be reviewed to match the purpose. To be completed by 28/02/2022.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Additional Cleaning hours will be added to ensure that every bedroom is cleaned each day. This will be monitored by the Person in Charge. To be completed by 30/01/2022. Handwash sink purchased, awaiting to be installed in Medication room. To be completed by 15/01/2022. HTM 00-10 sinks purchased, awaiting to be installed in utility room. To be completed by 15/01/2022. A full audit on alcohol gel expiry dates was carried to identify expired items and same removed. Regular audits will be carried out to ensure systematic removal of expired	

items.

Chemicals used in the centre for cleaning was reviewed and purchased appropriate chemicals as recommended by the infection Prevention and Control Specialist, which will be used going forward.

A cleaning record was developed to ensure that sharps trays are clean and advised all Nurses to ensure that the temporary closure mechanism is closed at all times. This will be supervised by the Clinical Nurse Manager.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly fire safety checks will be completed by the General Manager going forward. Action plan implemented on 15/12/2021.

General Manager will ensure that the fire alarm and emergency lighting will be serviced every three monthly going forward. Action plan implemented on 10/12/2021.

Fire safety risk assessment was undertaken by a competent person at the centre on the 6th of December 2021, report awaiting. Action plans will be developed and implemented based on the report. To be completed by 28/02/2022.

All fire doors were checked, and corrective measures were taken to acknowledge the issues identified. Completed on 20/11/2021.

Signages are now in place to indicate storage of oxygen concentrators. Completed on 18/11/2021.

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	10/01/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/01/2022
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	28/02/2022

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/01/2022
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 effectively monitored.	Substantially Compliant	Yellow	28/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/01/2022
Regulation 28(1)(a)	The registered provider shall take	Not Compliant	Orange	28/02/2022

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/02/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	10/12/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/05/2022