



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

Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	16 December 2021
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0035019

About the designated centre

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

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 16 December 2021	10:00hrs to 15:50hrs	Fiona Cawley	Lead
Thursday 16 December 2021	10:00hrs to 15:50hrs	Claire McGinley	Support

What residents told us and what inspectors observed

Overall, the inspectors found that this was a pleasant and welcoming centre where residents, for the most part, enjoyed a good quality of life and were supported to be as independent as possible. The atmosphere was relaxed and calm on the day of the inspection and many residents were observed to be content in their surroundings. Many of the residents who spoke with the inspectors said they were happy with their life in the centre. Although the provider had made efforts to maintain a safe environment, the inspectors found that improvements were needed in the areas of protection, governance and management, premises, and infection prevention and control.

This unannounced inspection was carried out over one day. There were 28 residents accommodated in the centre on the day of the inspection and no vacancies.

St Dominic Savio Nursing Home was a purpose built facility situated on the outskirts of Liscannor, County Clare. The facility was a single-storey premises and provided accommodation for 28 residents in both single and twin occupancy bedrooms. There were a number of communal areas for residents to use depending on their choice and preference including a sitting room, a dining room, a sun room, and an outdoor courtyard area.

The inspectors spoke with eight residents during the inspection. Those residents who were unable to communicate verbally were observed by the inspectors to be content. One resident told the inspectors that the staff were 'very nice' and another said that they were looked after very well. Another resident told the inspectors that the centre was 'alright' and that they chose how to spend their day, often sitting in the lobby after lunch. One resident told the inspectors that they were as 'happy as Larry' and that they enjoyed the lovely view from their room. This resident also said that whilst they got everything they needed, there had been incidents in the past when another resident had entered their room uninvited which they had not been happy about.

The inspectors completed a walk about of the centre together with the person in charge. Residents were observed in the various communal areas, reading, chatting and listening to the radio. Other residents were mobilising freely throughout the centre. A small number of residents were observed in their bedrooms reading, listening to music or having quiet time. In general, most residents looked happy and all were nicely dressed and well groomed. The staff were attentive and the inspectors observed staff engage with the residents in a very positive manner and friendly interactions were heard throughout the day. The atmosphere in the dining room during the lunchtime period was very social. Staff and residents were observed to chat happily together and all interactions were respectful. The inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. However, in spite of the staff's best efforts, this area was too crowded to ensure that residents could maintain their social distance from each

other.

Overall, the inspectors found the centre was nicely decorated and homely. However, areas for improvement in the premises identified during the previous inspection on 13 September 2021 remained outstanding. These will be discussed further under Regulation 17: Premises and Regulation 27: Infection Control.

The outdoor courtyard area provided a very pleasant outdoor space for the residents. The inspectors observed one resident actively using this area and enjoying the fresh air during the inspection. However, this area was not enclosed as identified on the previous inspection and therefore not secure for the residents who wished to use it.

Residents had access to television, radio, newspapers and books. There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). A number of visitors were observed in the centre on the day of the inspection.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Staff were observed helping residents with hand hygiene throughout the inspection.

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.

Capacity and capability

This unannounced risk inspection had been triggered in response to unsolicited and solicited information received by the office of the Chief Inspector since the last inspection in September 2021. The information raised concerns regarding the care of residents with responsive behaviours, staffing and supervision arrangements and the overall protection and safety of the residents in the centre. The Chief Inspector had engaged with the registered provider in relation to these matters on the 26 November 2021, where the provider gave a commitment to address the issues to ensure safety and comfort of the residents was maintained.

The previous inspection in September 2021 had identified a number of regulatory non-compliances and the provider had submitted a plan which included clear

timeframes for compliance. On the day of the inspection, the inspectors found that a number of required actions had not been completed as per the provider's compliance plan and no dates were provided to the inspectors as to when these actions would be complete.

The findings from this inspection were that significant improvements were required in the overall governance and management of the centre to ensure there was appropriate oversight and monitoring of the service to support safe and effective service delivery.

The person in charge facilitated the inspection. The registered provider was also available to the inspectors on the day of the inspection. The person in charge demonstrated an understanding of their role and responsibility. They were a visible presence in the centre and many of the residents informed the inspectors they were familiar with them. The person in charge was supported in the role by nursing and care staff, housekeeping staff, catering staff and a maintenance person (as required). There were no deputising arrangements in place for when the person in charge was absent. The on-call out-of-hours system in place which provided management advice if required was provided by the person in charge.

Following the previous inspection, the provider had reviewed the staffing levels in the centre and had provided increased care assistant hours which were dedicated to the provision of activities for the residents. Inspectors reviewed the staffing rosters on the day of the inspection and found that a further review of staffing was required. This will be discussed further under Regulation 15: Staffing.

The schedule of activities for the residents was displayed in a prominent place and included music and exercise. Activities were coordinated and provided by healthcare staff on a daily basis. Staff were observed to be available in communal areas throughout the day including the dayroom and dining room to provide assistance and support to residents.

Staff had access to education and training appropriate to their role. There were, however, gaps in staff attendance in mandatory training sessions. This is discussed further under Regulation 16: Training and staff development. Staff with whom the inspectors spoke with were knowledgeable regarding the procedure to initiate in the event of a fire alarm activation, safeguarding and hand hygiene.

The inspectors observed that staff meetings had taken place. Minutes of management meetings reviewed by the inspectors showed that a range of issues were discussed including risk management, staff training and audit. However, the only audit which was available for the inspectors to view on the day of the inspection was an audit of infection prevention and control in the centre. This review of practices in the centre did not identify the areas of improvement required as observed by the inspectors.

A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. However, the process for managing complaints was not in line with the regulatory requirements and will be discussed

further under Regulation 34: Complaints procedure.

Regulation 15: Staffing

The staffing in place on the day of the inspection was not in line with the staffing outlined in the statement of purpose for the designated centre. The statement of purpose included an assistant director of nursing, 13 registered nurses and 15 care assistants. There was not an assistant director of nursing employed in the centre and the rosters reviewed by the inspectors had nine registered nurses and 20 care assistants. The statement of purpose also included the following positions which were not identified on the staff roster; chef, assistant chef, hygienist, maintenance and activity facilitator.

In addition, the staff rosters reviewed by the inspectors did not identify which staff members were allocated to work in the laundry or kitchen (other than the chef or cook). The inspectors were informed that the care assistants that were rostered daily were also required to work in the laundry and to carry out catering tasks. This multi-tasking posed a risk of cross infection.

As the staff member allocated to provide activities was not identified on the staff roster, the inspectors were not assured that planned activities were provided consistently to ensure that residents had the opportunity to take part in activities that were of interest to them.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors reviewed staff training records and found that there were some minor gaps in attendance for safeguarding training and dementia training.

The safeguarding training folder contained a policy dated 2018 which stated that reading the safeguarding policy was part of the safeguarding training required by staff. However, the inspectors found a different safeguarding policy dated 2020 in a separate policy folder. The inspectors were therefore not assured that the staff were provided with up-to-date training in the skills and knowledge required to protect the residents and ensure that protecting the residents was an essential part of their roles.

Judgment: Not compliant

Regulation 21: Records

Record keeping and file management required review to ensure they supported good resident care and that they were in line with regulatory requirements. For example;

- The drug kardex was not stored in a safe manner on the day of the inspection as inspectors found it unsecured in a communal area.
- The care plan and risk assessments for one resident which identified safeguarding issues that were provided to HIQA by the provider prior to the inspection were not available in the resident record on inspection.
- The nurses' station was not locked and a number of documents containing sensitive resident information was visible.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there was a management structure in place, this structure required review to ensure the person in charge had effective support to allow for consistent oversight and monitoring of the service. Also, there were no deputising arrangements in place for when the person in charge was absent. Inspectors found that systems to assess, evaluate and improve the quality and safety of the service provided to residents required review. Areas of non-compliance found by the inspectors on the day of the inspection had not been identified by the management.

For example, inspectors found that further oversight was required in:

- protection
- managing behaviours that challenge
- management of complaints
- assessment and care planning
- staffing
- staff training and development needs
- residents' rights
- infection prevention and control
- risk.

Although there was a risk register in place, the registered provider had failed to

identify risks observed by the inspectors on the day of the inspection. For example risks associated with;

- The unsecured outdoor area.
- Cleaning chemicals were not secured on the housekeeping trolley.
- Alcohol gel bottles were placed at each bedside and along corridors.
- The door stopping mechanisms on two bedroom doors were not working and a chair was used to prop open one bedroom door. The person in charge removed this immediately on the day of the inspection.

Inspectors also found that the compliance plan response to the previous inspection findings had not been fully implemented. Inspectors found that Regulation 17: Premises and Regulation 23: Governance and Management remained not compliant.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit statutory notifications to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints log and found that the records contained adequate details of complaints and investigations undertaken, including a record of the complainant's level of satisfaction.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the residents' care needs were generally being

met. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. Staff were respectful and courteous with the residents. However, improvements were required in the centre to ensure that residents were protected and supported to have a good quality of life.

The inspectors reviewed a sample of resident files and found evidence that the residents' needs were being assessed using validated tools. Assessments included the risk of impaired skin integrity, falls risk, risk of malnutrition and dependency levels. Care plans were informed and developed using these assessments. Nursing staff spoken with were knowledgeable regarding the care needs of the residents. However, this was not reflected in the nursing documentation reviewed during the inspection. The care plans reviewed by the inspectors did not provide clear guidance on the current care needs of the residents. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents had access to a general practitioner (GP) and records reviewed by the inspectors showed that residents were supported to meet with their GP in the centre. There was evidence of access to community psychiatry services and psychiatry of later life. Access to services such as dietician services and speech and language services was available via GP referral.

Overall, residents' rights were respected. Residents had access to an independent advocacy service. Resident meetings minutes were reviewed by inspectors. The agenda items included COVID-19 booster, HIQA and no other issues were raised. However, some improvements were required to ensure residents' choice and privacy and dignity were maintained. This will be discussed further under Regulation 9: Residents' rights.

Residents who exhibited responsive behaviours (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment) were observed to be assisted sensitively by staff on the day of the inspection. However, the inspectors were not assured that all required measures were in place to protect the residents from harm. This will be discussed further under Regulation 8: Protection.

The inspectors found that restrictive practices in the centre required review in line with regulatory requirements. This will be discussed further under Regulation 7: Managing behaviour that is challenging.

Visiting was being facilitated in line with the latest COVID-19 guidance on visitation to residential care facilities. The inspector observed visitors coming and going throughout the day of inspection and residents identified that they were happy with visiting arrangements in place.

Infection prevention and control measures were in place. However, some improvements were required and will be discussed further under Regulation 27: Infection control. The centre had a comprehensive COVID-19 contingency plan in place which included guidance from Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and

Outbreaks in Long Term Residential Care Facilities).

The premises was generally clean and tidy on the day of the inspection. Equipment used by the residents had been serviced, a small number of new items of furniture had been purchased and new roller binds had been installed since the last inspection. However, there were areas identified by the inspectors on the day of the inspection that required improvement. These will be discussed further under Regulation 17: Premises.

Regulation 11: Visits

Visits were facilitated in line with the current guidance, (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, there were areas that required review including a number of which were identified during the last inspection. Improvements were required to ensure regulatory compliance and support appropriate infection prevention and control practices.

- A number of items of furniture were in a state of disrepair and required replacement or refurbishment including chairs and specialist cushions.
- The external courtyard area was not secure, thereby restricting residents to move freely outside the building.
- The number of showers available for resident use required review as there were three showers available for 28 residents. This was identified on the last inspection.
- The inspectors were told that a toilet in one shower room had been broken for two years.
- The floor covering to the day room and dining room areas was worn, defective and uneven in parts.
- The heat sealed joints to the floor covering in a number of rooms throughout the centre were defective.
- Paintwork was defective to a number of bedroom walls.

- There was a lack of appropriate storage for equipment in the centre resulting in hoists being stored in residents' bedrooms and communal areas.
- There was inappropriate storage of a variety of items in one unsecured storage area in the centre including nutritional supplements and an unlocked medication fridge.

Judgment: Not compliant

Regulation 27: Infection control

Overall, the centre was observed to be reasonably clean and tidy on the day of the inspection. However, the systems in place for the oversight and review of infection prevention and control practices required a review. Inspectors observed practices that were not consistent with best practice, a number of which were identified during the last inspection. For example;

- A number of hoists were not visibly clean.
- There were a number of defective heat sealed joints in the floor coverings throughout the centre. As a result, there was visible build-up of dust and debris in the gaps.
- The cleaners' room was not visibly clean.
- There was exposed pipe work in the dining room which was not suitably housed and hindered effective cleaning of the area.
- There were a number of worn and defective surfaces (as described under Regulation 17: Premises) which could not be effectively cleaned and decontaminated.
- There were no dedicated clinical hand wash basins in the centre.
- There was inappropriate storage of items on floors there by preventing effective cleaning of floors in a number of areas.
- There were a number of residents' personal toiletries in one communal bathroom.

There was a lack of adherence to current guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities). For example;

- Twice daily monitoring of residents temperature was not carried out.
- There was a lack of social distancing in communal areas observed on the day of the inspection.
- There was no bedpan washer in the centre.
- There was inappropriate disposal of items of PPE.
- There was a lack of appropriate bins in a number of areas.
- The drug trolley was visibly unclean.
- The inspectors were told that the residents shared hoist slings.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed by inspectors were not consistently updated with changes in a residents' condition. For example:

- Two residents admitted did not have a comprehensive admission assessment of needs completed and consequently, a corresponding care plan addressing some of these aspects of care was not developed.
- A resident who required a urinary catheter did not have an associated care plan in place.
- A resident presenting with a history of responsive behaviours did not have a corresponding care plan in place.
- A resident with a history of constipation did not have a corresponding care plan in place.
- A resident who had developed an infection and was subsequently commenced on antibiotic treatment did not have a corresponding care plan in place.

While inspectors acknowledge that the needs of residents were known to the staff, the necessary details required to direct the care were not consistently recorded. Further oversight was required to ensure that residents' identified needs and associated risks had an appropriate care plan in place to support these needs and ensure safe, appropriate care was provided at all times.

Care plan consultation with the residents and their families or representatives was not evidenced in the residents' records reviewed by inspectors.

Judgment: Not compliant

Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy,

psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents living in the centre were predisposed to episodes of responsive behaviour (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment). Inspectors reviewed a sample of records for these residents and found that an Antecedent Behaviour Chart (ABC), which is used to record patterns of behavior, was only completed for one resident. The information gathered through the use of the ABC chart was not used to develop a plan to safely direct care for this resident including any strategies to de-escalate responsive behaviours. As a result, the inspectors were not assured that all staff were aware of residents' individual care needs.

In addition, the inspectors found that restrictive practices required review;

- There was a key pad lock to exit the front door which prevented residents accessing outdoor space independently.
- One resident had bedrails in place without an appropriate risk assessment.

Judgment: Not compliant

Regulation 8: Protection

The inspectors were not assured that the provider had taken all reasonable measures to protect the residents in the centre from abuse and in particular the risk of peer-to-peer abuse.

For example;

- Safeguarding plans in place for a resident identified as a risk of abuse lacked sufficient detail to assure the protection of other residents.
- A small number of staff were not aware of the need to provide regular safety checks to specified residents.
- The inspectors were informed that safety checks for one resident were carried out hourly and that these checks were allocated to the staff nurse on duty during the day. The inspectors were not assured that the resident was adequately supervised in the time in between these hourly checks by staff on duty on the day of inspection. In addition, the inspectors observed from the

documentation provided to them that these hourly checks were not documented the previous night.

- There was no safeguarding plan in place for one resident who was identified as having responsive behaviours by staff and residents.

Judgment: Not compliant

Regulation 9: Residents' rights

Overall, the inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day. Staff were observed to engage in positive, person-centred interactions with residents.

However, some routines and care practices required review to better ensure that the residents' privacy and dignity was maintained and that the residents were able to exercise choice. For example;

- The privacy curtains on one bedroom door were not closed when the resident was receiving personal care.
- Medication administration took place in the dining room during mealtimes and in view of other residents and staff.
- The outdoor courtyard remained unsecured and therefore this impacted on residents' choice and freedom of movement. This was also identified on the last inspection.
- There were no residents' meetings held between April 2021 and October 2021.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Dominic Savio Nursing Home OSV-0000450

Inspection ID: MON-0035019

Date of inspection: 16/12/2021

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: Staffing roster has been written in a changed format to clearly identify hours allocated daily to caring, laundry, catering, activities, kitchen duties and hygiene. Afternoon kitchen duties are undertaken at the start of a shift prior to caring duties. All laundry is placed directly into soluble linen bags to reduce risk of cross infection.</p> <p>The Statement of Purpose has been updated.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Revised version of Safeguarding Policy for St Dominic Savio Nursing Home has now been placed in training folder and circulated to all staff.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Copies of Risk Assessment for one resident have now been placed in resident's file.</p>	

A secondary Nursing Station that was not locked has now had a daily record book removed. No sensitive resident information remains in this room.

Staff have been reminded not to leave drug Kardex unsecured.

Regulation 23: Governance and management

Not Compliant

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

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations

Risk assessments have been completed for unsecured outdoor area, cleaning chemical storage, use of alcohol gels and door stops that are not in working order.

Deputizing arrangements have been put in place

A secured outdoor area is under construction and will be completed on 31/03/22

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Medication fridge has a lock and RGNs have been reminded to keep fridge locked.
Nutritional supplements have been removed from this room.
Chairs and specialist cushions requiring repair have been removed

A secured outdoor area is under construction and will be completed on 31/03/22

A new shower room is under construction and will be completed on 31/03/22

New floor covering will be installed and repaired by 31/03/22

Re painting is in progress and will be completed by 31/03/22

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Hoist cleaning and cleaning of Cleaner's Room are on the cleaning schedule and more robust oversight is being undertaken.</p> <p>All residents requiring hoists have individual slings.</p> <p>Staff have been reminded that personal products are not to be left in communal bathrooms.</p> <p>Residents temperatures are being monitored twice daily.</p> <p>Th floor coverings will be repaired by 31/03/22</p> <p>The pipe work will be enclosed by 31/03/22</p> <p>Clinical hand wash sinks will be installed by 31/03/22</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care Plans are completed within 48 hours of admission, these will be more closely monitored.</p> <p>Care Plans for all residents have been updated.</p> <p>All Care Plans are done in consultation with residents and/or family members those that are not signed will be signed in the next few weeks.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Information gained from ABC charts will be incorporated into Care Plans in order to safely direct care.</p> <p>All staff are reminded to familiarize themselves with Care Plans.</p> <p>Restrictive practices fully incorporates Environmental Restrictions and these will now be</p>	

documented in relevant Care Plans.

All bedrails are fully risk assessed and care plans reflect their use.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All staff will in future be reminded of any relevant safety checks via email to remove any confusion.

One incident where checks were not documented has been investigated and more robust oversight is in place.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Staff reminded to close small privacy curtain on door when residents are receiving personal care.

Medications in dining room have been reviewed and a small office off dining room is being refurbished for medication to be dispensed from here, This will be completed by 20.02.22.

All resident meetings are up to date.

A secured outdoor area is under construction and will be completed on 31/03/22

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 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	01/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/03/2022
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	31/03/2022
Regulation 21(1)	The registered	Substantially	Yellow	01/03/2022

	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.	Compliant		
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	01/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2022
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.	Not Compliant	Orange	31/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/03/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/03/2022
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Not Compliant	Orange	01/03/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Not Compliant	Orange	01/03/2022

	Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/03/2022
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 such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/03/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/03/2022
Regulation 9(3)(d)	A registered 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.	Substantially Compliant	Yellow	01/03/2022