



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

Issued by the Chief Inspector

Name of designated centre:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	03 February 2022
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0035396

About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate 48 male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over 2 floors, and there is a courtyard and garden to the rear of the property. 24 hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 3 February 2022	08:35hrs to 18:25hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

Residents received a good quality of clinical care in this centre from experienced and competent staff. The overall feedback from residents was that staff in the centre were kind and caring, and that they were content living in the centre. However, issues relating to the premises, residents' privacy and dignity, infection control and fire were identified during the inspection as requiring action to improve the quality of resident's lives. This will be further discussed in the report below.

Following a short opening meeting, the person in charge accompanied the inspector on a tour of the premises. The inspector observed some residents up and dressed for the day and that they appeared well-presented and comfortable.

The centre is set out over two floors and access to the first floor bedrooms is via a stairs or lift. Bedrooms comprised of both single and double occupancy bedrooms and there were a number of shared toilets and bathrooms throughout the centre for residents' use. The inspector observed that residents were encouraged to personalise their bedrooms with pictures and photographs to reflect their life and their interests, and a number of bedrooms included memory prompts such as wedding and family photographs. Feedback from residents spoken with was that they were satisfied with their bedrooms.

There were freshly decorated communal spaces available to residents, including a day room on each floor, a dining room and a garden. The ground floor day room had lovely views into the garden, while the first floor day room received its natural light from roof windows. The configuration and layout of both day rooms required review as they did not reflect a homely environment with chairs placed around the perimeter of the room which impacted on residents' ability to socialise in small groups. There were also two televisions in the ground floor day room which if turned on at the same time could impact on residents' enjoyment. There were a number of other communal areas in the centre assigned for residents but which were not furnished for their use. There was clear written directional signage to communal areas which oriented residents to these areas. However, there was no signage on bedroom doors, other than room numbers, to support residents' independence in locating their bedrooms.

There was a well-maintained enclosed garden to the rear of the centre with raised flowers beds and shrubs. There was brightly painted, suitable garden furniture and the area was wheelchair-friendly with wide paths and ramps to assist residents to mobilise within. The inspector was told that the garden hosted summer social events such as barbecues and musical events. Residents were encouraged to garden and the inspector saw one patch that had been recently freshly dug by a resident.

Throughout the inspection, the inspector met with many of the residents within communal areas and, with residents' permission, in their bedrooms but spoke with five residents in more detail and spent time observing residents' daily lives. The

inspector observed positive and supportive resident and staff interactions, with one resident commenting that staff “were very helpful and kind”. The inspector saw in resident meeting records that attendees were happy with the care that staff provided, saying that staff were ‘friendly’ ‘approachable’ and ‘often come to offer help’. Staff were observed to know the residents well and to have good-humoured conversations with them about their families and interests as they attended to their needs. Staff were attentive yet relaxed in their approach to residents, for example encouraging them to leave their bedrooms and attend the group activities while respecting their choice to participate or not. The inspector reviewed records of active monitoring for signs and symptoms of COVID-19, with residents’ temperature was recorded daily.

Residents were offered frequent drinks and snacks throughout the day. Mealtimes were seen to be a social occasion and inspectors observed staff offering discreet assistance to residents where required both in the dining room and in residents bedrooms. Printed menus were not set out on tables, however residents confirmed that they were offered choices for the lunch time main course, dessert and evening meal. Resident committee meeting records showed that residents were consulted with regard to food and changes to menu options. The inspector noted that a toastie maker had been requested by residents and purchased by the registered provider. A number of residents told inspectors that, overall, they were happy with the food provided.

Inspectors saw that the registered provider had provided resources to cater for residents’ social care needs. One dedicated staff member led activities over Monday to Friday, while activities were provided by care staff over the weekend. The inspector noted from resident meeting records that residents had requested more activities over the weekend. A daily schedule of varied activities was displayed on a notice board for residents. The activity co-ordinator was also seen to visit residents who preferred to spend time in their bedrooms.

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 the quality and safety of the service being delivered.

Capacity and capability

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities. The person in charge worked full time in the centre and was supported by the registered provider representative and an experienced senior management team who provided clinical, operational and administrative expertise. However, action was required in staff training, care planning, the configuration of double occupancy rooms, infection control and fire precautions to ensure a safe and effective service was provided to residents.

The person in charge had recently changed in the centre. This change had been notified, as required, to the Chief Inspector of Social Services and the paperwork to accompany the notification was being submitted. On the day of the inspection, the person in charge demonstrated the skills and expertise to manage the service safely and effectively.

The registered provider's senior management team met weekly with the centres' nursing management team to discuss key clinical parameters, and clinical and operational audits completed in the centre. However, some of these systems were ineffective, as they did not identify gaps in key clinical areas such as residents' right to privacy in double occupancy bedrooms, infection control and fire safety. Also action plans developed by the provider to address areas, identified by them as requiring improvement, had not been adequately completed. This is further discussed under regulation 28 Fire precautions.

An annual review of the service had been completed for 2020, and a survey on residents' mealtime experience was referenced in the report which evidenced that the registered provider had consulted with residents in preparing the report. However, consultation with residents and their representatives on the overall service was not comprehensive.

The centre's statement of purpose did not accurately reflect the facilities available to residents living in the centre, as under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The registered provider had developed a comprehensive risk register of risks specific to the centre. Each identified risk had appropriate controls in place, with a responsible person assigned and a risk rating. The register was reviewed annually by the management team, or as and when required. However, the risk register did not contain all fire risks identified by the inspector. The inspector also reviewed the centres' Safety Statement, and incident and accident records that were maintained and reviewed by the senior management team.

The inspector found some gaps in the documentation and the submission of incidents, notifiable under the regulations, to the office of the Chief Inspector of Social Services. This is further discussed under regulation 31 Notification of incidents below.

The staffing numbers and skill mix on the day of the inspection were sufficient to meet the needs of the residents. Staff knew the residents well and were kind and person-centred in their approach when delivering care and attention. The person in charge had comprehensive staffing allocations for day and night nursing and care staff to ensure that residents received good quality and safe care.

The centre had a blended approach to staff training, with online and in person training available. The inspector reviewed staff training records which showed that fire safety and manual handling training was in-date for the majority of staff. However, there were significant gaps in safeguarding vulnerable adults training. The records also approximately 50% of staff were not up-to-date in infection control and hand hygiene training, which could impact on the safe delivery of care to residents.

Staff completed a comprehensive induction programme on commencing employment in the centre, and their performance appraised and developed annually.

The centres' complaints procedure was prominently displayed in the foyer of the centre for residents and their families. The person in charge was responsible for managing complaints and ensuring that they were responded to appropriately and records kept as required. A review of the centres' 2021 complaints log showed that the registered provider had received 5 complaints, all pertaining to the same issue. Records showed that the issue had been investigated and responded to on each occasion. Residents spoken with said that they were comfortable making a complaint to staff or the management team should they wish. From discussions with various staff members, the inspector was assured that staff were aware of how to act on any complaint received.

Regulation 14: Persons in charge

The new person in charge is a qualified nurse, with a significant amount of experience in the role of person in charge. During the inspection, they demonstrated that they had sufficient skills, qualifications and expertise to manage the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of nursing and other staff were appropriate to the assessed direct care needs of the 38 residents in the centre on the day of the inspection.

A review of staff rosters confirmed that there was sufficient staff on duty both day and the night, and a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Records showed that many staff did not have up-to-date mandatory training in safeguarding the vulnerable adult and in supplementary infection prevention and control training. These gaps could impact on staff recognising and appropriately responding to signs of abuse and neglect in vulnerable adults and on the delivery of safe, person-centred care to residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider was in breach of condition 4 of their registration. The inspector found that the occupancy of bedroom 22 had been reduced by one resident. However, bedroom 21 had not been reconfigured or the occupancy reduced to achieve compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013, Statutory Instrument 293 and National Standards for Residential care Settings for Older People in Ireland 2016, in accordance with registration condition 4.

The management team's oversight systems, to ensure that a safe service was being provided to residents, did not identify a number of issues relating to resident care and safety.

Action was required in relation to the following issues:

- Infection prevention and control (IPC) audits completed by the registered provider had not identified poor practices in the centre and action plans had not been implemented. For example the sluice room on the first floor was not fitted with a hand hygiene sink and an action plan to deep clean the nursing home had not been carried out.
- The provider had not developed an action plan to address a repeat finding in three infection control audits, in which the clinical sink in one sluice room had been identified as not complying with the current recommended specifications for clinical hand hygiene sinks.
- A number of fire precaution issues were not identified by the registered provider in the daily oversight checks, such as bedroom door closers not working and fire evacuation route plans not displayed in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose did not accurately reflect the facilities available to residents living in the centre, as under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, four areas listed in the statement of purpose as day spaces were unfurnished and therefore could not be used as a sitting, recreation or dining space by residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector identified the following issues regarding the notification of incidents:

- A notifiable incident related to abuse was identified on the day of the inspection, however it had not yet been notified to the Chief Inspector of Social Services.
- The use sensor mats with residents was not seen by the registered provider as a form of restraint and therefore had not been reported in quarterly notifications submitted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre, which was prominently displayed at the entrance of the centre. The centre's complaints policy which was last reviewed in October 2020. The policy clearly stated the personnel involved in the management of and the appeal process for complaints.

The inspector reviewed the 2021 complaints record log and saw that each complaint received had been investigated and the outcome and complainant satisfaction recorded.

Judgment: Compliant

Quality and safety

Overall the inspector found the care and support provided to the residents to be of a good standard, which ensured that residents were assisted to live a good life in the centre. Care was person-centred, and residents spoke positively about the care and support they received from staff. However, action was required in resident rights, premises, infection control and fire precautions to ensure that residents received safe and appropriate care.

The inspector reviewed a sample of resident records to follow up on information submitted to the Chief Inspector of Social Services and saw that appropriate care had been received by residents. There was evidence that pre-admission

assessments had been completed for residents which ensured the centre could meet residents' personal, medical and social needs while living in the designated centre. Key care plans were developed within 48 hours of the residents' admission and were regularly reviewed thereafter. Overall, these care plans were seen to be individualised and person centred.

Residents' health and well-being was promoted by staff assessments and by consultation with external professionals. Residents had access to general practitioner (GP) services. Many residents had chosen to retain the services of their own GP and this preference had been respected. The physiotherapist visited the centre weekly and evaluated each new resident on their admission. Referrals to other health and social care professionals, such as the dietitian and tissue viability nurse, were made as required and residents reviewed promptly. The inspector saw from resident records that daily observations and a weekly monitoring for urinary infections were completed for each resident.

The centres' activities co-ordinator provided one-to-one and group activities for residents Monday to Friday, while care staff led unscheduled activities over the weekend. An activities schedule for the day was displayed on a large noticeboard on the ground floor, however the schedule times were not displayed to ensure that residents could easily attend their preferred activities. Activities included newspaper reading, group exercises, walks in the garden and sessions with external musicians. The person in charge and activities co-ordinator were planning to improve the activities on offer in order to meet residents' individual social needs. A display unit to hold items, such as board games and puzzle books, had been ordered for the ground floor day room which would allow residents to independently access activities. Residents could request access to daily newspapers and bedroom radios. There was one wall mounted television in each bedroom which residents in double occupancy rooms shared. Residents had access to advocacy services where required. There was access to weekly religious services in the centre and a streaming service on other days.

The registered provider had a booking system for visitors in order to manage footfall in the centre. Visitors were welcomed to residents' single occupancy bedrooms or to a dedicated visiting area located off the ground floor day room. Nursing staff were responsible for ensuring infection prevention and control precautions were completed by all visitors, which included a COVID-19 related questionnaire, a temperature check, hand hygiene and mask-wearing. The inspector saw evidence that families were informed of any changes in visiting arrangements by the person in charge.

The registered provider had submitted an application to remove a registration condition pertaining to a double and a triple bedroom. The inspector reviewed the configuration of residents' personal space in these bedrooms and other double occupancy bedrooms. All were found to be not in compliance with Statutory Instrument No. 293/2016 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013. As a result, residents could not complete all personal activities in private in these bedrooms.

This was discussed with the registered provider on the day of the inspection.

The registered provider had provided adequate cleaning resources, with two cleaning staff rostered daily. The household team spoken with demonstrated a good knowledge of cleaning processes and had a system of colour-coded cleaning cloths in place, with appropriate separation of clean and unclean items. However, the inspector found that some infection control practices within the centre did not comply with the standards. Infection control audits had identified some infection control risks associated with these practices. However, appropriate control measures to decrease the level of risk posed had not been put in place for all risks. The poor practices identified on this inspection are outlined under regulation 27 Infection prevention and control below.

An evacuation procedure for both residents and visitors was prominently displayed in the centre, and external fire exit doors were observed to be free from obstruction. Fire escape signage to guide residents, staff and visitors to the assembly area in the event of emergency was evident. Staff had access to annual training on the use of firefighting equipment, fire evacuations and other training in fire safety. However, on the day of the inspection, the inspector was not assured that the registered provider had adequate measures to protect residents in the event of a fire. This is further discussed under regulation 28 Fire precautions below.

Regulation 11: Visits

The registered provider had suitable arrangements in place to ensure that visits between residents and their families were safe. Visitors were requested to comply with up-to-date infection prevention and control guidelines.

Judgment: Compliant

Regulation 17: Premises

The registered provider was not compliant with regulation 17 as they had failed to take action to achieve compliance with Statutory Instrument No. 293/2016 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013.

A sample of eight double occupancy bedrooms were reviewed by the inspector. The personal space for each resident in these bedrooms measured less than 7.4m² and residents could not access their own chair and personal storage space in private and out of sight of the other room occupant. The registered provider had no plan to address these issues.

Judgment: Not compliant

Regulation 27: Infection control

While many good infection prevention and control practices and procedures were in place as detailed previously in this report, the inspectors observed that improvement was required in the following areas:

- Personal items, such as bars of shampoo and deodorant, were stored in shared bathrooms.
- Inappropriate storage of items in a sluice room, such as a clean commode and two plant pots and a basin beside the sluice sink.
- A basin and soft wipes, out of their packaging, were stored on top of a wardrobe in a bedroom.
- Four incontinence wear bins had no lids. This had been recently identified by the person in charge and replacement bins ordered.
- The first floor sluice room had no hand hygiene sink. This had not been identified in Infection Control audits completed by the registered provider.
- The clinical sink in one sluice room did not comply with current recommended specifications for clinical hand hygiene sinks.
- Some fixtures and fittings throughout the centre were not in a good state of repair and therefore could not be effectively cleaned. For example, shelving in the sluice room was chipped and the silvering on a number of bathroom mirrors was chipped.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure adequate precautions were in place to protect residents in the event of a fire. During the inspection, the inspector observed the following and brought them to the attention of the management team:

- Fire evacuation route maps were not displayed throughout the centre, to guide staff in efficiently and safely evacuating residents in the event of a fire.
- The fire door closers on five bedroom doors did not fully close the bedroom door when activated. Therefore, they could not protect the bedroom occupants from the spread of fire and smoke in the event of a fire in the centre. This finding was identified by a competent fire person during a fire assessment in July 2021. An action plan completed by the registered provider following the assessment, stated that this issue had been rectified by the registered provider and the risk had been closed.
- One bedroom door was wedged open. This would prevent the self-activating fire door closer closing the door and protecting the resident in the event of a

fire.

- There was no room number displayed on the door of one occupied bedroom. This could lead to difficulties for staff in locating a fire in this bedroom if displayed on the fire panel.
- On the first floor, high dependency residents occupied bedrooms that opened directly into a communal day room. This required review by the registered provider to ensure that these high dependency residents were located in a part of the centre from which it was easiest to evacuate them in the event of a fire, or where the threat from fire was lowest.
- The inspector was not shown any evidence that the registered provider had completed simulated vertical fire evacuation drills with staff in the centre. Therefore there was no evidence that residents from the first floor could be evacuated in a safe time.
- Inappropriate storage of an electric scooter and two hoists in the stairwell of a stairs allocated as a fire escape route.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The observed reviewed a sample of resident records and found that pre-admission assessment were completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans.

Care plans were regularly reviewed and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and allied health care services. General practitioners regularly attended to residents' health needs.

The residents had access to physiotherapists, occupational therapist, dietitian, and speech and language therapist via a referral process.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not have adequate opportunities to participate in activities in accordance with their interests and capacities. For example:

- There was one wall mounted television in each bedroom, which residents in double occupancy bedrooms shared. However, the position of the TV in a number of double occupancy rooms did not allow both residents to easily view the television or to watch it according to their preferences.
- The records of a resident meeting, held in February 2021, showed that residents were dissatisfied with the lack of activities at weekends. Activities for residents were not organised on Saturdays and Sundays. An activities audit completed in November 2021 by an external company and the results of a residents survey on the service completed in December 2021, also highlighted this gap, which had not been actioned by the registered provider on the day of the inspection.

Residents had some opportunities to participate in the organisation of the service through surveys and resident committee meetings. However, from documentation provided during the inspection, the inspector noted only two resident meetings had occurred in 2021 and one in 2020. The centres' statement of purpose stated that these meetings should take place every 12 weeks.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not 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 9: Residents' rights	Substantially compliant

Compliance Plan for Terenure Nursing Home OSV-000047

Inspection ID: MON-0035396

Date of inspection: 03/02/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> - Mandatory training will be delivered to all staff via a blended approach both online and in person. - All staff have full access to online training, dates of training to be kept in the training matrix and certificates/ proof of training to be kept in staff files. - Staff continue to have formal handover in the morning and evening and items for handover are logged in the both the nurse's diary and PIC diary to be relayed to staff. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Notwithstanding that the centre is in compliance with SI293, a review of double rooms will take place to improve the layout of personal space of residents. - An ongoing project of refurbishment is in place for the centre. - All audit actions have been reviewed with the SMT team and scheduled to be completed prior to April 31st 2022. - The sluice room on the first floor is planned to be fitted with a hand hygiene sink and completed by April 31st 2022. - The action plan to deep clean the nursing home is in place and is an ongoing process. - Fire evacuation route plans are now displayed in the Centre. - The doors of five bedrooms have been revised by the maintenance team and are now closing properly when activated 	

- Minutes of meetings are recorded with outcomes and follow up meeting arranged.
- Audits for specific areas have been identified with Fire Audits being carried out by Maintenance and overseen by PIC.
- Infection Prevention and Control audits to be completed by staff nurses and overseen by PIC and Provider.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The floor plans will be reviewed and returned to the regulator with up to date floor plans which reflect the facilities.

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

- Sensor mats which are in place for the safety of the resident as reflected in their plan of care for the prevention of falls will be notified to the inspector in line with quarterly notifications.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Notwithstanding that the centre is in compliance with SI293, a review of double rooms will take place to improve the layout of personal space of residents.
- An ongoing project of refurbishment is in place for the centre.

Regulation 27: Infection control	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - Cleaning procedures were reviewed immediately. A meeting with cleaning staff was held on Friday 25/2/22 and personal items, such as bars of shampoo and deodorant are now stored in residents' personal cupboards. - Items such as a commode, basin and plant pots were stored in an appropriate storage to reduce any risk of IPC transmission. The soft wipes were removed immediately from the resident bedroom. The four incontinence wear bins were replaced. Completed on the 28/2/2022. - The sluice room on the first floor is planned to be fitted with a hand hygiene sink and completed by April 31st 2022. - The clinical sink in one sluice room is planned to be replaced with a clinical hand hygiene sink and completed by April 31st 2022. - All fixtures and fittings through the Centre were logged in the maintenance book for repair by May 31st 2022. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - Maps of fire escape routes are being produced and will be available by April 1st 2022. - As doors are subject to movement and door closing devices occasionally malfunction, no conclusion about inaccurate reporting can be drawn from the risk being eliminated in 2021. We are currently reviewing a more robust system for verifying the functionality of the center's doors and expect to complete this process no later than April 1st 2022. - We have emphasised to staff the importance of not propping or wedging open doors and to be vigilant in the event that this occurs as a result of a resident's action. - We have verified that all room numbers are visible and that this information corresponds to what the fire detection and alarm system would identify. - Management constantly reviews and monitors resident safety in the centre, including putting in place robust structures for the timely evacuation of residents in the event of an emergency. - Within a nursing home, the evacuation procedure is gradual. This recognised procedure entails the relocation of a resident or residents from the fire-affected area to the next sub-compartment or compartment on the same floor, preferably (horizontal evacuation). Regulation 28 does not specify the type of evacuation drill that should be complete, management within the centre would draw the view that it is incorrect to say residents cannot be evacuated in a safe time. To reassure the regulator, however, that management is satisfied with the completion of the vertical evacuation process and provide information on how long such a process would take to complete, such an exercise will be complete and monitored independently to verify management's view. - Management have reviewed and addressed issues in addition to storage of an electric scooter and two hoists in the stairwell. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">- An activities coordinator is provided five days a week, and all residents have the opportunity to partake in the activities provided. However, the HCAs will cover activities with residents as planned by the activity coordinator for the weekends. In addition, the activities documentation is being revised to include a more person-centred approach to the social care needs of our residents.- The residents' meetings were planned every four months as per regulation. In addition, the statement of purpose was updated.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2022
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	31/12/2022
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	31/12/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/04/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/04/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of	Substantially Compliant	Yellow	30/04/2022

	the incident within 3 working days of its occurrence.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/04/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2022
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	30/04/2022