



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Supported Care Home
Name of provider:	St Joseph's Supported Care Home CLG
Address of centre:	Kilmoganny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0000555
Fieldwork ID:	MON-0039470

About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 19 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 17 single and one twin room. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 March 2023	10:00hrs to 16:50hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, St Joseph's Supported Care Home was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. There was a very welcoming and homely atmosphere in the centre. The inspector greeted the majority of the residents during the day of inspection, and spoke at length with 12 residents.

On arrival the inspector was met by the staff nurse on duty. The inspector signed the centres visitors log book and applied a face mask. Following a brief introductory meeting with the nurse in charge, the inspector met the person in charge after the introductory meeting and then walked around of the premises.

Alcohol gel and personal protective equipment (PPE) were available in the reception area for persons entering the building. The door to the centre was not locked so as residents could leave the centre and visitors could access the centre freely. Residents and visitors were seen to come and go throughout the day of inspection.

St Joseph's Support home was located on the out-skirts of the village of Kilmaganny in Co.Kilkenny. The centre is registered to accommodate 19 residents. The centre had 17 single rooms and one twin room. The premises comprised of a ground floor level and two separate first floor levels. There was a stair lift to both first floor levels. The centre was warm throughout and appeared clean to a high standard. Alcohol gel was readily available throughout the centre to promote good hand hygiene. The atmosphere was calm and relaxed.

The inspector met with residents' both individually, and in small groups during the inspection. Residents' mobilised freely throughout the centre and the grounds. Residents' were observed in the communal dining room, sitting rooms, and conservatory area. The centre was nicely decorated. There was antique furniture and table lamps placed appropriately across the centre. There were large televisions and fireplaces both of the sitting rooms. The centre had a oratory where mass took place on the day of inspection. Residents' had access to a quiet room and hairdressing room. The centre had a kitchen, laundry, staff changing facilities, and a house keeper's room. The centres court yard had attractively decorated walls and level patio paving. The residents had access to mature garden grounds and a small herb garden to the rear of the centre.

Visitors were observed attending the centre on the day of the inspection. The inspector was informed that there was no booking system for visits. Residents whom the inspector spoke with confirmed that their relatives and friends could visits anytime.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed home cooked meals and stated that the quality of food was excellent. The daily menu was conveniently displayed on a blackboard in the dining room and a weekly menu was available. Jugs of water and cordial were available for residents in communal areas and bedrooms. Many residents told the inspectors that they had a choice of having breakfast in the dining room or their bedroom. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company.

Residents' spoken with said they were very happy with the activities programme in the centre. The daily activities programme was displayed near the dining room. The inspector observed residents partaking in group activity of chair exercises in the morning and a live music entertainment session in the afternoon. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, games and exercise equipment were available to residents.

Residents' views and opinions were sought through resident meetings and satisfaction surveys. Residents told the inspector that they could approach any member of staff if they had any issue or problem to be solved. Residents felt that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical care needs.

The next two sections of this 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

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in May 2022, and improvements were found in Regulation 17: premises. On this inspection, the inspector found that actions was required by the

registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 17: premises, and Regulation 27: infection prevention and control.

Since the previous inspection St Joseph's Supported Care Home had made a change to the registered provider entity for the centre. St Josephs Supported Care Home CLG Limited is the registered provider for St Joseph's Supported Care Home. The registered provider is operated by a voluntary board of management. The chairperson of the board is the registered provider representative (RPR). The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides long-term, and respite care for a maximum of 19 residents' who require minimal assistance only, in a homely environment. The centre is registered on the basis that the residents' do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge worked Monday to Friday in the centre, and provided out of hours on call cover for emergencies. The person in charge was supported in their role by a staff nurse, a team of care staff, housekeeping, catering and maintenance staff. The staff nurse worked in the centre from 9am- 5pm, four to five days each week. Every second week the staff nurse worked from 9am- 1pm on Friday and Saturday. The staff nurse deputised for the person in charge in their absent. There was no nurses on duty Sundays. The person in charge and staff nurse alternated on call for Sundays and for out of hours Monday to Saturday. One care staff worked a 12 hour day shift daily, two care staff worked a morning shift Monday to Friday and one care staff worked a morning shift at the weekends, and one care staff worked a twilight shift every day. One care duty staff member worked a 12 hour night duty shift who was the only staff member on duty between 10:00pm to 8:00am. The care staff on duty on the day of inspection were well informed of the individual residents' personal and social needs. The staff on duty were observed providing assistance in a caring and respectful manner.

There was good oversight of staff training and supervision of training in the centre. Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, medication management, and infection prevention and control. All staff had completed training in medication management and a medication management competency assessment was completed by the staff nurse with all health care assistant staff.

Records and documentation were well presented, organised, and supported management systems in the centre. Records were stored securely. Records of regular staff and resident meetings were available. Policies and procedures as set out in schedule 5 were in place and up to date. A review of four personnel records indicated that all the requirements of schedule 2 were met including Gardaí Síochána (police) vetting disclosures.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks. There was evident of an ongoing schedule of audits in the centre. The schedule of audits

included cleaning, care planning and medication management audits. Audits were objective and identified improvements. There were records of local staff meetings taking place regularly in the centre. On the afternoon of day of inspection a staff meeting took place. The person in charge met with the board of management weekly. There were records of weekly KPI (Key performance indicators) reports which included items discussed such as the centres occupancy, resident dependency levels, activities, training, staffing and actions required from audits completed which provided a structure to drive quality improvement. A copy of the centre's annual review of quality and safety of care 2022 was viewed, and was available to residents on the day of inspection.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up an incident that were notified and found this was managed in accordance with the centre's policies.

There was no records of complaints in the centre recorded since 2020. The person in charge confirmed that resident's had not made any complaints since then. The complaints procedure was displayed in the reception area. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. It outlined that complaints would be investigated and concluded as soon as possible and in any case no later than 30 working days following receipt of the compliant.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed a good knowledge of the residents' needs and had good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training programme in place for staff, which included mandatory training and training such as medication management and infection prevention and control to support provision of quality care. Staff were supervised in their work and received regular feedback from the person in charge, regarding their performance.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits and KPI's were routinely completed and scheduled, for example; falls, care planning, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident in the weekly meeting and reports submitted to the Board of Management to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on an incident that were notified and found these were managed in accordance with the

centre's policies.

Judgment: Compliant

Quality and safety

Residents expressed a high level of satisfaction with the care provided and the quality of life in St Joseph's Support Care Home. Improvements had been noted in the areas of individual assessment and care planning, the premises, and infection prevention and control since inspection in May 2022. On this inspection further actions were required to improve individual assessment and care planning, premises, and infection prevention and control.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, physiotherapy, occupational therapy, dietitian and speech and language, as required. Residents had access to chiropody services in the centre regularly. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A detailed individual assessment was completed for each resident prior to admission, to ensure the centre could meet the residents' care and social needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas, quiet room or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for one of the residents. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. A laundry service was provided in the centre for residents.

Improvements had been made to the centres premises since the last inspection. The occupancy of room nine had reduced to a single occupancy bedroom. The centre was bright and general tidy. The centre was cleaned to a high standard and alcohol hand gel was available on all corridors and at all entrance doors. Bedrooms were personalised and the residents in the twin room had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort

of residents. However; improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk registered contained site specific risks such as risks associated with individual residents and centre specific risks, for example; slips, trips and falls.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the day of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a curtain and soft furnishing cleaning schedule. The centre had established a cleaners room since the previous inspection and the centres cleaning equipment and trolley were stored in the cleaners room. Clean mops heads and cloths were stored in a cabinet in the centres laundry room. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and board of management meetings. IPC audits were available and included, the environment and hand hygiene. There was an up to date IPC policies which included COVID-19. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

The centre had automated door closures to all bedroom and compartment doors. All fire doors were checked on the day of inspection and all were in working order. Fire training was completed annually by staff. There was evidence that fire drills took place monthly in 2023 and quarterly in 2022. There was evidence in the fire drill records viewed of evacuations of the centre during day time and night time hours. Fire drills records contained details of the number of residents evacuated and how long the evacuation took. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system . Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the evacuation methods applicable to the residents. There was fire evacuation maps displayed throughout the centre, behind all bedroom doors and in each compartment. There was evidence that fire safety was an agenda item at meetings in the centre. The conservatory was a designated smoking room if required for residents but on the day of inspection there were no residents who smoked.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in

place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate who called to the centre regularly and SAGE advocacy services. The independent advocate and advocacy service details were displayed in the reception area. The activities planner were displayed near the dining room in the centre. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place in the centre weekly. Residents had access to an oratory room in the centre. The local link bus was available to residents each week to take them to Kilkenny city. Musicians attended the centre weekly.

Regulation 11: Visits

Indoor visiting had resumed in line with current guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors signed into the centres visitors log book. There was a checklist to ensure that visitors had appropriate PPE and had completed hand hygiene procedure on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Parts of the centre required painting to ensure it could be effectively cleaned. For example: shirting boards and banisters of stairs wells.
- The cleaners storage cupboard opposite the dining room required review as it

was cluttered with items such as; a handbag, bags, and an extension lead. This posed a safety risk to staff working in the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was available in every bedroom. This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed practices that were not in line with the National standards and guidance for the prevention and control of associated infections. Oversight in this area required improvement as evidenced by the following:

- Infection prevention and control guidelines did not include detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection of multidrug-resistant organisms (MDRO) colonisation.
- Racking available to store urinal and bedpans in the centres sluice room contained rust. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive and person-centred. Care plans were detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and wounds. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. However; it was not always documented if the resident or their care representative were involved in the review of the care plan in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0039470

Date of inspection: 29/03/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The cleaners storage cupboard has been tidied and organised. • The maintenance person in the home has commenced work on painting the skirting boards and banisters of stairwell. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • The transmission based precautions have been implemented into infection and prevention guidelines regarding caring for residents with known or suspected infection of multidrug-resistant organisms (MDRO) colonization. • Urinal and racking has been rectified. Staff have been reminded to leave the fan on in the sluice room to remove condensation. Rust marks on the racking system were minor in depth and were easily removed with a steel wool scourer. Area will be monitored for any further rust formation. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and care plan:

- Residents care plan reviews that were not co-signed on the day of the inspection have all been co-signed since and are all now completed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	30/03/2023

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
--	---	--	--	--