



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

Issued by the Chief Inspector

Name of designated centre:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0037043

About the designated centre

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

Tinnypark Nursing Home is located approximately 2.5 miles from Kilkenny City, in a scenic rural setting. The nursing home is a large period house which has been extended to provide suitable accommodation for 47 residents. Bedroom accommodation comprises 39 single and four double rooms. All the bedrooms have full en-suite facilities with accessible showers. There are two dining rooms, and three sitting rooms for residents to use. The foyer is also a favourite place for residents and visitors to congregate. The walled garden to the rear provides a secure environment for leisurely strolls and residents also have free access to a number of enclosed patio seating areas. Tinnypark nursing home accommodates both female and male residents aged 18 years and over. The service caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum. The service provides full time nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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
Tuesday 12 July 2022	09:20hrs to 17:30hrs	Bairbre Moynihan	Lead
Tuesday 12 July 2022	09:20hrs to 17:30hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

Overall, on the day of inspection, inspectors observed residents being supported to enjoy a good quality of life by staff who were kind and caring. Residents expressed that they were happy in the centre and were very complimentary about the care they received. A resident described the staff as being "lovely and you never feel lonely".

Inspectors arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. At the entrance inspectors observed a newsletter which was displayed, gave details of annual garden party 24 July, outings to bowling on Monday nights and how the Nore Valley Petting Zoo had returned to the centre.

Inspectors were met by the person in charge and following an introductory meeting completed a walk around of the centre with a director of the centre. The centre was registered to accommodate 47 residents with one vacancy on the day of inspection. Inspectors chatted with a number of residents and spoke in more detail with five residents to gain feedback on their lives in Tinnypark nursing home. Tinnypark is a single storey nursing home with multiple shared areas including a dayroom, sunroom, visiting area and multiple dining rooms. The foyer contained a sensory area for residents with cognitive impairment which had been incorporated into the environment. Individual areas were available within the sensory area for residents to sit with distraction aides available. Residents rooms were personalised with photographs and pictures. A resident described how they 'love their room and the nursing home feels like home'. The centre had a large well-maintained garden, however it contained no seating area for residents. In addition, the centre contained a courtyard where residents were observed enjoying the outdoors during the day. One resident was observed to be putting bird feed in the bird feed stands with assistance.

The centre had four activities co-ordinators equating to 2.1 wholetime equivalents (WTE). Two activities co-ordinators covered Monday to Friday and one worked on a Saturday and Sunday. The foyer and sitting room were a hive of activity throughout the day. Activities were observed to be taking place both individually and as a group. Residents were watching mass in the morning and prior to lunch were taking part in Boccia. Hand massage was also taking place with individual residents. A number of residents were observed to be taking part in bingo in the afternoon. The weekly schedule for activities was displayed at the sitting room entrance. In addition, the schedule was observed in a number of residents' bedrooms. Residents were observed to be reading both local and national newspapers and the centre entrance was being painted at the time of inspection with a scene from Paris. Inspectors were informed that Wifi was available throughout the centre should a resident require it. The centre had two rabbits in the grounds of the nursing home which were cared for by a small number of residents. A "tuck shop" was available on a Friday with one resident stating that they look forward to it as you "never know

what will be on it".

An inspector observed the dining experience. This was observed to be a very social occasion with residents interacting with residents at their tables. The majority of residents attended the dining room while a small number of residents chose to sit in the foyer or in their rooms. There was sufficient staff available at lunchtime to assist residents if required. The menu was displayed and residents were offered a choice of meals.

Residents were observed to be well-dressed with individual styles evident. The centre had a dedicated hairdressing salon with the hairdresser attending once weekly. Open visiting was taking place with a number of visitors observed during the inspection. Education on hand hygiene was provided to residents. Since the last inspection the centre had employed a resident liaison. This role had dedicated part-time hours. The resident liaison role was created to ensure effective communication between the residents, their families and the centre. The role included for example participating in residents' meetings, assisting residents to personalise their rooms and assist in addressing complaints or concerns.

The next two sections of the report present the findings of this inspection in relation to 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 were effective management systems in this centre, ensuring high quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and sustained. For example, improvements in the governance and management were noted that included, review and learning from serious incidents; the systems of audit; there was senior clinical manager on duty at weekends and evenings. However a number improvements were required as identified on this inspection in relation to governance and management; notification of incidents; fire precautions; infection control; assessment and care planning; health care; and statement of purpose and function.

Tinnypark Residential Care Limited was the registered provider. The company had two directors both of whom were in the centre on a daily basis. The person in charge was a recent appointment and worked full time in the centre. There was a clearly defined management structure in place. Care is directed through the person in charge who reports to the to the directors of Tinnypark Residential Care Limited. The person in charge is supported in her role by a team of nursing, care, household, maintenance and catering staff. The governance system was found to be effective in terms of communication between both the person in charge and the registered provider.

The registered provider, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. There was an across-the-board system of audit in place, capturing many areas, to review and monitor the quality and safety of care and the quality of life of residents. The audit schedule included medication management, infection prevention and control, falls, wound care, resident satisfaction, complaints and restrictive practice, etc. However, some improvement was required as in some instances actions plans did not address some issues that were identified by the inspectors, for example, environmental audits. An annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed, with an action plan for the year ahead.

Systems of communication had improved significantly since the previous inspection and regular senior management and risk management meetings were taking place that addressed issues such as falls audits, wound care, complaints, infection prevention and control, restrictive practice and compliance with regulations. A recent night time staff meeting had been called by the person in charge to focus on work routines and falls prevention.

However, the governance structure was not fully in line with that as committed to in the compliance plan submitted following the previous inspection in May 2021, as two key appointments of assistant director of nursing and a second clinical nurse manager and had been vacant for some time and were not filled at the time of inspection. Inspectors were told that a second clinical nurse manager was to start the week after the inspection and the assistant director of nursing had been offered to an external candidate who would need to work out a period of notice in their current employment. These additions to the management team will be an important support to the recently appointed person in charge in the further improvement of the service.

The service was appropriately resourced. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. The person in charge worked Monday to Friday during the day and a rota of nurses including three senior nurses worked at the weekends and in the absence of the person in charge. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Maintenance records were in place for equipment such as fire-fighting equipment and hoists. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also readily available and effectively maintained.

A review of staff records showed that staff were satisfactorily recruited and

inducted. A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for nurses.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Registration Regulation 4: Application for registration or renewal of registration

A completed application had been submitted within the required time frame for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was recently appointed to the post and is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. She was actively engaged in the governance, operational management and administration of the service. The person in charge demonstrated a strong commitment to the development of initiatives and quality management systems to ensure the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

Based on the currently assessed needs of the residents, the centre had sufficient staffing and appropriate skill mix in place to provide a high standard of care. The staff roster was reviewed which showed there were three staff nurses on duty in the centre each day from 08:00hrs reducing to two nurses after 20.00. Six healthcare assistants were on daily from 08.00 which again reduces to three healthcare assistants after 20.00 and two healthcare assistants for the night. There were two catering staff and two housekeeping staff. Other staff included two activity staff and administration staff. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. They all felt there was enough staff available to meet their needs and always came to them when they called.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction, with evidence of sign off on key aspects of care and procedures in the centre. There was evidence of a good system of staff performance appraisal. Staff training records were made available to inspectors and indicated that staff had attended a range of training modules related to infection control practices. Staff had undertaken mandatory and appropriate training such as, safeguarding training and manual handling. Staff confirmed their attendance at this training.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

The governance structure was not fully in line with that committed to in a compliance plan submitted following the previous inspection in May 2021 as two key appointments of assistant director of nursing and a second clinical nurse manager and had been vacant for some time and were not filled at the time of inspection.

Some management systems such as the system of audit were not sufficiently robust to ensure the service provided is safe appropriate consistent and effectively monitored as evidenced by;

- Corrective actions from issues identified in audits were not always taken for example issues identified in an environmental audit such as an overflowing bin in a dirty utility was also found on inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each contracted included details of the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

Improvements were required to the statement of purpose (SOP) and function. For example; the statement of purpose was not a clear reflection of the premises as seen by the inspector and outlined in the floor plans. This was discussed with the person in charge on the day of inspection.

Following the inspection an updated statement of purpose was submitted to HIQA.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Generally notifications were submitted in line with the requirements of regulations and timely and detailed recording and investigation of incidents was evidenced during the inspection. However, the person in charge had not submitted notifications to inform the office of the chief inspector where staff had COVID-19 and at the end of the previous quarter NF39 when residents had pressure sores as required by legislation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure for the management of complaints that identified the complaints officer, the independent appeals process and the person responsible for ensuring that all complaints were recorded and addressed. A review of the complaints log showed that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. There was a notice on display at the front foyer of the centre and in a prominent position identifying for

residents and relatives the procedure for making complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were developed, reviewed and implemented.

Judgment: Compliant

Quality and safety

Inspectors found that residents had a good quality of life in Tinnypark Nursing Home and were encouraged to live their lives in an unrestricted manner, according to their own capabilities. Some improvements were required in relation to premises, infection control, fire precautions, individual assessment and care planning, healthcare and residents' rights.

Tinnypark nursing home is a single storey, modern, well maintained centre that was registered to accommodate 47 residents. The centre consisted of 39 single en-suite rooms and 4 twin en-suite rooms. While all the single rooms were spacious in design, improvements were required in the twin rooms to ensure that they were compliant with the requirements of the regulations. This will be further discussed under Regulation 17: Premises. The centre had adequate storage space with wheelchairs and hoists stored in a designated space.

Residents had access to varying activities and a number of residents were observed to be taking part in throughout the day. Visitors were observed in the centre and there was a high but safe level of visitor activity. It was clearly evident that visitors were welcomed in the centre. Inspectors spoke with a number of visitors and all were very complimentary of the care provided to residents.

Tinnypark nursing home was generally clean on the day of inspection however a number of areas for improvement were identified which will be discussed under Regulation 27: Infection Control. While household staff were knowledgeable about their role, they had not received training in the principles and practices of cleaning. Notwithstanding this, inspectors were informed that training on cleaning and infection control was booked for household staff for July 2022.

The centre had a COVID-19 outbreak declared on 21 March 2022. In total 30 residents and 12 staff were COVID-19 positive. An outbreak report was completed following the outbreak. The outbreak report while comprehensive, contained for example minutes of meetings, was a review of what was required at the time of the

outbreak, however, while the report detailed key learning for example preparedness for end of life care during COVID-19, it was not clear how the key learning was actioned and shared with the staff.

Residents' meetings were held in January and May 2022 however, no action plan was devised following the meeting. This will be further discussed under Regulation 9: Residents' Rights. In addition, a resident's nutritional meeting took place in early June 2022 and residents' surveys were completed at the start of 2022.

Systems were in place for monitoring fire safety. The registered provider had engaged with a fire consultant and Kilkenny County Council with a view to completing a full fire safety risk assessment of the building. The registered provider gave a commitment to submit a copy of the fire safety risk assessment to the office of the chief inspector once available. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Improvements around fire precautions were noted from the previous inspection. Fire drills were taking place every two to three weeks with evacuation of the largest compartment taking three minutes fifteen seconds. Each resident had a completed emergency evacuation plan in place to guide staff. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. However, some improvements were required which are detailed under Regulation 28: Fire precautions.

Inspectors observed a sample of care plans. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. However, validated assessments tools were not always updated four monthly in line with requirements under the regulations. Inspectors found that the healthcare needs of the residents were met through good access to a high level of nursing, medical and other healthcare services if required but as identified in the inspection in May 2021 residents weight loss was not always identified and escalated.

Regulation 11: Visits

The centre had unrestricted visiting. Visitors were noted throughout the centre on the day of inspection. Inspectors spoke to visitors and they confirmed this.

Judgment: Compliant

Regulation 17: Premises

Twin rooms in the centre did not comply with the requirements under the regulations. Specifically, bed space in the twin rooms did not support the privacy of the resident at all times and did not contain a wardrobe and chair within the bed

space requiring the resident to enter the other residents bed space to access their personal belongings as required.

Only a small number of clinical hand wash sinks were identified on the day of inspection. In addition, these hand hygiene sinks did not comply with the required specifications.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was kept under review by the person in charge. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

While inspectors observed that the centre was generally clean a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- Used waste water was being disposed of in the hand hygiene sink in the laundry room. In addition, household staff had to enter the laundry room with the used waste water to gain access to this room. Both these practices increased the risk of cross contamination.
- Dust and cobwebs were observed in the linen room, corners of corridors and in the household store room. Dust and debris had been identified in an infection prevention and control audit, however, while the audit concurred with inspection findings the issue had not been addressed.
- Inappropriate placement of clinical waste bins at the entrance to the centre and on a corridor.
- A bin was overflowing in the dirty utility. This had been identified on an environmental audit, however, the issue remained.
- Splashing was observed on the underside of commodes.
- Gloves were not available in the sluice room.
- The COVID-19 outbreak report did not identify how key learning was actioned and shared with staff.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified with fire safety that required action:

- While regular fire drills were taking place (every two to three weeks), a small number of staff spoken to were unable to describe the evacuation procedures.
- Furthermore, documentation reviewed following inspection identified that the servicing of the fire alarm in February and May 2022 showed that activation of the fire alarm system was slow and that they required gradual updating on each service visit. Inspectors were informed that this will be completed by 16 November 2022.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Validated assessment tools were not always updated in line with the regulatory requirements of four monthly. For example;

- A falls risk assessment had not been updated since February 2022
- A smoking risk assessment had not been updated since January 2022.
- One resident had two different falls risk assessments with different falls risk scores which could lead to confusion.

Judgment: Substantially compliant

Regulation 6: Health care

Similarly, as identified on the last inspection in May 2021, resident's weight loss was not always identified, actioned and referral made to the relevant health and social care provider.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents meetings were held in January and May 2022 and discussed such issues as food and nutrition, infection prevention and control, fire safety, summer events and men's shed. However, there were no evidence of specific action plans or actions taken to address issues raised and discussed at these meetings.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tinnypark Nursing Home OSV-0000707

Inspection ID: MON-0037043

Date of inspection: 12/07/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> -2nd CNM commenced employment on 19/07/2022 -ADON post filled internally as of 25/08/2022 -CAR (Corrective Action/Preventive Action/Improvement Request) implemented as part of the auditing system. This will be used to highlight gaps and subsequent action plans from audits as well assigning problems as major, moderate or minor. All CARS to be signed off by the PIC to identify if the action taken was successful and ensure quality improvement. PIC will review CARS on a fortnightly basis to decide if the action plan has removed or sufficiently reduced the problem and had the desired effect. CARS to be discussed as part of the standing agenda of monthly Senior Management Meetings and quarterly staff meetings. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose including floor plans was reviewed and updated on July 15th 2022.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>NF02 will be submitted within the 3 day timeframe.</p> <p>NF39 will be submitted quarterly containing all required details.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We are in the process of re-organizing our privacy curtains and furniture in the 4 shared bedrooms to ensure that resident's dignity and privacy will be maintained at all times. We will liaise with the residents of these rooms to ensure that they understand and are in agreement with any changes that we may have to make to these rooms.</p> <p>Additional hand wash sinks will be installed where the facilities and services allow for same. Furthermore, the current clinical handwash sinks will be replaced on a phased basis to meet HBN specifications in line with updated HSE Guidance. Risk Assessments to be carried out on current clinical handwashing sinks in use.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - Sluice hopper has been re-located to the domestic services room to maintain best IPC practice reducing risk of cross contamination. - CARS system implemented to strengthen the current audit system and ensure issues identified are addressed through the identified action plans. CARS to be reviewed by PIC forth nightly and discussed at monthly Senior Management Meetings as well as at quarterly staff meetings. - IPC Audit modified to include checking on the underneath of commodes. - Dani-centre with gloves located outside the sluice. 2nd dani-centre for gloves now fitted inside the sluice for easy access. - The nursing home has a Covid-19 Preparedness plan to guide staff in the event of a COVID 19 Outbreak. This will be reviewed post outbreak as part of the post outbreak review report to identify gaps and learning from the outbreak. Action plans to be implemented from this learning and shared with staff via meetings and through updated 	

policies and procedures guided by the outbreak report.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - Fire Policy and Evacuation Procedures has been highlighted as The Policy and Procedure of the Month for August. As part of our Policy of the Month all staff must read the identified policy and participate in practical sessions as required. As part of our Policy of the Month all staff must complete a questionnaire to assess their understanding of the policy and procedure. Any gaps in learning will be identified and training action plan assigned to these staff. Furthermore, going forward Fire Evacuation Audits will be increased to monthly to ensure oversight of staff knowledge and identify additional training requirements for staff. - As certified by Fire Alarm Company; fire alarm system is healthy, but they have recommended an upgrade to keep system in best working order. Fire Alarm System has been upgraded in phases since February 2022. Full completion of upgrade during next visit. Due for completion in November 2022. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>CNMs now allocated to carry out monthly auditing of resident's care plans and assessments. PIC to sign off on this audit and create action plans for named nurses</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> - Resident weight loss report to be included as part of the weekly governance report to the PIC to ensure oversight. 	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: - From August 2022, all resident's meetings will include action plans from issues raised by the residents in attendance.	

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	01/11/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	23/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	01/09/2022

	provided is safe, appropriate, consistent and effectively monitored.			
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	01/09/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	16/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/09/2022
Regulation 03(1)	The registered provider shall	Substantially Compliant	Yellow	15/07/2022

	prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
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	12/07/2022
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.	Substantially Compliant	Yellow	23/09/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional	Substantially Compliant	Yellow	23/09/2022

	expertise, access to such treatment.			
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	29/08/2022