



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Heather House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St Mary's Health Campus, Gurrabraher, Cork
Type of inspection:	Unannounced
Date of inspection:	29 November 2021
Centre ID:	OSV-0000714
Fieldwork ID:	MON-0033179

About the designated centre

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

Heather House Community Nursing Unit is a purpose built, two storey premises, which opened in April 2011. It is located on the grounds of St. Mary's Health Campus on the north side of Cork City. The centre is registered to accommodate 50 residents in two 25 bedded units, Primrose, which is on the ground floor and Daisy is on the first floor. Each unit has 17 single bedrooms, two twin bedrooms and one four bedded room; all of the bedrooms are en suite with shower, toilet and wash hand basin. Each unit has its own sitting room, coffee doc, dining room and quiet room. Additional communal space include the quiet visitors' room alongside the main entrance, the prayer room, main activities room and the water lily games room. Residents have free access to two enclosed gardens with walkways around the house and two sheltered smoking areas. Heather House Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Monday 29 November 2021	08:40hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with five residents in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care provided in the centre. The atmosphere in the centre had improved and was relaxed and calm, and institutional paternalistic practices were no longer evident.

There were 47 residents residing in Heather House Community Nursing Unit at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

This was a two-storey building. As there was extensive building works in progress with a sixty bedded extension in construction, the main entrance was re-located to the side of the building. This was well signposted to allay any confusion to visitors. The entrance was wheelchair accessible and led to a lobby where the lifts and stairs access to the upstairs were located. Sign-in sheets and electronic temperature check were located here. There was key-pad security to gain access beyond the lobby to Primrose unit downstairs, and keypad access to Daisy unit upstairs. There was a lovely seating area outside the landing areas by the lift on both floors for visitors and residents to sit and relax.

Both Primrose and Daisy were 25 bedded self-contained units with 17 single, two twin and one four-bedded multi-occupancy bedrooms each; all with full en suite facilities of shower, toilet and wash-hand basin. Single and twin bedrooms were of adequate size and layout, and could accommodate a bedside locker and armchair, and residents had wardrobe space for storage and hanging clothes. However, while the size of the four-bedded rooms met regulatory requirements, the layout and wardrobe space available to residents was not in line with a rights-based approach to living in a residential care setting; wardrobe space comprised a single wardrobe. In the multi-occupancy bedrooms, there was one television and this was located in the middle of the far wall so residents adjusted their armchairs so they could watch the television. However, this resulted in the entrance to the en suite being partially obstructed with reduced space for residents to mobilise around.

Call bells were fitted in bedrooms, bathrooms and communal rooms. Additional toilet and specialist bath facilities were available on each floor. Communal space on both units comprised the dining room, small sitting room which led into the larger sitting room with coffee dock. Sitting rooms were pleasantly decorated and had comfortable seating; the larger sitting rooms had a fire place and large screen TV. Both the dining rooms and sitting rooms had expansive windows with lovely views of the garden and surrounding areas. Additional communal areas on the ground floor

beyond the reception area included the prayer room, expansive activities room, and Waterlily social centre with bookshelves with a variety of books and games.

The inspector observed that many residents had their breakfast in bed or in their bedrooms. Six residents were seen having their breakfast in each dining room. Another resident went to the dining room and collected breakfast on their own rollator tray and took breakfast to their bedroom. The resident later returned to the dining room and staff made her a coffee which she took on her tray; the inspector observed her sitting by the nurses station enjoying her coffee while watching the television. Residents had choice for their breakfast which was served from the pantry alongside the dining room. There were pantry staff on both units throughout the day to assist residents with their snacks and meals. When breakfast was finished, the pantry staff went around to each resident explaining the menu choice for their main meal and evening meal. Pantry staff explained the routine of residents, highlighting that one resident prefers their main meal at 17:00hrs, while others had set choices and did not deviate from this and their preferences was facilitated. Morning and afternoon snacks were offered to residents at 10:00hrs and 15:00hrs. Menus were displayed on tables as well as written up on the white board in the dining room. Meals were pleasantly presented including textured diets and residents spoke highly of the food they received. Mealtimes were observed and the evening meal was served at 16:20hrs with a selection of teas such as hot plated food, salads, sandwiches, and hot puddings.

During the morning walkabout, the inspector observed lovely social interaction and banter with staff and residents. Staff providing assistance to residents in their bedrooms actively engaged in a kind and respectful manner and chatted as they were assisting with personal care and during mealtime.

Residents normally had access to three different outdoor areas. One was accessible via the dining room on the ground floor. Resident were seen enjoying the outdoor area here as this also had one of the smoking areas. The second outdoor area was accessible via the activities room on the ground floor. The third outdoor area was temporarily unavailable due to the temporary re-location of the main entrance, as it was no longer secure.

Signs with the activities programme were displayed on each unit as well as in the activities room. The weekend prior to the inspection staff had started decorating the centre for Christmas with Christmas trees in day rooms and the activities room; some residents had their own Christmas tree with lights brightly glowing and decorations in their bedrooms.

There were two activity sessions held during the inspection; the one upstairs was facilitated by an external activities provider and held in the large sitting room; this was a gentle exercise session where residents were encouraged to participate in the activity. Downstairs, activities were in the activities room and facilitated by the in-house activities co-ordinator. Activities were tailored to the residents' preferences and wishes and residents were enjoying painting and reading the newspaper while listening to Christmas music; individual sessions were held with resident who wished to remain in their bedrooms, and those residents unable to actively participate in

activities were included in the sessions. In the evening after tea time, the activities room was set out like a cinema with the windows darkened and a movie was shown. Residents were delighted watching an old war movie.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them and actively engaged with them. Residents enjoyed visitors in their bedrooms and the activities room.

While walking around the centre, the inspector noted that rooms such as the clinical room and cleaners room were secure to prevent unauthorised access. Clinical rooms were neat and tidy, and did not have any inappropriate storage. There were separate hand wash sinks in place with hands-free mechanism taps in all sinks seen. The household rooms and dirty utility rooms all had separate hand-wash sinks in line with best practice infection control guidelines. On both units there was a single bedroom identified for isolation purposes should the need arise.

The centre was visibly clean and residents reported that that the place was always spotless. Staff had appropriate cleaning trolleys with lockable storage for chemicals; plus storage for different cloths. However, during the walkabout, mop-heads were seen in the hand-wash sink in the cleaners' room; incontinence wear and cleansing foam were left in the communal bathroom; a wash-bowl was stored by the handrail in the four-bedded en suite; large bags of clothes were seen on the floor of the linen room. In the en suite bathroom in the multi-occupancy four-bedded room there was a three-shelved unit available to residents. These were very narrow and could hold a very limited stock of toiletries. Some of the items on these shelves were not labelled and shelving was not labelled.

Laundry was segregated at source and there were adequate number of laundry bins available for each corridor so that staff did not have to travel a distance to decant laundry. Wall-mounted hand sanitiser dispensers were available throughout the centre; dani centre units discretely stored personal protective equipment of disposable gloves and plastic aprons on each corridor.

There were low low beds, pressure relieving mattresses, specialist chairs, and all rooms including the assisted bathroom had overhead hoists to assist residents when transferring from bed to chair or chair to bath.

Orientation signage to rooms such as the day room and dining room were displayed around units to ally confusion and disorientation. Emergency evacuation plans with evacuation routes and points of reference were displayed in the centre.

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

Overall, the findings on this inspection demonstrated significant improvement to the quality of life of residents and a cultural change where institutional practices were almost non-existent. There was a commitment to promoting a rights-based approach to care where the resident was central to service delivery.

The management structure comprised the general manager, person in charge, assistant person in charge, and clinical nurse managers 2(CNMs), one on each unit. Additional clinical support included senior nurses on each unit. Relevant staff had good knowledge of the Health Act 2007 and the Regulations thereunder.

The general manager facilitated weekly conference calls with persons in charge of the CH04 area. There was a set agenda which provided weekly updates of key performance indicators (KPIs) as well as twice-weekly catch-ups to report on issues such as incidents requiring notifications, complaints, bed occupancy, staffing and absenteeism for example. The communication system introduced by the person in charge to ensure a more robust system between staff and the person in charge was working well, and provided a seamless avenue to provided updates for staff, especially during times of suspected COVID-19 cases.

The contingency folder was examined. Since the previous inspection the contingency plan was updated to reflect cohorting and isolation bed-plan protocols in line with guidance from the Health Protection Surveillance Centre (HPSC). The risk register had been updated to reflect the risk associated with COVID-19 pandemic. While the person in charge clearly articulated the review of the service post COVID-19 outbreak, this had not been formalised, as described in the HPSC guidance.

The new schedule of audit for 2022 was available. The audit schedule for 2021 was seen with monthly audits completed. The person in charge explained that this was being reviewed to better enable reflective practice of the service, to facilitate analysis and trending of information accrued in the audits and implement change and corrective actions in a measured and timely manner. It was identified on inspection that observational audits were scheduled on a monthly basis, however, these were being done in conjunction with other audits rather than as stand-alone audits.

Staffing levels and skill mix was appropriate to the number and needs of residents and their statement of purpose and to the size and layout of the centre. The training matrix was reviewed and showed that staff training was up to date with further training scheduled over the coming weeks to ensure training remained current.

Staff spoken with were articulate regarding evacuation procedures should the need arise. They explained the procedure for both horizontal and vertical evacuation where necessary. They reported that training sessions were undertaken cognisant of night duty staff levels with the role and responsibilities of staff members as part of the evacuation process. Emergency evacuation floor plans were displayed on each unit and on the main communal areas, however they were not orientated to reflect their relative position in the centre.

Rooms such as the clinical room and cleaners room were secure to prevent unauthorised access. The office of the clinical nurse manager could be accessed from the nurses station as well as from the corridor. As residents documentation and other confidential records were maintained her, the inspector requested that the door on the corridor be locked to prevent unauthorised entry and this was actioned immediately.

Notifications correlated with incidents and accidents recorded. Most notification as required in the regulations were submitted in a timely manner, however, some were not.

A synopsis of the complaints procedure was displayed in the centre. Most complaints were recorded in line with the requirements set out in the regulations. The person in charge followed these up on a weekly basis and liaised with the complainant to discuss actions to be taken to ensure the issue was remedied and that the complainant was satisfied with the outcome. Nonetheless, one complaint was not recorded in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary qualifications as required in the regulations. She was articulate regarding governance and management of the service, and her role and responsibility within the service.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training including mandatory training was up to date for all staff. Relevant staff had good knowledge of the Health Act 2007 and Regulations made under it.

On this inspection, improvement was noted with staff supervision.

Judgment: Compliant

Regulation 23: Governance and management

Even though observational audits were scheduled on a monthly basis, these were being done in conjunction with other audits rather than as stand-alone audits. Consequently, issues seen on inspection were not identified, such as the noise in the dining room following staff returning to the dining room and cleaning off plates while residents were still having their meal.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated in September 2021 with the appointment of CNMs 2.

Judgment: Compliant

Regulation 31: Notification of incidents

Two notification relating to suspected infection were not submitted in accordance with regulatory requirements.

Judgment: Not compliant

Regulation 34: Complaints procedure

One complaint was not recorded in line with regulatory requirements. The staff member did not document the issue raised. While the complaint was made on 19th November it was not recorded until 23rd November, and then it was documented by the CNM 2 on the unit; and it was not documented appropriately.

Judgment: Substantially compliant

Quality and safety

In general, this was a good service with significant improvement noted in the delivery of care. Institutional practices and paternalistic attitudes were almost non-existent. The atmosphere was relaxed and resident-focused where staff positively engaged with residents in a normal social manner.

Residents had access to appropriate medical services to ensure that their health care needs were met. Care documentation seen demonstrated that residents were timely referred to the appropriate allied health professionals such as dietitian, speech and language, occupational therapist for example. Residents were reviewed in a timely manner and interventions were put in place to enhance their quality of life. Residents' transfer letters to and from the centre were filed as part of residents' documentation and easily accessible. Medication management was examined. Comprehensive medication administration charts were seen. Practices around controlled drugs administration and records were in line with professional guidelines.

Assessments and care plans including a COVID-related assessment and care plan were in place for residents to inform and direct individualised care. Protocols were put in place since the previous inspection regarding isolation and cohorting residents in line with HPSC guidance for care of residents with suspected or confirmed COVID-19. There was a designated single en suite bedroom on both units allocated for isolation purposes.

Information and contact details of SAGE (national advocacy group) were displayed. The service facilitated residents to access these advocacy services and the person in charge highlighted that they were co-hosting an information session with SAGE advocacy so that both would better understand the respective services being provided to further assist residents with their rights and complement the work of the staff in Heather House.

Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. Infection control precautions were in place should a visitor enter the building whereby a COVID-related questionnaire was completed along with electronic temperature checks.

Judgment: Compliant

Regulation 17: Premises

Communal spaces included dining rooms, day room, and smaller quiet room and coffee dock on both units; in addition, on the ground floor there was a large activities room, the oratory, and the Waterlily social care room. Residents had access to enclosed garden patios with walkways and two sheltered outdoor smoking areas.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' evening meal was served at 16:20hrs which was very early for the main evening meal, and not in keeping with normal mealtime expectations of having one's evening meal.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Improvement was noted regarding transfer letters for residents. Letters from the centre provided excellent holistic detail on the resident of their clinical and psycho-social needs within the document 'how am I usually'. Residents' records demonstrated that upon return to the designated centre, nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

Regulation 27: Infection control

A formal post COVID-19 outbreak review was not documented, to enable learning and implement any recommendations to mitigate any risk identified.

Mop-heads were seen in the hand-wash sink in the cleaners' room; incontinence wear and cleansing foam were left in the communal bathroom; a wash-bowl was stored by the handrail in the four-bedded en suite; large bags of clothes were seen on the floor of the linen room. These practices were not in line with infection prevention and control guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Emergency evacuation plans were displayed in the centre, however, their orientation required review to ensure the display corresponded with their relevant position in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive medication management and administration charts were in place which provided assurances that residents received medication in line with their prescribed medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care documentation showed excellent insight into residents and their individualised care needs. Evidence-based risk assessments were used to determine risk to the resident associated with pressure ulcer, falls and nutritional risks for example. Assessments and care plans were updated in accordance with regulatory requirements. A formal evaluation sheet formed part of the care documentation which was an easy reference document to establish the current status of the resident and whether they had improved, dis-improved or their status remained the same.

Residents had personal emergency evacuation plans to provide information on the individualised assistance they required in an emergency.

Care documentation had a daily narrative included. The person in charge explained that this was under review at the time of inspection to ensure it added value to the care process.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to health care including specialist health care services. Residents notes demonstrated that they were regularly reviewed; medications formed part of the review, and residents and staff were consulted with regarding responses to changes in medication to enable best outcomes for residents.

Residents had timely referrals and consults with allied health professionals such as speech and language therapist and occupational therapist, and plans of care were in place along with recommended equipment to support residents to have a better quality of life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvement was noted with the reduction of bed rail usage. Bed rails were assessed in line with current national guidance. Residents requiring behavioural support plans had these in place to support and direct individualised care.

Judgment: Compliant

Regulation 9: Residents' rights

The wardrobe space available to residents in the four-bedded multi-occupancy rooms was not in line with a rights-based approach to living in a residential care setting as wardrobe space comprised a single wardrobe.

In the multi-occupancy bedrooms, there was one television between four residents and this was located in the middle of the far wall so residents had to adjust their armchairs so they could watch the television.

In the en-suite bathroom in the multi-occupancy four-bedded room there were just three shelving units available for four residents. These were very narrow and could hold a very limited stock of toiletries. Some of the items on these shelves were not labelled so it could not be determined to whom they belonged. Shelving was also not labelled to prevent mix up and confusion regarding storage of personal toiletries.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Heather House Community Nursing Unit OSV-0000714

Inspection ID: MON-0033179

Date of inspection: 29/11/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>QUIS audits have commenced by the Assistant Director of Nursing. Our Assistant Director of Nursing is trained on completion of these and will commence training with CNM 2s and staff in January to allow same to be completed on a monthly basis.</p> <p>Pantry staff meeting held in December included a discussion around ensuring a peaceful and calm environment during mealtimes in the dining rooms.</p> <p>A recommendation at this meeting was that a stack master would be purchased which would ensure that trays collected from residents rooms could be safely stored and only cleaned when residents are finished dining.</p> <p>All staff were informed that cleaning of plates etc was not to happen during resident’s meal times. This was discussed at ward meetings including daily safety pause. This is monitored by CNM 2s/Senior Nurse in charge on both wards and through audit.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Both the DON and ADON now have access to HIQA portal and clear communication between both as to who will submit notifications is in place.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Training with the staff member who completed the record has occurred. Complaints are discussed and monitored at weekly CNM 2 meetings. CNM2s are to review complaints and completed forms at the time to ensure all information is correct and accurate. A new complaints record book will be sourced as the layout of the current forms allows for mis-interpretation of information required.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Evening meal times have being changed to 16.45pm since the inspection, with collection from the kitchen to happen no earlier than 16.30pm. All Catering staff, CNM 2s and staff are aware of same and will be monitored by CNM 2s. On discussion with residents post inspection it was again stated by the residents that they were satisfied with meal times and some residents are facilitated with later evening meals at a time of their choosing.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All cleaning staff have being met with, to ensure learning and understanding of the practices found on the day of the inspection should not happen. While morning care was being conducted at the time of the inspection all care staff are reminded to ensure that items used during care are stored away correctly from communal areas. Staff are reminded that wash bowls are to be returned to residents lockers once finished with. Staff are reminded that no items should be left on the floor in any areas and this is routinely checked by the CNMs on a daily basis since the inspection and going forward.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of wardrobe space to allow for larger spacing will take place in the New Year. A fourth shelf has been ordered for the shared en-suite with a view to changing all 4 shelves to allow for more space.</p> <p>A larger smart TV was purchased in September 2021 to allow for all residents to view the TV from their own bed space. Due to the physical layout of the room this placement of the TV is the most suitable currently to allow all residents view the TV.</p> <p>All residents' personal items are labelled and staff are reminded to review this regularly, this check is now also added to weekly night duty checks.</p>	

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 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	10/01/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	10/01/2022

	staff.			
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 the incident within 3 working days of its occurrence.	Not Compliant	Orange	10/01/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/01/2022
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/01/2022