



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

Issued by the Chief Inspector

Name of designated centre:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0034834

About the designated centre

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

The designated centre provides 24- hour nursing care to 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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How we inspect

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 6 September 2022	10:30hrs to 18:20hrs	Nikhil Sureshkumar	Lead
Tuesday 6 September 2022	10:30hrs to 18:20hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy with the care they received and with their life in the centre. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

On arrival to the centre, the inspectors were guided through the infection prevention and control procedures, including hand hygiene and symptom monitoring. Following an introduction to the management team, the inspectors completed a tour of the premises, which also gave them the opportunity to meet with residents and staff as they prepared for the day. Inspectors noticed that residents were mobilising around the centre either independently or with the assistance of staff and were using the communal areas as they wished. Inspectors observed a busy but pleasant atmosphere during the morning of the inspection.

Fairlawns Nursing Home provides long term care and short term care for both male and female adults with a range of dependencies and needs. The designated centre is a single story building within walking distance of Bailieborough village. It is close to local amenities and accessible from the main road. The centre is registered to provide care for 37 residents. On the day of this inspection, there were 36 residents living in the centre.

Residents' bedroom accommodation consisted of a mixture of single and twin bedrooms and were laid out around an internal courtyard. There was a variety of indoor communal spaces available for residents including two sitting rooms, a dining room, library, hairdressing salon, conservatory and oratory. There were opportunities for residents to assist with gardening in the internal courtyard, which contained decorative features and a variety of flowers and vegetables. Residents were encouraged to participate in this activity and inspectors were told that residents had been supported to showcase their harvest at a local agriculture show.

There were two sitting rooms to ensure that residents had sufficient comfortable communal spaces in which to congregate and meet with each other and with their visitors. The corridors were wide and the walls were decorated with residents' artwork. There were sufficient handrails in place along all the corridors to support residents with their safe mobility, however inspectors observed inappropriate storage of a hoist and trolley on a corridor, posing a mobility hazard to residents. This was addressed promptly by the person in charge.

Residents' living environment was decorated in a homely and traditional style that was familiar to residents in the centre and they could access the internal courtyard as they wished. While the premises was nicely decorated, comfortable and met the majority of residents' needs, some aspects of the environment were not in a good state of repair. Inspectors found some flooring was damaged in bedrooms, bathrooms and circulating corridors. Some bedroom wall surfaces were damaged

and required repainting. Inspectors also observed two cubicle style toilets which did not have full length doors, this design did not support residents' dignity or privacy. Additional handrails were also required in a number of communal bathrooms, in order to support safe resident mobility.

Cleanliness and organisation of staff changing facilities also required improvement. In addition, some storage facilities for residents' supplies and equipment required reconfiguration. Storage of boxes of supplies on the floor in the clinical room did not facilitate effective floor cleaning.

Residents were encouraged and supported to personalise their bedrooms and inspectors observed that many bedrooms were decorated with pictures, artwork and memorabilia. However, due to limited space available between the beds in a number of twin bedrooms, inspectors were not assured that the current layout of these bedrooms could safely accommodate residents of maximum dependency without having a negative impact on residents' privacy and dignity. There was limited space available for the use of mobility equipment or transfer aids such as mobility chairs and hoists. Some twin bedroom accommodation did not contain all the furniture required by the regulations to support residents, such as a chair for each resident.

Additionally, although residents' rights to choice was respected in the centre, the provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

There was one activity coordinator employed by the centre and an activity programme was facilitated from Monday to Friday. The activity programme was available on these days from 10am-3:30pm. Inspectors observed residents participating in group activities such as bingo and music throughout the day of inspection. Interactions between the activity coordinator and residents were kind and supportive. Staff who spoke with inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and activities.

Inspectors observed that one resident who enjoyed being busy spent most of their time accompanying staff in the communal areas. They greeted residents happily and it was evident they really enjoyed this interaction with staff.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced inspection was to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the provider's

progress with addressing actions from previous inspections.

The findings of this inspection were that the management systems in place required improved oversight and monitoring to ensure that a safe, consistent and quality service was provided to residents living in the centre. The provider had not ensured that the service consistently met the needs of the residents in the centre. For example:

- Repeated non-compliance was identified with Regulation 28, Fire Safety and Regulation 27, Infection Control
- A number of actions required from the last inspection in June 2021 were not completed and regulatory compliance was found to have disimproved in some areas. Following this inspection, the provider was issued with an urgent action plan which required them to take immediate actions to ensure that adequate fire precaution systems and governance and management systems were in place.

Action was also required to ensure compliance under the following regulations:

- Regulation 15, Staffing
- Regulation 16, Training and staff development
- Regulation 17, Premises
- Regulation 23, Governance and management
- Regulation 7, Managing behaviour that is challenging
- Regulation 5, Individual assessment and care plan
- Regulation 9, Residents' rights

The registered provider of Fairlawns Nursing Home is Fairlawns Nursing Home Limited. There are two company directors, including the person representing the provider entity. The inspection was facilitated by the registered provider representative and the person in charge, both of whom worked in the centre on a full-time basis and were highly visible throughout the day of the inspection. The management team was supported by a team of nursing, caring, housekeeping, catering, maintenance and activities staff.

While the provider and person in charge demonstrated responsiveness to meeting regulatory compliance, the systems in place to ensure that the service was safe were not adequate. On the day of the inspection the staffing resources committed to in the centre's statement of purpose were not in place. The Assistant Director of Nursing (ADON) post was vacant since July 2022 so the person in charge did not have this support available to her. A senior staff nurse was currently deputising in the absence of the person in charge. The provider informed inspectors on the day of inspection that an assistant director of nursing was being recruited to support the person in charge in her role. Although inspectors were assured that recruitment was in progress, there were no clear time-lines for when an assistant director of nursing would be in post.

Inspectors found that the current management structure impacted on the clinical oversight, supervision of staff and the governance of the designated centre. While

there was evidence of governance meetings between the person in charge and the registered provider representative, records did not evidence time-bound quality improvement plans where deficits in the service were identified. The clinical oversight of care was not robust and the inspectors found disimprovement with Regulations 5, Assessment and Care Planning and Regulation 7, Managing Behaviour that is Challenging.

Inspectors were not assured that the allocation of the number and skill mix of staff available on the day of the inspection was sufficient to meet the needs of the residents. Of particular concern was the limited availability of household staff, as on the day of the inspection significant non compliances were found in relation to environmental hygiene, which is discussed under regulation 27, Infection Control. The centre had one staff member allocated to cleaning daily on a schedule of 9-5pm and 5-9pm. This is discussed under Regulation 15, Staffing.

Even though the provider had made arrangements to facilitate mandatory training for staff, the records indicated that some newly joined staff did not have the appropriate training on the day of inspection.

In addition, the current training programme available to staff did not assure inspectors that all staff had the necessary skills and competencies relevant to their roles and to meet residents' needs. This was compounded by a lack of staff supervision, and was impacting on the standards of care provided. For example, the wound care practices were not in line with evidence based practice guidance. These findings are discussed under Regulations 5: Assessment and Care Planning and 16: Training and Development.

Inspectors found that not all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector, as required under Regulation 31: Notification of Incidents.

Regulation 15: Staffing

The numbers and skill mix of staff were not adequate with regard to the size and layout of the centre. For example, the centre did not have sufficient cleaning staff on duty to ensure that appropriate cleaning and disinfection procedures were completed to a good standard and to ensure residents were protected from the risk of infection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Even though the provider had made arrangements to facilitate mandatory training

for staff, the records indicated that some newly joined staff did not have the appropriate training such as safe-guarding and fire training on the day of inspection.

The provider's arrangement to ensure the supervision of staff was not effective. This was evidenced by:

- An induction programme was not completed for two staff employed, in line with the centre's policy.
- Staff appraisals had not been completed in line with the centre's policy for several staff in 2021.
- There was insufficient knowledge of restrictive practice procedures
- Staff supervision required improvement to ensure that the medication management practices in the centre are in line with the professional guidelines and the centre's policy. For example:
 - The practice of double-checking controlled drugs at the start of each shift was not always adhered to as evidence by a lack of a second signature on two occasions.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had failed to utilise their resources appropriately to provide optimal delivery of services. For example:

- The provider arrangements to allocate resources that were required to refurbish and maintain the premises were insufficient.

The provider's arrangements to ensure deputising arrangements for any temporary absence of the person in charge were insufficient. There were no clear succession plans in place made to sustain leadership in the centre.

The provider's management systems failed to ensure that the care provided in the centre was safe and effective. For example:

- Even though the compliance plan response from the previous inspection findings were addressed, the providers arrangements to ensure ongoing compliance with the regulations were insufficient. As a result, the inspectors found repeated non-compliances with Regulations 27 and 28 in this inspection.
- Poor oversight of practices relating to restrictive practices meant that risks found on the day of inspection, as detailed under Regulation 7, had not been identified and managed.
- The provider's quality system of fire checks in the centre was not effective as they did not identify the risks as discussed under Regulation 28.
- The audits in relation to infection control had not identified the issues set out in this inspection report.

- The provider arrangements were insufficient to ensure that the residents in the centre did not have access to rooms used for storage of equipment and chemicals, as they posed a risk for accidental injuries.

Judgment: Not compliant

Regulation 31: Notification of incidents

Whilst the majority of notifications were submitted within the specified time frames, the quarterly reports submitted to the Chief Inspector did not always include all information as required under Schedule 4 of the regulations. For example, two pressure ulcers were not notified to the Chief Inspector, and the person in charge submitted this information following this inspection.

Judgment: Substantially compliant

Regulation 21: Records

A review of the Schedule 3 records found that some of the required records were not being maintained in line with the regulation. For example, a register of restrictive practices was not maintained in the centre, which records any occasion on which restraint is used, the resident to whom it is applied, the reason for its use, the alternative interventions tried prior to using a restraint, the nature of the restraint and its duration.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that residents were looked after by a caring staff team and residents were content with the service they received. However, the provider had failed to address a number of non-compliances' following the previous inspection, which were impacting on the quality of life and safety of residents who lived in the centre. Action by the provider was necessary to ensure that the management and oversight, including clinical oversight of the service was effective and that adequate fire safety systems were in place.

The provider had taken a number of precautions to ensure that residents were protected in the event of a fire emergency, however the inspectors found that the systems in place to ensure the detection and effective containment of fire and

smoke, including fire doors, was not robust. This is discussed further under Regulation 28 of this report.

In the absence of satisfactory assurances regarding residents' safe evacuation and the effectiveness of the measures in place to detect and contain fire and smoke in a fire emergency in the centre, an urgent action plan was issued to the provider with a response due by 12 September 2022. Satisfactory assurances regarding the immediate measures taken and further plans to address fire safety risks were provided by the Registered Provider in the days following the inspection.

Residents' nursing, health care and social needs were, for the most part met to a satisfactory standard. However, actions were found to be necessary to ensure residents' assessment and care documentation was of a standard that comprehensively informed their care and support needs. The centre had a paper based resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. Whilst a number of validated nursing tools were used to identify residents' care needs, inspectors found inconsistencies regarding completion of assessments and care planning documentation. Wound care plans and assessments were inconsistently completed and this did not reflect an evidence based approach to care. This posed a risk that information regarding wound care interventions and wound progress would not be communicated between nursing staff. These findings are discussed under Regulation 5.

Residents had timely access to their general practitioners (GP) and there was evidence of good access to allied health professionals, such as occupational therapy and physiotherapy.

The designated centre was free from Covid 19 infection at the time of this inspection. There were sufficient supplies of Personal Protective Equipment (PPE). However, this inspection found that further actions were necessary to ensure residents were protected from infection and to bring the centre into compliance with the regulations. Increased oversight was required to ensure that staff completed appropriate hand hygiene and that equipment cleaning and decontamination procedures were appropriate. Actions also were found to be necessary to ensure that there were adequate numbers of suitable hand hygiene sinks to support effective staff practices. These findings are discussed further under Regulation 27 in this report.

A small number of residents expressed responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence of that residents who expressed responsive behaviours were supported by staff and that advice was obtained from allied health professionals. However, behaviour support care plans were not in place, this did not ensure the care interventions required were effectively communicated among the staff team. Inspectors were not assured of staff knowledge of appropriate restraint use as some practices observed were in not line with national restraint policy guidelines. This is a

repeated finding which is discussed further under Regulation 7 in this report.

Residents participated in a variety of meaningful and interesting social activities. However, documentation was limited for some residents to give assurances that the social activities they had opportunity to participate in met their interests and capacities. Residents were supported to practice their religions, and clergy visited the centre. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Regulation 17: Premises

The layout of several double bedded rooms did not support safe use of assistive equipment such as a hoist for residents with higher dependencies and needs.

The layout of the twin bedded rooms needs improvement as there was insufficient floor space for a chair, bedside locker and a bed for both occupants. Several twin bedded rooms only had one chair placed in the room.

Furthermore, the premises of the centre did not conform to the matters set out in Schedule 6 of the regulation. For example:

- The inspectors noted that several areas of the centre required repainting, and this was a repeated finding from the previous inspection.
- Floor linings in several areas such as corridors and bedrooms were visibly damaged and were not timely repaired. In addition, the inspectors found gaps between floor linings and skirting board and this did not support effective surface cleaning.
- Some furnishings of assistive equipment such as crash mattress were damaged and did not support effective surface cleaning.
- Equipment were found to be stored in corridors near to the handrails and this arrangement blocked residents' access to hand rails and to move around the centre.
- There were insufficient grab rails installed near the toilets and wash hand basins of communal toilets to mitigate the risk of falls occurring to vulnerable residents. Similar findings were identified in the previous inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was

evidenced by:

- Provider's systems were not effective in providing assurance that the clinical equipment shared for residents were appropriately cleaned after each use to prevent cross-contamination and cross-infection. For example, several sit to stand hoist slings, which were observed hanging on hoists after use, were without resident identifiers indicating they were shared between residents, and this posed a risk of cross-infection to the residents.
- Inspectors observed that the commode basins were manually cleaned prior to being placed in the bedpan washer for decontamination. This practice increased the risk of environmental contamination and cross-infection.
- Inspectors observed that the staff were not performing hand hygiene at appropriate intervals.
- All commodes in use by residents were being stored communally after use, which created the risk of cross-contamination.
- Many items of equipment and boxes were observed stored on floors in the storerooms. This does not support effective cleaning of the floor surfaces, and the items become contaminated.
- Management of residents' catheter drainage system was inappropriate, which increased the risk of contamination and infection.
- A urine collection bottle was observed to be stored inappropriately on a handrail in a shared resident bathroom.
- Some surfaces on a cleaning trolley designated for isolation areas were not clean and posed a risk of cross infection as this item of equipment was moved around the centre during cleaning.
- Appropriate waste bins were not always available in communal bathrooms. As a result, the provider's arrangements were found to be insufficient to ensure the safe disposal of waste in the centre.
- The clinical hand wash sinks in the sluice room, laundry and cleaning room did not comply with the current recommended specifications.
- Several areas of the centre were visibly unclean and did not support effective infection prevention and control within the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider's arrangements for maintaining all the for equipment and means of escape in the centre were insufficient. For example:

- One door of the final fire exit doors was bolt locked on the day of inspection, as a result the fire doors were ineffective to facilitate emergency evacuation.
- Insufficient arrangements in the centre for the sub compartment fire doors to close automatically upon activation of fire alarm is a repeated finding from the previous inspection.
- Some fire doors were not appropriately maintained and were found to be

fitted with door release switches with electrical cables attached to the fire doors.

- The cross corridor fire doors had significant gaps between door and floor and did not ensure effective fire containment.

The provider's arrangements to review the fire precautions in the centre were ineffective. For example:

- Several equipment such as a clinical trolley and assistive chairs were stored in corridors and near the fire exit doors, which impeded residents' and staff access to fire escape routes in the event of a fire emergency.
- Oxygen cylinders were found to be stored along with other combustible and flammable materials and posed a risk of fire.
- The personal emergency evacuation procedures (PEEP) of residents were not kept up-to-date, and changes in residents' needs were not appropriately reflected in the plans to facilitate safe evacuation of residents in the event of an emergency, and this was a repeated finding from the previous inspection.

Even though the provider had made arrangements to facilitate mandatory fire training for staff, the records indicated that some newly joined staff did not have the appropriate training. . For example, two newly recruited staff were not provided with the mandatory fire training or were participated in the centre's fire drills to ensure that the staff are aware of the procedure to be followed in the event of a fire emergency.

In addition, the inspectors noted that the provider had not taken necessary arrangements to install fire detection sensors for detecting fires in several rooms.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents files and nursing documentation. Inspectors found that oversight and actions were necessary to ensure that residents health and social care needs were identified and the care interventions that staff must complete were clearly described. For example:

- Meaningful activities assessments were not in place for all residents, consequently social care plans lacked detail, and it was unclear as to how residents' preferences and capacities were informing the programme of activities provided
- The inspector reviewed the wound records of residents with wounds and found that wound assessments were not being completed consistently at dressing change, and it was difficult to assess improvement or deterioration of the wound. Additionally, the inspectors found that a wound care plan had not been developed for a resident with a chronic wound. As a result, the

inspectors were not assured that the dressing procedures completed were consistent.

- In addition, the inspectors noted that the behaviour support care plans for the residents who were expressing responsive behaviours were not detailed to include triggers or de-escalation techniques. As a result, the care plans did not direct staff as to the most appropriate management of residents' responsive behaviours. Furthermore, safe guarding plans were not developed for residents with responsive behaviours.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a General Practitioner (GP) of their choice. GPs visited residents in person and were contacted if there were any changes in the resident's health or well being. Residents also had specialist input from the psychiatry of old age team required. There was evidence that residents were supported to access allied health and social care professionals for additional expertise such as dietitian, physiotherapy and occupational therapy services. Residents were referred to Health Service Executive (HSE) screening programmes and supported to attend appointments. Chiropody, dental and optical services were also available.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had not ensured that, where restraint is used in a designated centre, it is only used in accordance with national policy. For example, a restraint log detailing the use of lap belt was not maintained for a resident observed to be using a lapbelt, and there was no restraint risk assessment or care plan in place for this resident.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider's arrangements were not sufficient to ensure the privacy and dignity of residents in the centre. For example, the toilet facilities in one corridor of the centre were cubicle style and did not have the floor to ceiling walls dividing each toilet. As a result, they did not give adequate privacy and dignity to residents when using

these facilities.

The provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors noted that the measures taken to protect residents from abuse in the centre were not robust and did not ensure that all residents were adequately protected. For example, the inspectors found that two new staff did not complete mandatory safeguarding training in the centre.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0034834

Date of inspection: 06/09/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The cleaning rota for staff is changing: 2 staff will be allocated during the day, evening cleaning will continue. Date for completion 1/11/22	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Safeguarding training for 2 staff completed 16/9/22 Fire training completed 12/9/22 further training allocated 3/11/22. Cleaning staff have again completed a cleaning competency to make sure they are aware of the correct dilution rates. Completed 5/10/22 An induction has been completed for the 2 staff members. Completed A new training platform commenced in October 22 and all staff have been set up on this platform and will have completed mandatory training by 18/11/22 Appraisals will also be completed via this platform for 2022. To be completed by 31/12/22 Nursing staff are to complete medication competencies by 30/11/22	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Refurbishment is ongoing and is now recorded in a maintenance schedule. Complete 30/9/22</p> <p>The post for Clinical nurse manager has been advertised and will be filled by 31.1.22</p> <p>Areas highlighted in previous inspection in regards regulation 27 and 28 were addressed however any areas highlighted in this inspection will be addressed. Date for completion 31.12.22</p> <p>Staff have been reminded to remove lap belts when residents are stationary in chairs. Lap belts are only used when transporting in chairs. Complete 9/9/22</p> <p>The fire system is serviced quarterly. The fire doors have been assessed by a Fire consultant on 27.9.22. Maintenance works will commence 9/11/22.</p> <p>The flooring has been inspected by a flooring consultant on 3/10/22 and a date for commenced of work awaited. Anticipated work to be completed by 31.12.22</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>All notifications have been completed and will continue to be completed as per regulations. Completed 8/9/22</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A restraint register is now kept and updated as required. Complete 8/9/22</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Double bedrooms have been reconfigured to allow more space. Complete 16/9/22</p> <p>Refurbishment is ongoing and is now recorded in the maintenance schedule. Complete</p>	

30/9/22
 Flooring has been inspected by a flooring consultant and awaits date for commencement.
 Anticipated date of completion 31.12.22
 Crash mats have been replaced complete 14/9/22
 Equipment is not stored in the corridor as there is an equipment room, staff are advised to put equipment back once finished with it. Complete 12/9/22
 Handrails that have been highlighted on this inspection are in the process of being fitted.
 To be completed by 18/11/22

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 A new 'Tag' system is being introduced where all items are labelled as cleaned between use Complete 31/10/22
 Any resident using the sit to stand will have a sling designated to them awaiting delivery of slings. To be completed 30/11/22 All residents requiring a full hoist have slings already designated to them.
 Hand hygiene audits are being completed and staff are also completing training on the new online platform again. To be completed 18/11/22
 Nurses will receive training on catheter care with a continence nurse to ensure best practice. To be completed 31/12/22
 New cleaning trolleys have been purchased and awaiting delivery incorporating a flat mop system and a new cleaning schedule will ensure that best practice in cleaning is managed. Cleaning will be facilitated by 2 cleaners during the day. To be completed 30/11/22
 New waste bins have been placed in communal areas to ensure safe disposal and user friendly to residents. Completed 16/9/22

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 All fire exit doors have been checked and are now effective to facilitate emergency evacuation. Completed 9/9/22
 An assessment of the doors in the building was completed on 27/9/22 and a date for commencement of maintenance works has been set for 9/11/22.
 2 areas which had fire exit signs were not designated fire exits and therefore will have their signage removed. To be Completed 18/11/22.
 All staff are aware to keep all exits clear and this will be monitored to ensure adherence

completed 9/9/22
 Oxygen cylinders to be stored in a location with self closing fire doors to reduce fire risks.
 All personal emergency evacuation procedures have been updated. Completed 30/9/22
 All remaining staff have had Fire training on 12/9/22 and a further date of 3/11/22 has been planned for any new members of staff. Completed 12/9/22
 All new staff also have to complete a fire competency with fire training and are shown what equipment is used by Maintenance on as part of induction.
 The Fire safety engineers have completed an assessment on 12/9/22 and a date for works is awaited. The current fire detection system will have extra sensors as recommended by the fire engineer. To be completed 31/12/22

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All staff nurses will complete wound care training. To be completed by 30/11/22
 All wound documentation has been addressed and staff are aware to complete assessments at each dressing change in order to monitor progress of wounds. All wounds have care plans which clearly outline dressing procedures. Completed 7/10/22
 Staff nurses are aware to complete behavior support care plans and clearly document each episode and to be aware of their style of writing to ensure residents were safeguarded. To be Completed 30/11/22
 Nurses are aware that further documentation is required in residents care plans as regards to their social care plan and their preferred activities. To be completed 30/11/22

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 All staff are aware to remove lap belts for residents when they are not being transported in chairs. Completed 9/9/22

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The cubicle style toilets will be replaced with floor to ceiling walls dividing each toilet, the works are scheduled to commence in the new year. The televisions have been changed onto more movable brackets to allow for more personal choice for residents. Completed 30/9/22</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: 2 new staff members have now completed training 16/9/22</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/12/2022

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	08/09/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2023
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.	Not Compliant	Orange	31/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	12/09/2022

	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.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	12/09/2022
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.	Not Compliant	Red	12/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	12/09/2022
Regulation 28(1)(d)	The registered provider shall	Not Compliant	Red	12/09/2022

	make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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.	Not Compliant	Orange	12/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Red	12/09/2022

	extinguishing fires.			
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Red	12/09/2022
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	08/09/2022
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	30/11/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	09/09/2022

Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	16/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2022