



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

## Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0037220

## About the designated centre

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

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	49
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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 21 June 2022	09:20hrs to 17:45hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector met with many of the 49 residents living in the centre and spoke with five residents in more detail to gain an insight into their lived experience. The inspector also met with a number of visitors who were visiting their relatives during the inspection. Residents and relatives were complimentary about the service and the care provided. Residents told the inspector that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge and following this meeting, she accompanied the inspector on a walk around the centre. The inspector observed that there was a relaxed and unhurried atmosphere in the centre on the morning of the inspection. A number of residents were up and dressed and sitting in the dining rooms for breakfast, while other residents were resting or being assisted with their personal care by staff. It was evident to the inspector that the person in charge was knowledgeable regarding residents care needs and was well known to residents during the walkaround.

Fairfield Nursing Home is a single storey building, located near Drimoleague in West Cork and is registered to accommodate 49 residents. The centre is divided into three units or houses, Dromusta House, Rockmount House and Deelish House. The centre provides care for residents with varying degrees of cognitive impairment with each house providing different levels of care depending on residents' needs. There were 39 single rooms and five twin rooms in the centre. All twin rooms and 28 single rooms had ensuite toilet, shower and handwash sink. While the remaining single rooms had ensuite toilet and handwash sink facilities only. The inspector saw that there was plenty storage for residents' belongings in the bedrooms and the majority of bedrooms were personalised with residents photographs, memorabilia and personal belongings.

The centre is operated on a homely household model of care with staff assigned to each house. Each house had plenty homely communal spaces and each had a dining/living room with a kitchenette as part of each room. The centre also had a sitting room and plenty seating near the main reception where a number of residents appeared to enjoy watching the activity in the centre during the day. The inspector observed lovely wall murals and expressions of encouragement painted on the walls. A post office scene was also recreated and home style front doors to bedrooms were seen in a number of residents' rooms. The inspector saw residents

mobilising independently throughout the home or resting in the communal spaces.

The centre had a well maintained enclosed outdoor garden with seating and raised beds growing bright flowers and plants that residents could easily access from the communal spaces. The front of the centre also had outdoor seating and a well maintained ornate water feature where residents could also sit with their relatives.

During the walkaround the centre, the inspector saw a number of improvements had been made since the last inspection, with replacement of seating and armchairs and some flooring. Grab rails and some of the corridors had been brightly painted. Renovations were also evident in some of the dining rooms where sinks had been replaced and the kitchenette updated. On the day of inspection, a member of the maintenance staff was installing cupboards in ensembles in the twin bedrooms so that residents toiletries were stored separately to reduce the risk of cross infection. A number of storage areas had been decluttered so that cleaning trollies and linen skips could be stored appropriately. However, some further action was required in relation to premises. For example, the inspector observed that some furniture was chipped and flooring in Deelish required repair. These findings are outlined under regulation 17.

Alcohol hand rub dispensers were available throughout the centre. Staff were observed to be wearing surgical face masks as required in national guidance. However, some staff were observed to be wearing masks incorrectly and the inspector also observed overuse of glove wearing during the inspection. This is outlined under regulation 27.

There was plenty time between meals and the inspector observed the breakfast and lunch time meal. Many resident were seen eating their breakfast in the dining rooms where cereals, selection of breads, boiled eggs and fruit salad were on offer. Residents were offered choice for their breakfast and were gently encouraged by staff to eat their meals. For example, the inspector saw a resident leave the dining room to sit in reception during breakfast and staff brought them a bowl of fruit salad to eat at their leisure. In a similar fashion, lunch was a sociable and enjoyable experience for residents. Staff were aware of residents' likes and dislikes and were seen providing assistance in a discreet manner. There was two choices available for the lunch time meal and both options appeared and smelled appetising. Residents were offered a choice of homemade desserts following their lunch. If residents wished to eat their meals in their rooms, their choice was respected in the centre.

The inspector observed and residents described many experiences of person centred and compassionate care during the inspection. Residents appeared well dressed and groomed in their own personalised styles. Residents told the inspector they were listened to by staff and that staff were good to them. It was evident to the inspector that care staff were knowledgeable regarding residents' care needs. The inspector saw that staff engaged and chatted with residents in a respectful and dignified way when assisting them with their care needs

The inspector saw that there was a varied schedule of activities available for residents. Activities in the centre were tailored to residents needs and were provided

by care staff as well as external staff. During the morning, the inspector saw some residents enjoying a relaxation session, or reading newspapers, or going for walks with care staff. In the afternoon, the physiotherapist held a small group exercise class. Following which an external musician provided a lively music sing a long session in the centre that was attended by many of the residents. The hairdresser also attended the centre's hair salon once a week.

Visitors were seen coming and going throughout the day of the inspection. Relatives that spoke with the inspector were generally complimentary about the care given to their relative in the centre. Some relatives identified how they would like more communication with management, but overall found the staff very caring. Residents were happy that indoor visits had resumed and that visits were organised in a safe way. There were suitable indoor spaces for visits such as the sunroom near reception and residents could choose to have visits in their bedroom if they preferred.

A number of residents told the inspector that they had enjoyed the recent barbeque and return of day trips in the centre. A recent family fun day where a local pet farm had visited the centre was also enjoyed by residents and staff alike. Mass was also celebrated in the centre once a week by a local priest. Resident and family surveys and residents meetings had yet to be undertaken in 2022 and the person in charge provided assurances to the inspector that these would be undertaken to ensure residents were involved in the running of the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

In general, the inspector found that there were effective management systems in the centre to ensure that residents were provided with good quality care. The management team were proactive in response to issues as they arose and the majority of the actions required from the previous inspection had been implemented. On this inspection, resources were required to ensure that risks in relation to nursing staffing levels were promptly identified and actioned.

This unannounced inspection was carried out over one day to monitor compliance with the regulations and to follow up on the non-compliance identified during the inspection against regulation 27 in March 2022. The centre was owned and operated by Fairfield Nursing Home Limited who is the registered provider. The company has two directors, one of whom represented the provider and attended the centre on a weekly basis. A new person in charge had been appointed to the centre in November 2021 and had experience and qualifications to meet the requirement of

the regulations. The person in charge was supported in her role by two clinical nurse managers, a team of nursing staff, care staff, housekeeping, catering and maintenance staff. A part-time administrator was also employed in the centre. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities.

The provider had increased the housekeeping hours on weekdays since the previous inspection and the centre was adequately resourced to ensure that good standards of cleanliness were maintained. Cleaning staff on duty told the inspector that they had sufficient time to ensure rooms were cleaned daily and that deep cleaning of residents' rooms could be undertaken. The inspector found that nursing staffing levels were not adequate to meet the needs of the 49 residents living in the centre. There was one registered nurse on night duty the week of and in the weeks before the inspection due to unexpected staffing vacancies. It was evident to the inspector that while recruitment was ongoing, current staffing levels warranted enhancement. The person in charge provided assurances to the inspector that immediate action would be taken to ensure two registered nurses were rostered in the centre at all times. This is discussed further under regulation 15.

Management in the centre ensured that staff were provided with both face to face and online training appropriate to their role. Staff confirmed that they had been provided with training to support them in their roles. On the day of inspection, the person in charge and one of the clinical nurse managers were undertaking a train the trainer course on manual handling so that they could provide future training to staff in the centre. Each house had a nominated team leader to supervise care staff.

The provider had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, use of restraints, infections, residents' weights, pressure ulcers, medication errors and complaints for example. This information was monitored by the person in charge and at the management team's meetings. There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that action plans were implemented from findings from these audits to improve practice. From a review of clinical audits, the inspector saw that overall there was good compliance found in recent audits. The annual review for 2021 of the quality and safety of care delivered to the residents in 2021 had been prepared and made available to the inspector. However, action was required to ensure that residents were involved in the running of the centre as residents' surveys nor residents meetings had yet to be held in 2022. This is addressed under regulation 23.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. There was good oversight of complaints management in the centre. However the arrangements for the review of accidents and incidents within the centre required action. As the inspector noted that while required notifications were submitted in line with statutory requirements, one complaint should have been recorded and addressed under the centre's safeguarding policy.



### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications for the role. The person in charge was knowledgeable of residents' individual needs and residents were aware of who was in charge of the centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the number of nurses on duty at night time was not appropriate to meet the assessed needs of the 49 residents given the size and layout of in the centre at the time of inspection. On the day of inspection, the person in charge took immediate action to address this risk to residents and arranged for nursing staff to do extra shifts to ensure that there would be two nurses on duty at all times in the centre until staff returned from unplanned leave.

Judgment: Not compliant

### Regulation 16: Training and staff development

The provider had ensured that there was a schedule of both face to face training and online training available for staff to enable them to perform their respective roles. From review of training records and from observing and speaking with staff, it was evident to the inspector that staff working in the centre were up to date with mandatory training. Staff were appropriately supervised and supported to perform their respective roles by the person in charge and clinical nurse manager.

Judgment: Compliant

### Regulation 23: Governance and management

- There were insufficient resources to meet the nursing care needs of residents at night as outlined under regulation 15
- The systems in place to ensure oversight of infection control and premises required action.

- residents surveys and residents meetings were required to ensure that residents were consulted and given the opportunity to participate in the running of the centre.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, the inspector were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Fairfield Nursing home where management and staff promoted residents' rights. There was evidence of residents needs were being met through

good access to health care services and opportunities for social engagement. However, the inspector found that action was required in relation to care planning, premises and infection control to ensure residents' dignity and privacy were promoted at all times.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. A local GP was onsite reviewing residents on the morning of inspection. Residents were also provided with access to other health care professionals, in line with their assessed need. The physiotherapist was in the centre during the inspection, providing one to one assessments to residents as well as a group exercise class. The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning, however as the provider was in the process of transferring residents' records from one electronic system to another, there were some gaps in documentation identified as discussed under regulation 5.

The inspector saw that a number of refurbishments and replacement of worn furniture and equipment had been made to the premises since the previous inspection. The majority of the centre was bright and clean and maintenance staff were onsite carrying out work on the day of inspection. A number of storage areas had been decluttered to ensure that linen trollies and cleaning trollies could be appropriately stored. New hand wash sinks had been installed in a number of areas in the centre along with updates to the kitchenette areas in the dining rooms. However the inspector saw that some action was still required in relation to the premises as discussed under regulation 17.

The centre promoted a restraint free environment and there were low numbers of residents allocated bedrails on the day of this inspection. Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided and was seen to be up to date for staff. There were robust systems in place for the management and protection of residents finances and in the invoicing for care and extras such as chiropody and hairdressing. However, a review of complaints records indicated that an issue recorded in the complaints log and investigated under the complaints procedure should more appropriately have been investigated under the safeguarding policy. This is discussed under regulation 8; protection.

The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of falls or absconsion. However the major emergency plan required updating to ensure staff were provided with appropriate guidance in the case of an emergency. This is outlined under regulation 26; Risk management

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. Fire safety training had been provided to staff. Personal evacuation plans were in place for each resident. The inspector found that staff were knowledgeable and clear about what to do in the

event of a fire and regular drills to assess staff knowledge of evacuation procedures were undertaken. Some improvement in relation to storage is discussed under regulation 28.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Mass was held in the centre once a week and residents had access to clergy of their own faith. Visiting was facilitated in the centre in line with national guidance. However residents meetings had not occurred in 2022 nor had residents' surveys taken place to elicit their views on the running of the centre. This is outlined under Regulation 9: residents' rights.

### Regulation 11: Visits

Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspector saw and met a number of visitors coming and going to the centre during the inspection. Visiting was facilitated in line with the most recent national guidance.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that a number of the issues in relation to premises identified in the previous inspection had been addressed. The inspector observed the following issues in relation to premises, that did not conform to the matters outlined in Schedule 6 of the regulation, which impacted on the dignity and safety of residents:

- privacy curtains in two of the twin rooms did not ensure residents' privacy and dignity was promoted at all times as they did not completely enclose the residents personal space when closed
- some walls and doors in residents' rooms required repainting
- a locker in a resident's bedroom was chipped and worn
- some equipment such as a pressure cushion, a crash mat and a bed bumper

- was worn and required replacement
- flooring in a number of bedrooms and on a corridor was worn.

Judgment: Substantially compliant

### Regulation 26: Risk management

While the registered provider had a risk management policy that met the requirements of the regulation, the centre's major evacuation plan required review to ensure it outlined alternative accommodation available for residents should it be required in an emergency.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that while many of the issues found on previous inspection had been addressed the following issues identified in relation to infection control required action.

- Improved oversight of mask wearing in the centre was required to ensure that staff were wearing surgical masks correctly at all times.
- The inspector observed inappropriate and overuse of gloves among staff.
- The provider had yet to install a macerator or bedpan washer in the dirty utility room.
- a sharps container did not have the temporary closure mechanism in place

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector found that while there were good systems in place in relation to fire precautions the following required action. Oversight of fire hazards required action as a storage press was full of supplies and disused stock. The inspector noted that there were exposed electrical wires that were a potential fire hazard. This was addressed immediately by the person in charge during the inspection when brought to her attention. The press was emptied and the exposed wires were addressed.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Controlled drug medications were maintained in line with professional guidelines. The systems in place for recording practices in relation to checking of controlled drugs had been addressed since the last inspection. The inspector observed the morning medication round where a sample of medication management administration records were examined. A new medication recording system had been introduced by the person in charge and nursing staff reported that it was working well. Residents had photographic identification and medication administration records were noted to have medicines signed by the general practitioner. Where medications were required to be crushed this was prescribed by the GP.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that while some care plans were person centred, a number of care plans were not consistently updated in response to the changing needs of residents. For example;

- a resident's assessments and care plan was not updated following diagnosis and treatment for an infection
- care planning in relation to skin assessment and wound care did not contain the sufficient information to guide and direct a resident's care.

Judgment: Substantially compliant

## Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs). The inspector saw that a local GP was in the centre reviewing residents on the day of inspection. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Residents had access to speech and language therapy and dietetic services as required. Physiotherapist services were provided in house and the inspector met the physiotherapist doing a group exercise class and one to one sessions with residents on the day of inspection.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Comprehensive care plans were in place for residents who experienced the behaviour and psychological symptoms of dementia (BPSD). There was low use of bedrails and other restraints in the centre and there was evidence of alternatives to restraint in use in accordance with best practice guidelines.

Judgment: Compliant

### Regulation 8: Protection

While it was evident that staff were up to date with safe guarding training, a review of complaints records indicated that an issue recorded in the complaints log and investigated under the complaints procedure should more appropriately have been investigated under the safeguarding policy.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

While it was evident to the inspectors that management and staff promoted and supported residents rights and choices in the centre, resident and family surveys and residents meetings had yet to be held in 2022. This is so that residents are consulted about and participate in the running of 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0037220

Date of inspection: 21/06/2022

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Immediate action was taken. There are 2 nurses at every shift.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: From the day of inspection there are 2 nurses and 3 care assistants on nights. There is a plan made and in the process of being implemented to ensure efficient infection control practices and maintenance of premises. Resident's surveys and meetings are being planned and it will be ongoing.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance plan in progress and ongoing.	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk Management Policy has been updated.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All staff has been provided training on appropriate use of PPE. An external audit on infection control is being sourced at the moment. Proper sharp containers with closure mechanism in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This was rectified immediately.</p>	
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: Assessments and Care plan are updated.</p>	
Regulation 8: Protection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 8: Protection: Any complaints will be recorded, investigated and reviewed by the Person in Charge.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An external advocate has been appointed and resident's meeting has been recommenced.</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	21/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	26/07/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	31/08/2022

	effective delivery of care in accordance with the statement of purpose.			
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	31/08/2022
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	21/06/2022
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 staff.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	21/06/2022

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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	31/08/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	21/06/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2022