



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

Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0036532

About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms and activities room. Residents also have access to two secure enclosed garden areas. The centre can accommodate residents who require naso-gastric feeding and with tracheotomy tubes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73
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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 17 May 2022	10:30hrs to 18:00hrs	John Greaney	Lead
Wednesday 18 May 2022	09:30hrs to 16:00hrs	John Greaney	Lead
Tuesday 17 May 2022	10:30hrs to 18:00hrs	Bairbre Moynihan	Support
Wednesday 18 May 2022	09:30hrs to 16:00hrs	Bairbre Moynihan	Support

What residents told us and what inspectors observed

On arrival inspectors were guided to the main reception where the centre's administrator conducted a brief check for signs and symptoms of COVID-19 prior to commencing the inspection. Inspectors completed a walk around of the centre with the person in charge. Inspectors observed an open-plan dining and sitting room in the main wing of the ground floor, which was a hive of activity. Residents were observed to be moving freely around this area with assistive handrails throughout. While some bedrooms were personalised with photographs and memorabilia, other bedrooms were distinctly lacking in personalisation. There were picture hooks on the walls of some bedrooms, where pictures once hung. Inspectors were informed that some pictures had been removed for planned redecorating, however, this was not the case for all of the rooms. All rooms were noted to have televisions, however, not all televisions had remote controls. Call bells were available throughout the centre. Inspector's identified that the Special Care Unit was in need of refurbishment and there was a plan to repaint it. This will be discussed under Regulation 17; Premises.

On the first day of the inspection, residents were observed to be enjoying the newspapers being read out to them in the main sitting room and a general discussion was taking place on the news. A number of residents were observed to have access to newspapers and the WiFi code was prominently displayed in the centre. Inspectors observed residents enjoying beauty therapy in the Special Care Unit.

Inspectors spoke and interacted with a number of residents over the two-day inspection. Residents' feedback provided an insight in to their lived experience in the centre. A number of residents stated that they were very happy in the centre and enjoyed the activities. A number of residents particularly mentioned dry flower arranging that they had completed recently. Residents stated that they played bingo and snakes and ladders and while it was "like going to childhood, it passes the time". Some residents, who were unable to speak with inspectors, appeared to be content and comfortable in their surroundings. However, not all residents expressed satisfaction. Routines and practices, and in particular access to the community, that supported individualised needs and preferences of residents were not always in place. This is discussed in more detail under regulation 9 of this report.

Residents were noted to be well dressed, with individual styles evident. Some residents chose to stay in their rooms until lunchtime or at other times during the day and this was respected.

Inspectors observed that most activities were taking place on the ground floor and residents on the first floor had minimal exposure to activities. Inspectors were informed that some residents from the first floor were accompanied downstairs to take part in activities. On a number of occasions over the course of the two days of the inspection, residents on the first floor were observed to be sitting in front of the

television, which did not appear to be of interest to them.

The centre had a designated smoking area on the first floor. The centre had decommissioned the smoking room on the ground floor despite a small number of residents who smoked. Residents were noted to be smoking in the enclosed garden on the ground floor which was not a designated smoking area. This will be discussed under Regulation 28; Fire precautions.

Residents had a choice of where to have their meals throughout the day. On the day of the inspection the lunchtime period was observed by inspectors. Inspectors observed that meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful.

Staff were observed to be adhering to infection prevention and control precautions and all staff were compliant with wearing respirator masks while carrying out resident care activity. The centre had open visiting and numerous visitors were observed throughout the two day inspection.

The next two sections of the report will describe the specific findings of the inspection, describing the capacity and capability of the service and how this impacts on the quality and safety of the care delivered to residents.

Capacity and capability

This unannounced inspection was carried out following an application by the registered provider to renew the registration of the centre. Additionally, inspectors assessed the overall governance of the centre to identify if the improvements seen on the previous inspection conducted in April 2021 had been sustained and the actions outlined in the centre's compliance plan following that inspection had been implemented. Overall, inspectors found that improvements were required in the governance and management of the centre, particularly in relation to oversight of the quality and safety of care delivered to residents.

Millbrae Lodge Nursing Home is a privately owned nursing home. The registered provider is Millbrae Lodge Nursing Home Limited, a company comprising four directors. The directors are involved in the operation of a number of other nursing homes throughout the country. There are clear lines of accountability and responsibility for the operation of the centre. The person in charge reports to a regional director, that in turn reports to the chief operating officer. The person in charge is supported on site by an assistant director of nursing (ADON) and a clinical nurse manager (CNM). The CNM provides clinical and operational oversight of the centre at weekends. The management structure in place on the day of the inspection was not accurately reflected in the Statement of Purpose. This is

discussed under regulation 3. Inspectors were informed that an active recruitment drive was taking place, with plans to recruit an assistant director of nursing, two additional clinical nurse managers, staff nurses and health care assistants. However, at the time of inspection the provider was very reliant on employment agencies for both nursing and care staff. For example, on some days three of the four nursing staff scheduled for day duty were from an agency and two of the three nursing staff scheduled for night duty were from an agency. While every effort was made to have continuity of care by having consistency in the agency staff working in the centre, this was not always possible.

Inspectors found that while some of the previous non-compliances were addressed, for example, staff training, not all of the changes outlined in the previous compliance plan had been sustained or implemented particularly around governance and oversight at the centre. For example, a plan to refurbish and redecorate the centre had a date for completion of June 2021, however, a number of areas requiring refurbishment and redecorating remained on the day of inspection.

Inspectors identified that improvements were required around governance and management of the centre. For example, while audit findings concurred with issues identified by inspectors on the day of inspection, quality improvement plans were not in place for all audits and issues identified for improvement remained outstanding. In addition, risks identified on inspection were not recorded on the risk register.

The centre had a wide range of training available for staff and the majority of staff were up to date on the centre's mandatory training. An onsite train the trainer provided training in a number of areas including dementia, falls prevention, restraint and hand hygiene.

A comprehensive record of incidents were reported on an electronic system. The majority of incidents were falls related and these were audited on a regular basis. Similarly to findings from the inspection in 2021, not all incidents were reported to HIQA as required under Schedule 4 of the regulations. This will be further discussed under Regulation 31: Notification of Incidents.

Registration Regulation 4: Application for registration or renewal of registration

An complete application had been submitted within the required time frame for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. She had the required experience and qualifications for the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels had recently been reviewed and increased to meet the care needs of residents. With the support of agency staff, on the days of the inspection there were adequate numbers of nursing and care staff to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The majority of staff had completed both fire training and safeguarding training as required under the regulations. In addition, a date for fire training for new staff was arranged.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of staff personnel records and while records did contain the majority of prescribed information set out in Schedule 2 of the regulations, inspectors identified some areas for improvement:

- gaps were noted in the employment history for which a satisfactory explanation was not recorded
- a record only contained one employment reference instead of the required two references
- one record contained two different home addresses for a staff member.

Judgment: Substantially compliant

Regulation 23: Governance and management

Arrangements in place to enable the provider be assured of the quality and safety of

the service were not robust and required strengthening. For example:

- while the centre had a risk register, the majority of risks were rated as green and did not accurately represent the level of risk. In addition, many of the risks were generic and were not centre specific. Risks identified by inspectors had not been risk assessed and placed on the risk register, for example, the flow of laundry through the hairdressing salon
- while audits were completed, for example, environmental audits, and issues identified in the audits were identified by inspectors on the day of inspection. However, action plans were not always devised following the audits
- inspectors identified areas of concern around the oversight of infection control, premises, medication management, resident's rights, fire precautions and managing behaviours that challenge. These will be further discussed under Quality and Safety below
- while there was an annual review of the quality and safety of care published for 2021, it was not sufficiently comprehensive and did not adequately incorporate an assessment of quality and safety of care against relevant standards
- there was a significant turnover of staff. For example, in the six months prior to this inspection, twenty five new staff were recruited and sixteen staff left

Judgment: Not compliant

Regulation 3: Statement of purpose

A review was required of the Statement of Purpose (SOP) to ensure that it accurately reflected the services provided and facilities available in the centre. Issues identified for review included:

- the Whole Time Equivalent (WTE) staff referenced in the document did not accurately reflect the actual number of staff working in the centre at the time of the inspection in relation to clinical nurse managers and assistant directors of nursing
- the SOP did not reference access to services available in the community for residents entitled to those services free of charge under the medical card scheme
- the SOP submitted to the office of the Chief Inspector in March 2022 did not accurately reflect the management structure in the centre at that time.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of reported incidents identified that two incidents outlined under Schedule 4 of the regulations had not been submitted to HIQA as required, and within the specified time frames. Notifications for these two incidents were submitted retrospectively following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Information identifying the person in charge as the nominated complaints officer and the appeals process was prominently displayed in the centre. The centre had a record of verbal and written complaints received in the centre. One complaint was open on the day of inspection. A review of the records of closed complaints found that resident's and families complaints and concerns were promptly managed and responded to in line with the regulatory requirements and there was a record kept of all complaints and actions taken.

Judgment: Compliant

Regulation 4: Written policies and procedures

All written policies and procedures were in place as required by schedule 5 of the regulations. One required updating on the day of inspection, however inspectors were informed that a new suite of policies and procedures were being launched on 23 May 2022.

Judgment: Compliant

Quality and safety

Inspectors found that the health care needs of residents were met to a good standard. Significant improvements, however, were required in relation to the rights of residents particularly in relation to restrictive practices. Improvements were also required in infection control, maintenance of the premises, medication management and fire safety.

Millbrae Lodge Nursing Home is a modern purpose built facility that is registered to accommodate 81 residents in 59 single bedrooms and 11 twin bedrooms, all of which have en suite facilities. It is a two storey building with bedroom accommodation and communal space on both floors. The first floor is accessible by

stairs and lift. The ground floor has a designated dementia wing with bedroom capacity for 15 residents.

While the premises is relatively modern, it is in need of redecoration. Walls and skirting boards had damaged paintwork and some furniture had damaged surfaces and upholstery. Aspects of the premises also impacted on infection control standards within the centre. Some of these issues were in the process of being addressed, for example, the installation of new hand wash basins. However, these were not yet fully functional and not all of the pre-existing hand wash basins in other areas of the centre complied with relevant guidance. A review was also required of the laundry to ensure that the systems in place mitigated potential risks to residents. There was adequate communal and dining space to meet the needs of residents living in the centre. There was also good access to secure outdoor space. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to support residents maintain their safety as they moved about the centre.

Significant improvements were required in relation to residents' rights, particularly in relation to freedom of movement and supporting residents to access the community. It was not always evident that restrictions on residents' access to the community was based on an individual risk assessment. A review of records indicated that the least restrictive measures were not always adopted. The rights of residents in relation to accessing telephone services was not always facilitated.

Nursing and care records were predominantly maintained electronically. Residents were assessed prior to admission to ascertain if the centre could meet their needs. Care plans were developed for residents and these were found to be person-centred. There was good access to nursing and medical care and to the services of allied health professionals.

The centre had been subject to a COVID-19 outbreak in February 2022. Inspectors found that the needs of residents had been prioritised by a dedicated team of staff who had worked hard to maintain safe levels of care to residents throughout the outbreak. Some improvements, however, were required in relation to infection prevention and control. As already stated, some of these were related to the design and layout of the premises and hand hygiene facilities. Other required improvements related to cleaning practices. These issues are discussed in more detail under Regulation 27.

Visitors were seen to come and go throughout the day and there was a high but safe level of visitor activity. It was clearly evident that visitors were welcomed in the centre. Inspectors spoke with a number of visitors and all were very complimentary of the care given to residents. All confirmed that staff were approachable and respectful to residents.

Systems were in place for fire safety management. There were daily checks of means of escape to ensure they were not obstructed. The fire alarm was sounded weekly to ensure that it was functioning appropriately and that fire compartment doors closed when the alarm was sounded. There were regular fire safety drills and

most staff were knowledgeable of what to do in the event of a fire. Due to the high number of agency staff working in the centre the provider was requested to ensure that adequate arrangements were in place to ensure that all staff were familiar with fire safety measures specific to this centre. There was a need to ensure that the fire alarm had preventive maintenance in accordance with the recommended schedule.

Regulation 11: Visits

The centre had unrestricted visiting and numerous visitors were observed in the centre throughout the two day inspection. Symptom check for symptoms of COVID-19 was taking place in line with guidance.

Judgment: Compliant

Regulation 17: Premises

While there were plans in place to repaint areas of the centre, the physical environment in the centre had not been managed and maintained in compliance with Schedule 6 of regulation. For example:

- general wear and tear was noted throughout the premises, for example, chipped wood on doors and skirting, exposed piping and walls were marked and required re-painting. Inspectors were informed that there were plans in place for the repainting of the Special Care Unit, however, no date was available for this. In the meantime all pictures had been removed from resident's rooms and on corridors while awaiting this leaving the area bare and drab
- numerous items of furniture were noted to be worn, torn and chipped, for example, bedside lockers and a chair

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Inspector's identified a number of areas requiring improvement in order to ensure that the centre was compliant with procedures, consistent with the National Standards for Infection prevention and control in community services (2018). For example;

- splashes on walls, radiators, bed frames and dust on skirting was observed. In addition, a number of hand gel dispensers were unclean, broken or empty on the day of inspection. Environmental audits carried out by the management team had identified a number of these issues, however, they had not been addressed
- the laundry room was observed to be unclean with dust and debris on the floor and staining in the metal hand hygiene sink. Inspectors were informed that the laundry room was cleaned once weekly
- sluice rooms did not contain clinical waste bins
- a number of metal sinks were noted to have white staining. This was brought to the attention of management on the day
- inappropriate storage of personal items and wheelchairs in the linen stores on both floors and in the sitting room on the ground floor
- while the centre had a COVID-19 contingency plan in place that was recently reviewed, an old version of a contingency plan and multiple old versions of HPSC guidance were contained in the folder
- there were unlabelled cleaning spray bottles and therefore it was not possible to confirm the contents
- the centre had installed a number of hand hygiene sinks on corridors that met the required specifications, however, the centre was awaiting installation of hand towel holders and as such the sinks were not operational. In addition, holes were noted in the walls where sinks had been installed. A number of sinks were identified that did not meet the required specifications, for example, in the laundry room and sluice room. One sluice room on the first floor contained no hand hygiene sink
- the sluice room in the Special Care Unit contained no bedpan washer
- the hairdressing salon was a thoroughfare to the laundry room which did not support effective infection prevention and control practices. There was not a dirty to clean journey for the laundry process as the clean clothes had to traverse back through the dirty zone and the hairdressing salon to exit the washing area. While management were aware of this, the process had not been risk assessed, placed on the risk register and no plan was in place to mitigate the risk
- the housekeeping room did not contain a janitorial sink. In the absence of a janitorial unit, used waste water was inappropriately disposed of in a domestic sink. This practice increased the risk of cross contamination. In addition, large supplies of cleaning products were stored in this room which was noted to be unsecured on several occasions throughout the two day

inspection. This was brought to management's attention.

Judgment: Not compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire safety. For example:

- a smoking room on the ground floor had been decommissioned and residents were observed to be smoking in an outdoor area that did not have appropriate fire safety equipment nearby
- the fire alarm was overdue its quarterly preventive maintenance. This was done on the second day of the inspection
- while fire drills were conducted regularly, there was a need to ensure that all staff were familiar with the mode of evacuation for residents that were not independently mobile. This is particularly relevant due to the high number of agency staff working in the centre
- the fire doors leading to the evacuation stairs from the first floor did not have smoke seals.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required in relation to medication management. For example:

- nurses transcribed medications. The inspector noted that there was an error in the prescription transcribed for one resident. Even though the prescription was checked by a second nurse the error was not identified
- the medication administration record for one resident did not correlate with the prescription for that resident and indicated that the resident did not always receive all of the medications prescribed to be administered at 9pm each day.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans. Overall, the standard of care planning was good and described individualised and evidence based interventions to meet the

assessed needs of the residents. Validated assessment tools were used to assess residents clinical, social and psychological needs. Inspectors found that care plans and assessments were regularly reviewed and updated with any changes to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to health care and records indicated that they were regularly reviewed by their GPs. There was a physiotherapist in the centre three days each week to provide group physiotherapy and also for individual assessments. There was an occupational therapist in the centre one day each week. Access to dietetics, speech and language therapy and tissue viability nurse was through a nutritional supply company and records indicated that resident were supported to access these services when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Significant improvements were required in relation to the management of responsive behaviours. For example:

- it was not always evident that the least restrictive measures were adopted in response to residents that presented with responsive behaviour
- the freedom of movement of residents was not always based on an individual risk assessment
- the record of one resident indicated that psychotropic medication should be prescribed without due consideration of the underlying cause of a particular resident's behaviour.

Judgment: Not compliant

Regulation 8: Protection

The centre acted as a pension agent for a small number of residents and appropriate measures were in place to protect these residents finances. The majority of staff had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required in relation to residents rights, for example:

- residents did not always have access to their personal mobile phones
- routines and practices of residents as assessed prior to admission were not always facilitated and this was not always based on an individual risk assessment
- the programme of activities did not meet the needs of all residents and some residents, particularly in the upstairs section, were observed to spend long periods without suitable stimulating activities
- in instances where a resident would benefit from access to independent advocacy services, this had not been considered

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Millbrae Lodge Nursing Home OSV-0000419

Inspection ID: MON-0036532

Date of inspection: 18/05/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>S: Staff records have been reviewed to ensure all are compliant with Regulation 21 and to include the required employment gaps, references, and correct personal address on each file.</p> <p>M: Through HR audit, all staff records are monitored continuously by the in-house team.</p> <p>A: By the PIC and local management team.</p> <p>R: Overview by the Regional Director in conjunction with the Registered Provider Representative.</p> <p>T: 30 June 2022</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: Risk register has been updated to accurately represent the level of risk specific to this centre. Clinical audits will continue to be completed and the management team will ensure appropriate actions are undertaken within the proposed timelines. The annual review will be updated to incorporate the assessment of quality & safety of care against the relevant standards. The HR team will continue to support the home in the recruitment of new employees and retention of existing staff.</p> <p>M: Through governance and management of the centre in accordance with Regulation 23 which will include weekly compliance visits, observational visits, and monthly in-house governance meetings.</p> <p>A: By the PIC and local management team.</p> <p>R: Overview by the Regional Director in conjunction with the Registered Provider</p>	

<p>Representative. T: 30 June 2022</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: S: The SOP was reviewed on the day of the inspection & submitted to reflect the present management team, required WTE and list of current services provided. M: The current SOP is in accordance with Regulation 3. A: By the Registered Provider Representative. R: Overview by the Regional Director T: 18 May 2022.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: S: Notification of the two incidents from 2021 were submitted retrospectively following the inspection. M: Submission of all incidents required in line with Regulation 31. A: By the PIC & local management team. R: Overview by the Regional Director in conjunction with the Registered Provider Representative. T: 20 May 2022.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: S: Refurbishment has commenced in the Special Care Unit and includes the provision of new contemporary furniture. M: The Special Care Unit will be refurbished to include a sensory approach to the environment for residents' living in the centre with dementia. A: By the PIC & local management team.</p>	

R: Overview by the Regional Director in conjunction with the Registered Provider Representative.
T: 30 June 2022.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

S: Action plans have been completed from the environmental audit. The laundry room has been cleaned by staff and local management will ensure this room is kept as far as practicable to this high standard. Clinical waste bin has been replaced in the sluice rooms. Metal sinks have been descaled to remove white staining and there is a programme in place to ensure same is completed regularly. Management will ensure inappropriate items are not stored in linen stores. Outdated versions of Covid contingency plans & HPSC guidance have been removed from the Covid information folder. All cleaning products on site have the appropriate signage displayed on the bottle. At the time of inspection, the hand wash sinks on the corridors had only very recently been installed and the installation holes on the wall have subsequently been repaired. Where required, hand towel dispensers have been installed. Laundry and sluice hand wash sinks will be replaced to meet the required specifications. A janitorial sink is to be installed in the housekeeping room. Sluice facilities in the centre will be reviewed to meet the needs of the residents in the special care unit. Risk assessment has been completed to include the laundry flow risk with current clean to dirty zone. All staff reminded of the significance of ensuring the housekeeping room is locked at all times.

M: Through governance, clinical audit, completion of action plans & daily observation of current practices.

A: By the PIC and local management team.

R: Overview by the Regional Director in conjunction with the Registered Provider Representative.

T: 30 June 2022

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

S: Fire alarm service was planned & completed on day 2 of the inspection. All staff have the necessary fire training and are involved in the evacuation drills. Agency staff complete fire induction training and are also involved in the fire drills in the centre. A review of the smoking facilities within the centre is being conducted to ensure an appropriate smoking area is provided. This work will also include a review of the fire

<p>equipment required in the event that a resident chooses to smoke in the internal garden. Smoke seals to the fire doors identified have been replaced.</p> <p>M: Through governance, clinical audit, completion of action plans & daily observation of current practices to ensure compliance with Regulation 28: Fire Precautions.</p> <p>A: By the PIC and local management team.</p> <p>R: Overview by the Regional Director in conjunction with the Registered Provider Representative.</p> <p>T: 30 June 2022</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>S: Full review & audit of all residents Kardex's and medication administration records has been completed. A change of pharmacy service is underway which will include the introduction of an electronic medication administration recording system. Pharmacy in-house audits will be completed at least four-monthly to review practices.</p> <p>M: Through governance, clinical audit (by the in-house team and pharmacy), completion of action plans & daily observation of current practices.</p> <p>A: By the PIC and local management team.</p> <p>R: Overview by the Regional Director in conjunction with the Registered Provider Representative.</p> <p>T: 30 June 2022</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>S: The centre operates and promotes a restraint free environment in line with current policy and procedures. Managing behaviour that challenges is monitored and audited to individualise & identify a root cause analysis for this specific behaviour.</p> <p>M: Through governance, clinical audit, completion of action plans & daily observation of current practices to ensure compliance with Regulation 7: Managing behavior that is challenging.</p> <p>A: By the PIC and local management team.</p> <p>R: Overview by the Regional Director in conjunction with the Registered Provider Representative.</p>	

T: 30 June 2022

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

S: All residents have access to their mobile phones.

A full review is underway in relation to our pre-admission assessment and will include identifying routines and practices of residents. Individual risk assessments will be completed on identified routines and practices to ensure positive risks are promoted.

A full review is underway in relation to the planned activities in-house. This will ensure meaningful activities are available on both floors. Residents and their families will be made aware of the availability of the independent advocacy service. Residents with their consent are referred to advocacy services when requested.

M: Through governance, clinical audit, completion of action plans & daily observation of current practices to ensure compliance with Regulation 9: Residents' rights.

A: By the PIC and local management team.

R: Overview by the Regional Director in conjunction with the Registered Provider Representative.

T: 30 June 2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
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	30/06/2022
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	Not Compliant	Orange	30/06/2022

	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	30/06/2022
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.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	30/06/2022

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/06/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/05/2022
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.	Substantially Compliant	Yellow	20/05/2022
Regulation 7(3)	The registered	Not Compliant		30/06/2022

	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.		Orange	
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 9(3)(c)(iii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident telephone facilities, which may be accessed privately.	Not Compliant	Orange	30/06/2022