



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

Issued by the Chief Inspector

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Ronnach Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0035550

About the designated centre

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

Accommodation is provided for a maximum of 71 residents over 18 years of age in a recently extended single-storey premises in a rural location. There are two twin-rooms and 67 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure the continued delivery of high-quality and consistent person-centred care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Thursday 5 May 2022	09:25hrs to 18:00hrs	Helena Budzicz	Lead
Thursday 5 May 2022	09:25hrs to 18:00hrs	Arlene Ryan	Support

What residents told us and what inspectors observed

Inspectors observed that the care provided to residents was of overall good quality and that the person in charge and staff were working to improve the quality of life and independence of residents in the centre. The inspectors spoke with several residents living in the centre and spent periods of time observing staff and resident engagement in the communal areas throughout the day. Residents spoken with gave positive feedback and were complimentary about the care provided in the centre. However, inspectors observed that a number of residents were supported in a task-orientated manner in the Memory Care unit, and their rights and choices were not being fully respected.

On the day of inspection, the inspectors were met by the reception staff and the assistant director of nursing. The monitoring of temperatures, signs and symptoms of COVID-19, and hand hygiene was completed. Following an introductory meeting, the inspectors did a walk-around the nursing home with the person in charge.

Overall the nursing home was clean and bright, and the corridors were clutter-free. Residents had access through the day room to an enclosed garden; however, it required a door code to go out into the garden. One resident informed inspectors that she loved going out of the garden and spent time there during the fine weather.

Residents in the dining room in the Main House unit were seen to be enjoying their lunch. They informed the inspectors that they knew what was on the menu and liked their food. They had a choice in the meals provided to them, and they said that there was plenty of food for them to eat, and they were never hungry. However, inspectors observed that in the Memory Care unit, the meals provided for those requiring special meals, such as modified diets, were not as appetising in appearance. This issue was addressed immediately by the person in charge, and new meals were prepared for these residents.

Furthermore, the inspectors observed some institutionalising practices during the mealtimes in the Memory Care unit. The staff used towels as food protectors for residents, and there was limited communication between staff and residents. By way of an example, the staff did not inform residents, nor did they ask residents for their consent before taking the towels of the residents and placing the actual food protectors on. The staff were observed approaching the residents from behind.

Inspectors visited the on-site laundry facility. The laundering of bed linens and towels was outsourced to an external company. The bed sheets were seen to be new and were neatly folded and stored in the linen rooms. Residents' clothing was laundered in the in-house laundry. In general, the residents were happy with the laundering service; however, one resident informed inspectors that sometimes their clothing was not returned from the laundry. They continued to say that they were aware that the person in charge was planning to implement a new system to

address the loss of any items of clothing.

There was a schedule of activities available to the residents posted in the day rooms. There were two activities coordinators working in the nursing home. In the afternoon, many of the residents were attending a live music session in the day room. Residents told inspectors that they loved the activities arranged in the nursing home and, in particular, loved the live music sessions.

Although inspectors did not speak with any visitors on the day of inspection, the residents informed inspectors that they were happy with visiting arrangements in the nursing home. Visitors were welcome at the centre, and the residents did not feel restricted. To avoid overcrowding at busier times of the day, visitors were asked to book a time in advance. The number of visits was not restricted.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The inspectors found significant improvements in the centre's compliance and that overall; this was a well-managed centre where there was a defined governance and management structure that oversaw the provision of care to support the residents to enjoy a good quality of life. There was a strong commitment evident among staff and the new management team to provide a quality service to residents and to maintain their safety and welfare. Further oversight of the premises, infection prevention and control measures and supporting residents' rights were required.

This was an unannounced risk inspection to monitor compliance with the regulations and to follow-up on the actions from the previous inspection of October 2021. The registered provider and the owner of the centre are Ronnach Teoranta. The new person in charge was supported by a regional manager, a director of care services and the registered provider representative. The management team was proactive in response to issues as they arose and regularly reviewed practices to improve services. There were clear lines of accountability, and all staff members were aware of their responsibilities and to who they were accountable.

The inspectors found that the centre was appropriately resourced for the effective delivery of care. The management team was monitoring the training, and the training schedule was in place. A vetting disclosure, in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012, was in place for all staff.

There were systems in place to monitor the quality and safety of care through a regular schedule of audits and close monitoring of risks to residents, such as

hygiene and infection control and health and safety. Despite having a range of systems in place to monitor the effectiveness and suitability of care, the audits and monitoring data regarding infection prevention and control, residents' rights and premises did not identify the potential risks and hazards and did not highlight areas for improvements.

Inspectors reviewed the accidents and incidents involving residents in the centre and found that appropriate arrangements were in place to ensure appropriate actions were taken to investigate how the incident happened and to mitigate the risk of recurrence.

The 2021 annual review was available for review, and this included a summary of the resident's satisfaction survey.

Improvements were noted with regard to the management of individual complaints. The centre had three open complaints that they were reviewing in line with their complaints procedure. The complaints were investigated in a timely manner and recorded on an electronic system.

Regulation 14: Persons in charge

The new person in charge was appointed in December 2021. They was a registered nurse who had the required qualifications, management experience and experience in nursing older persons specified in the regulation. They demonstrated good clinical knowledge and was articulate regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was an adequate number of staff on duty with the appropriate skill mix to meet the health and social care needs of the current residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses, including safeguarding vulnerable adults and fire safety. There was an ongoing training schedule to support

staff working in the centre.
Judgment: Compliant
Regulation 21: Records
A review of a sample of personnel records indicated that the requirements of Schedule 2 and 4 of the regulations were met.
Judgment: Compliant
Regulation 23: Governance and management
<p>Oversight of the standard of maintenance and upkeep of the centre did not ensure risks were being addressed. While there were monitoring arrangements in place, they had not lead to the identification of the following issues:</p> <ul style="list-style-type: none"> • Risks and hazard identification of the premises (for example, wardrobes, hot water pipes and radiators). • Gaps in IPC procedures. • Ensuring residents' rights to make choices were respected. • Poor mealtime experience in the Memory Care unit.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were notified to the Chief Inspector within the required time frame.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a complaints policy in place, and this was assessable. The complaints procedure was displayed at a prominent position in the centre. A review of the complaints log indicated that complaints were recorded and investigated with

feedback given at appropriate stages of the process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were reviewed and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, there were good standards of care provided, and the healthcare and social needs of residents were being met. The general cleanliness of the centre was found to be good. Residents informed the inspectors that they liked living there and felt safe. Although a lot of improvements had been made throughout the centre, further improvements were required in respect of residents' rights, food and nutrition, the physical environment and infection control practices.

Care plans had been transferred onto a new electronic medical record system. The person in charge had provided guidance for staff to assist them with completing the residents' assessments and care plans. A sample of residents' records was reviewed, and a variety of validated assessment tools were completed for each resident. A comprehensive assessment was in place, and a care plan was in place for each resident, reflecting the findings of the assessments. Of the records reviewed, all had been completed within 48-hours of admission, and care plans had been updated within the past month. There was evidence of residents and families being involved in their care.

Residents' records showed that residents had access to a medical practitioner. There was also evidence of assessments and recommendations from a health and social care professionals and external medical consultants. Some residents who spoke with the inspectors told the inspectors about allied health professionals who came to see them in the nursing home. A review of a selection of residents' files indicated that the residents had a speech and language assessment completed, and recommendations were included in their care plans.

Residents were happy with the care provided to them and said that they had no complaints. The person in charge acknowledged that access to occupational therapy services was difficult and was arranging for private appointments for those requiring assessments or interventions. The activities coordinators were working with the nursing team to establish a list of preferred activities for each individual. These were

not yet included in the care plans, but there was clear evidence of the work in progress.

End-of-life care plans were in place for all the care plans reviewed by the inspectors on the day of inspection, with some work ongoing. Where appropriate, residents' and family wishes in relation to resuscitation were clearly identified and included in the care plans and this was supported by a medical practitioner's assessments, signed order and a consent form.

Food and drink requirements were available on a list in the kitchen and dining room. This provided clear instructions for the kitchen staff to prepare meals in accordance with the resident's individual requirements. The dining room tables were set with cutlery and napkins.

Clear processes were in place for medication management in line with the centre's policy. Audits were undertaken to ensure these processes were being monitored. The assistant director of nursing demonstrated the processes for checking medications with the inspectors. Flow charts were available for nursing staff as a quick reference to guide them through processes and potential changes to medication prescriptions. The medication room in the main house was very well organised, clean and tidy, with good access to hand washing facilities. However, the medication room in the memory care unit was much smaller and not as well laid out as discussed under Regulation 17: Premises.

Regulation 11: Visits

Visiting had been risk-assessed by the person in charge, and visitors were asked to book visiting to avoid overcrowding at the most popular times, in line with the Health Protection Surveillance Centre (HPSC) team recommendations following their last COVID-19 outbreak. The number of visits was not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

There was evidence that the provider had addressed the non-compliance's in relation to laundry systems to ensure clothes were returned safely to residents from the laundry.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were in place for each resident reviewed to look at their physical, emotional, social, psychological and spiritual needs. It was identified where further information was required from the residents and their families. Evidence of resident and family involvement was evidenced in the care plans.

Judgment: Compliant

Regulation 17: Premises

Maintenance of some areas of the internal premises environment in the Memory Care unit required improvement. For example:

- A significant number of wardrobes were not secured to the wall posing the risk of them falling.
- The dining room and day room flooring were uneven and had large gaps between the boards, and there was a damaged marmoleum floor covering around the unit, which did not support effective cleaning and additionally posed a risk of falls.
- Access to the hand-washing sink in the medication room was blocked with trolleys.
- Exposed hot water pipes, radiators and radiator placement posed a potential risk of burns to residents.
- There were sharp pipe ends and holes in the floors and walls where some pipe work had been removed.
- Due to the layout of a number of the bedrooms and the position of furniture and beds, there was insufficient space to allow for a chair appropriate to the needs of the resident at the bedside. Access to the window in other rooms was also restricted due to the placement of beds.
- Temperature regulation in the Memory Care unit was poor. The rooms were very warm, and the radiators did not have thermostatic regulators on them.
- Exposed electrical wires were observed in one bedroom, posing a risk to residents' safety.
- The toilet in one of the communal bathrooms was leaking and posed a risk of falls.
- Grabrails were missing in the resident's toilet.

The paint on internal walls and on wooden skirting and door frame surfaces on corridors and residents' bedrooms around the centre were chipped and missing in a number of areas. This meant that these surfaces could not be effectively cleaned.

Judgment: Not compliant

Regulation 18: Food and nutrition

Improvements in the dining experience for residents in the Memory Care unit were required. The inspectors observed that the food prepared for some residents with special requirements for modified diets did not look or smell appetising. It appeared dried out, and the food was either too hot or cold. Condiments were not available on the tables for easy access by residents to allow them to season their food to their preferred taste.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control in the centre was not in line with the national standards and other national guidance as follows;

- Some equipment, such as wheelchairs and nebulisers, was visibly unclean and was not being fully cleaned in accordance with national and evidence-based guidelines. Some of the shower chairs were rusty and did not support effective cleaning.
- Inappropriate storage practices were observed in the dirty and clean utility rooms in respect of equipment; for example, clean commodes, raised toilet seat frames and shower chairs were stored beside the working area and bedpan washer, which increased the risk of cross-contamination. A process for the identification of clean and dirty resident equipment was identified but was not fully implemented.
- There was evidence of water leakage under sinks, cabinets and toilets in the Memory Care unit.
- The resident in one of the bedrooms in the Memory care unit did not have access to the sink in their bedroom due to the positioning of the paper-towel dispenser.
- The provision of hand washing sinks throughout the Memory care unit was not optimal.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication and pharmaceutical services were in line with the regulatory requirements. Clear processes were in place to direct staff in terms of checking

medications and ensuring residents received their medications as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Individual assessments were completed within 48-hours of admission, and a process was in place to update them within a minimum of 4 months. Residents' needs were clearly identified, and therapeutic interventions were clearly outlined. Overall, inspectors observed that improvements had been made with the comprehensive assessments and care planning process within the centre.

Judgment: Compliant

Regulation 6: Health care

Recommendations from health and social care professionals such as speech and language therapists, dieticians and psychiatric services were included in the residents' plan of care. A list of referrals was available to indicate where residents required the support of other healthcare professionals, and these were overseen by the person in charge and assistant director of nursing.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents were not always facilitated to exercise choice, as evidenced by the following:

- Doors to the outdoors in the Main House unit and in the Memory Care unit were key-code locked and residents did not have access to the outside spaces without asking staff to open the doors.
- The daily food menu was not displayed in the dining room of the Memory Care unit and in the accessible format for all residents.
- The call bell system in the Memory Care unit was not fit for its purpose. The call bells or chords were either missing or were not accessible to residents. This did not provide assurances that residents could request assistance or were responded to in a timely fashion. Additionally, the spotlights beside the bed or the dimming switch regulators were not within the residents' reach.
- The connection and positioning of the ceiling lights required review. In the

twin-occupancy bedrooms in the Memory Care unit, the resident on one side can turn on the light for the resident residing on the other side of the room.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0035550

Date of inspection: 05/05/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The risk associated with free-standing wardrobes identified on the day of inspection has been addressed, and the wardrobes have since been secured to the walls in the Memory Care Unit. • There is a scheduled programme of works to replace the areas of damaged flooring in the Memory Care Unit, which will facilitate proper cleaning in accordance with recommended Infection Prevention & Control (IPC) standards. • We actively promote a human rights-based approach to the care and welfare of residents. For example, residents will be facilitated, monitored and supported in the home to live as independently and safely as possible. Their rights will always be respected, and the PIC will implement a risk-balancing approach to ensure that individual rights, choices and decisions are upheld. • The management team will raise staff awareness of the human rights-based approach to care by providing education and practice-based learning to staff. Staff education on the FREDa principles in relation to human rights will be provided. Safeguarding workshops for staff will be facilitated, which will include the application of theoretical learning to practice, enabling each staff member to understand their individual role and responsibility in promoting the rights of the residents and protecting them from harm. We will facilitate practice-based learning for staff on Dementia Awareness and respecting the autonomy, rights and choices of all residents with a diagnosis of dementia or cognitive impairment. This will include raising awareness of the mealtime experience, including the respectful offer of assistance as appropriate and ensuring that the residents’ autonomy and dignity are always maintained. • The PIC will include discussion and reminders to staff regarding residents’ rights, choices and preferences as part of the shift handover meetings, safety pauses and staff meetings. • The PIC will monitor care plans to ensure that residents’ individual preferences and choices are recorded. • The PIC has conducted a review of the residents’ mealtime experience. A Quality 	

Improvement Plan (QIP) has been identified to enhance the residents' dining experience – particularly those in the Memory Care Unit - ensuring that mealtimes for all residents are an enjoyable and unhurried social occasion, where appetising and nutritious meals are served.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The free-standing wardrobes have been secured to the bedroom walls.
- There is a scheduled programme of works to replace the damaged areas of flooring to a standard that will facilitate safe mobilisation and cleaning of the floors in accordance with IPC recommendations.
- The storage of trolleys has been reviewed and there will be no inappropriate storage of trolleys in the clinic room in future. The PIC will monitor compliance with safe and appropriate storage of equipment.
- The clinical treatment room has been cleared of clutter and inappropriate items and staff have ease of access to the handwashing sink.
- There is a planned programme of works to box off the exposed pipes which will eliminate the risk of accidental scalding.
- As part of the planned programme of works, the Facilities Manager has reviewed the sharp pipe ends and holes in the floor in the Memory Care Unit and they will be closed off or removed to eliminate the risk of Injury.
- The exposed cable will also be removed as part of planned schedule of works.
- The PIC and Facilities Manager will conduct a review of the twin rooms to ensure that they meet the legislative requirements for individual resident space, including the need for residents to have adequate space in close proximity for their personal items and required furnishings. The review will also ensure that privacy screening is sufficient to ensure the full screening of residents to protect their privacy and dignity, and to ensure that the other occupant of the room can enter or exit the room or access the bathroom without adversely impacting on the other occupant's space or compromising their privacy. The layout of the rooms will be reviewed and due consideration given to access to natural light for both occupants of the room.
- The Facilities Manager will address the temperature regulation of the Memory Care Unit and ensure that radiators can be thermostatically controlled.
- Since the inspection, the leaking toilet has been replaced and is functioning properly.
- A grab rail will be fitted adjacent to the toilet.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The PIC has conducted a review of the dining experience and will implement a QIP to enhance the experience for all residents, with a particular focus on the residents in the Memory Care Centre.
- Residents will choose their preferred meals and the catering team are made aware of individual resident's dietary preferences and choices, which are also recorded in the nutrition and hydration care plan. Pictorial menus will be introduced which will assist residents with illiteracy, cognitive or visual impairments to indicate their preferred meal. Staff will be encouraged to respectfully offer help to individual residents based on their need for assistance and will give residents ample time to eat their meals. Modified diets will be presented in an appetising manner. The daily Menu is shown to the resident's and food is ordered according to their choice. The PIC will observe staff practice and monitor compliance with the QIP.
- The Catering team will ensure that modified diets are served fresh and in an appetising manner at the appropriate temperature.
- A dedicated mealtime is allocated for residents on modified diets and staff actively assist residents in accordance with their assessed care needs.
- Condiments will be available on all dining tables at mealtimes. Catering staff will prepare the dining room before every meal and ensure that there is an enjoyable ambience, conducive for a positive dining experience. The management team will conduct regular spot checks and residents will be encouraged to provide feedback about menus, mealtimes, choice and presentation of food as part of regular surveys and resident meetings.

Regulation 27: Infection control

Substantially Compliant

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

- The PIC has reviewed the condition of wheelchairs and shower chairs. Rusty shower chairs and wheelchairs have been disposed and new replacement items have been ordered.
- A cleaning schedule and tagging system is being introduced to the home so that cleaned items can be tagged after cleaning with a date stamp. The management team are monitoring compliance with the new procedure and it is currently working well.
- Storage practices will be reviewed and designated 'clean' and 'dirty' areas identified so that equipment can be appropriately segregated to reduce the risk of cross-contamination. The process for identification of clean and dirty resident equipment has now been fully implemented and is operating well; the PIC and ADON conduct regular spot checks to monitor compliance.
- A review of the plumbing facilities has been undertaken by the Facilities Manager and PIC; a schedule of works has been planned and repairs have been undertaken.
- A review of handwashing sinks in the Memory Care Unit has been planned.
- The paper-towel dispenser in the resident's bedroom has been removed and replaced

in a more convenient position for ease of access.

Regulation 9: Residents' rights

Not Compliant

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

- We will review resident access to the outdoor area. The PIC will ensure that the door to the enclosed garden area from the main unit is available for residents to access the areas as they wish. The door is not fitted with a key code for access.
- We will arrange for residents in the Memory Care Unit to have unrestricted access to the enclosed garden area.
- There is a 4-week rolling menu in place in the nursing home, which has been nutritionally evaluated by the Dietitian; the menus were devised based on feedback from residents and in accordance with their expressed dietary preferences. The daily menus are displayed in the dining rooms and are also printed for each resident to view. There are pictorial menus on display, and these are available for residents to view. on display in the dining room in a Monitor and in a printed version.
- The PIC will ensure that all call bells have chords and that they can be accessed by each resident.
- As part of a wider programme of works, there is a plan in place to ensure that the spotlights and dimming switch regulators are within easy reach of the resident, and that each resident has control over the lighting for their own bed area. There are works required to relocate some of the lighting panels to facilitate this in some resident bedrooms. and this work will be scheduled.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	31/10/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate	Substantially Compliant	Yellow	14/06/2022

	quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	14/06/2022
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 effectively monitored.	Substantially Compliant	Yellow	31/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/07/2022

	infections published by the Authority are implemented by staff.			
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	31/08/2022