



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:	25 April 2023
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0037706

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 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:	61
--	----

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 25 April 2023	09:30hrs to 15:55hrs	Helena Budzicz	Lead
Tuesday 25 April 2023	09:30hrs to 15:55hrs	Karen McMahon	Support

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in the Sancta Maria Nursing Home. There was a welcoming and homely atmosphere in the centre. The inspectors spoke with some of the residents living in the Memory Care unit of the designated centre on the day of the inspection. One resident reported, "It's great living here". All residents that spoke with inspectors on the day were full of praise for the staff, telling the inspectors that the staff were all caring and friendly.

On arrival, inspectors were met by a member of the centre's administration team. Following an introductory meeting with the assistant director of nursing, inspectors were accompanied on a tour of the premises. Inspectors spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre. Inspectors spent time mostly in the Memory Care unit as the centre was experiencing an outbreak of COVID-19 on the day of the inspection.

The dining room in the Memory Care unit was a large room which was nearby the day room. Both rooms were newly decorated and painted. There were items of domestic-style furniture and comfortable seating, which provided a homely environment for residents to enjoy.

The inspectors observed that residents' bedrooms were personalised with possessions that were meaningful to the residents and reflected their life experiences. Inspectors observed that while the layout of some single-occupancy bedrooms had been improved with residents having enough space for furniture, some furniture and privacy screens were missing in the two twin-occupancy bedrooms.

Other improvements observed by the inspector were the installation of the hand-washing sink and a flooring replacement in the Memory Care unit. However, there were a number of outstanding items from the compliance plan submitted following the risk inspection in May 2022, such as addressing the walls, the wooden skirting, and the door frames in the Memory Care unit that remained chipped and damaged. Furthermore, despite the improvements noted, significant risks were identified in respect of storage arrangements and their impact on the overall fire safety management and infection control in the centre, as further discussed under their respective regulations.

Inspectors spoke with residents regarding their living environment. One resident described how they love to sit at the nurses' station for most of the day but did acknowledge that they often found it quite warm there, mainly as a result of the sun shining through the large overhead window. This was also observed by the inspectors during the dining experience in the unit. More details regarding the temperature regulation in the Memory care unit are outlined under Regulation 17:

Premises in this report.

Inspectors observed that staff members were friendly and gentle with the residents in their interactions during lunchtime. Dinner was well-presented, and staff went around offering a choice of condiments on the side. The staff also ensured all residents had appropriate fluids to accompany their food. Most residents chose to have dinner in the dining room, and those who decided not to were facilitated to eat in the privacy of their own bedrooms. The chef informed inspectors that they had a four-week rolling menu, with both written and photo menus available. The same was observed around the centre during the inspection. Many of the residents spoken with on the day stated that the food was lovely and that there was plenty of it.

The inspectors saw that there were activities arranged for residents to partake in throughout the day. One resident told inspectors how they love to read the newspaper and that there were newspapers always available in the centre to read. A review of residents' meeting records found that the meetings had been completed regularly, and the meeting notes reflected the feedback from residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The inspectors found that a good level of compliance was maintained in the centre in respect of Care and Welfare regulations. While there were some good systems of governance and management in place, a number of systems required review and additional oversight of premises and storage practices and their impact on the overall fire safety as described under the relevant regulations in the report. These risks had not been identified by the provider via their auditing system. A provider meeting was held following the inspection, where the registered provider gave assurances that appropriate mitigating action had been taken.

This was an unannounced risk inspection conducted by inspectors of Social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had failed to take appropriate actions to ensure that their compliance plan from the previous inspection had been implemented in full, as discussed under Regulation 27: Infection Control, Regulation 29: Fire precautions and Regulation 17: Premises.

Ronnach Teoranta is the registered provider of Sancta Maria Nursing Home. The provider had an established and clear governance structure in place to manage the centre. Within the centre, the nursing management team consisted of the person in charge, an assistant director of nursing and a clinical nurse manager. The person in charge of the centre was not in the centre on the day of the inspection. The

assistant director of nursing, who was deputising in their absence, facilitated the inspection.

The provider had systems in place to monitor and review the quality of the service provided to residents. A range of audits had been completed, which reviewed practices such as care planning, medication management and infection prevention and control practices. However, there were a number of disparities between the consistently high levels of compliance reported in the centre's own audits and the inspectors' findings during this inspection.

The management of records required review to ensure it met the regulatory requirement and was in line with local policy.

Staffing numbers and skill-mix on the day of inspection were appropriate to meet the individual and collective needs of residents, with due regard to the centre's layout. Staff had the required skills, competencies and experience to fulfil their roles. All staff reported positive experiences working in the centre and appeared knowledgeable and content in their work. Staff appeared informed on how to deal with any safeguarding issues that may arise.

There was evidence of good communication processes within the centre, which included daily handover reports and regular meetings with all groups of staff members.

The centre's management team had carried out an annual review of the service for the year 2022, which informed quality improvement initiatives for the current year. The annual review was informed by resident feedback.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill-mix were appropriate to meet the needs of residents in line with the statement of purpose. There were satisfactory levels of healthcare staff on duty to support nursing staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members had access to training appropriate to their role according to their roles and responsibilities. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There were arrangements in place for the ongoing supervision of staff through senior management presence.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records, as set out in Schedules 2, 3, and 4, were available to inspectors. However, the retention periods were not in line with the centre's policy, and there was no permanent register of all records that identified all classes of records as per the centre's policy.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that some facilities, such as the first floor over the laundry facility used for storage, the electrical installation room and the water treatment plant, were not included in the centre's statement of purpose and registered floor plans. Therefore, not all areas of premises essential for the centre were registered as required by the regulations.

A number of items on the compliance plan from the last risk inspection completed in May 2023 were found not to be completed on the day of the inspection as outlined under Regulation 27: Infection control and Regulation 17: Premises.

The registered provider did not ensure that the management systems in place were

effective at ensuring that the service provided was safe, appropriate, consistent and effectively monitored.

- While a schedule of audits was in place, it was not sufficiently robust to provide oversight of all aspects of the service. Many deficits found on inspection were not identified through the audit process, such as the absence of a cleaning regime for arm chairs or the temperature monitoring in the Memory Care unit, which posed a health and safety risk for residents and staff working in the centre.
- The monitoring and oversight systems of key areas, such as infection prevention and control and premises, were not effective and did not ensure the safety and well-being of the residents.
- Record-keeping and file management systems were not adequately monitored as outlined under Regulation 21: Records.
- Inspectors were not assured that there was adequate management oversight of fire safety in the centre. This is detailed under Regulation 28: Fire Precautions.

Judgment: Not compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were content living in the designated centre. Residents received good quality service, and they had opportunities to engage in a variety of meaningful social activities each day that enriched the quality of their lives and well-being. Residents had good access to medical, nursing and health and social care if required. Improvements were required in relation to Regulation 17: Premises, Regulation 28: Fire precautions, Regulation 9: Residents' rights and Regulation 27: Infection control.

Residents had timely access to a good standard of nursing and medical care. The inspectors were informed that three general practitioners (GPs) visited the centre and that residents were reviewed on a regular basis.

Each resident had an individual care plan which was personalised to meet their needs on an individual basis. Care plans were supported by comprehensive assessments using evidence-based tools for assessing issues such as the risk of

falling, the risk of developing pressure sores or the risk of malnutrition.

Significant improvement works had been completed over the past year that included the replacement of floor covering and a new reconfiguration of the dining and day room in the Memory Care unit. However, it was evident on the day of the inspection, as addressed in this report, that there were some areas for improvement to ensure that the premises conformed to the matters in Regulation 17: Premises. For example, the storage in this centre was not sufficient as it did not allow for the segregation of clinical and operational items to be stored separately. Inspectors found that these facilities were not regularly monitored through audits and daily observations.

While the centre had appropriate sluicing and cleaning resources in place, the centre was not cleaned to an adequate standard in the Memory Care unit. Clinical waste was not managed in line with national guidelines. Further improvements were required in some infection control practices within the centre to minimise the risk of infection occurring. This will be outlined under Regulation 27: Infection control below.

Residents' rights and choices were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. However, some improvements in respect of resident's dignity were required in relation to the call-bell sound as discussed under Regulation 9: Residents' rights.

During the day of the inspection, the inspectors found a number of risks and issues of concern relating to fire safety. Fire safety deficits are described under Regulation 28: Fire precautions.

Regulation 17: Premises

The registered provider did not ensure that the premises essential to the running of the designated centre, such as the first floor over the laundry used for storage, the electrical installation room and the water treatment plant were registered and included in the centre's statement of purpose under Regulation 3, and shown on the registered floor plans for the centre. Consequently, residents' equipment, cleaning products, Personal Protective Equipment (PPE) and oxygen concentrators were stored in the unregistered facilities above the centre.

While some improvements had been carried out since the previous inspection, parts of the premises still did not conform to the matters set out in Schedule 6 of the regulations; for example:

- Ventilation in the sluice room and in the bathrooms was not adequate in the Memory care unit.
- The centre was not well-maintained internally and externally in all areas. For

example, the covers for ceiling lamps were missing in several bedrooms in the Memory care unit; there were exposed cables in the corridor above the sluice room and in the Activities room.

- The ground storage facility beside the laundry was not fit for purpose. It was very cluttered, and many items were stored on the floor of this room. There were incontinence wear, cleaning products, PPE and kitchen products stored together. The flooring at the entrance was damaged, with holes in the floor covered with unclean carpet. These storage facilities did not allow the safe segregation of clinical and non-clinical items, and it posed a safety risk to staff working in the centre.
- Inspectors observed exposed hot water pipes and hot radiators, with some residents' beds positioned against a radiator, posing a risk of burn to residents. This was a finding from the last inspection.
- Some of the furniture was missing in the two twin bedrooms, for example, a second wardrobe, chairs or privacy screens. While these rooms were only occupied by one resident at the time of inspection, the bedrooms had been registered for twin occupancy, and all required furniture was not in place.
- The temperature regulation in the Memory care unit required full review as the radiators were very hot, and the temperature in some of the bedrooms, conservatory, activities room and the quiet area reached 28 Celsius at midday. Inspectors were informed that the air conditioning unit in the conservatory was not working on the day of the inspection. This is an ongoing finding from the previous inspection.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents; however, it did not contain all the information as per the requirements of the regulation. For example, the procedure for complaints and the arrangements for visits were missing.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulations. There was an emergency response plan in place.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by:

- While the majority of staff demonstrated compliance with the use of PPE, a small number of staff were observed using face masks incorrectly or pushing the waste bin against their uniform day of inspection.
- Inspectors observed expired PPE being stored in the storage facilities.
- Overall, the environment in the Memory Care unit was not cleaned to an appropriate standard; for example, the door surfaces of the housekeeping room were visibly unclean, and inspectors observed cobwebs in the sitting rooms and corridors.
- Inspectors observed that clean linen was stored on top of the mattress in an unoccupied resident's bedroom, which was currently used as a staff changing room due to the COVID-19 outbreak in the centre. The risk of cross-contamination had not been appropriately identified and mitigated.
- Wooden cabinets in the clinical room and underneath the sinks in some of the bedrooms were chipped and damaged by water and, therefore, could not be effectively cleaned. This was a finding from the previous inspection.
- The arm chairs in the activities room were stained and unclean, and the cleaning schedule was not in place.
- The hand wash sinks in some of the resident's bedrooms in the Memory care unit were not accessible to residents due to the layout of the furniture and positioning of the paper-towel dispenser. This is an ongoing finding from the last inspection.
- The management of clinical waste bins was not adequate on the day of the inspection. The clinical waste bins were not locked, and a large number of excess clinical waste bin bags were lying on the floor, enabling unrestricted access to harmful waste and posing a safety risk.

Judgment: Not compliant

Regulation 28: Fire precautions

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire. For example:

- The inspectors observed inappropriate storage practices throughout the centre that potentially created a fire risk. For example, fire extinguishers were stored together with highly flammable materials.
- The fire extinguishers in the laundry were blocked by a sofa.

The registered provider failed to provide adequate means of escape as follows:

- An external fire exit route was not safe, with a slippery pathway beside the fire exit; additional emergency lighting was required to illuminate the route of escape in the event of a fire evacuation at night time.
- The fire assembly point signs outside were not visible and were covered by the grown bushes.
- There was a lack of emergency exit signage and emergency lighting in the laundry to indicate the route to access a fire exit.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans relating to active COVID-19 infections on the day of inspection were looked at. These demonstrated adequate and personalised lines of treatment for each individual resident. It was also evident that all residents were assessed on-site by residents' GP (general practitioner).

Judgment: Compliant

Regulation 6: Health care

Care plans in relation to pressure ulcers were examined during the inspection. They all demonstrated clear evidence of the multi-disciplinary team (MDT) input, particularly from tissue viability nurse (TVN), and there was adequate evidence that recommended treatment plans were being followed. There was also evidence that all residents had access to general practitioner (GP) care in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans of residents residing in the centre, with responsive behaviour (how residents with dementia may communicate anxiety or distress caused by triggers in the environment), were examined. Care plans were personalised and had documented evidence of updates following changes made to care post-inpatient hospital stay or multi-disciplinary team (MDT) review. There was also a low level of restrictive practices noted in use in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and choice over the sound levels in the environment of the centre were negatively impacted by the regularly occurring noise and volume of call-bells ringing. The sound was centralised across all units, causing disturbance to all residents in all units, not just in the corridor/area where a resident was looking for assistance. This resulted in prolonged call-bells ringing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0037706

Date of inspection: 25/04/2023

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
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • We will ensure that all records are appropriately and safely stored and retained in line with legislative requirements. • We will maintain a register of records in line with the policy of the nursing home. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • We will provide the Authority with a revised set of drawings to include all areas of the premises that are essential for the operation of the centre, including the electrical installation room and the water treatment plant. The first-floor room above the laundry has been decommissioned as a store and the access stairs to it have been removed so it will no longer be accessible, and therefore will not be part of the designated centre. • We will also update the Statement of Purpose to reflect these changes. • We will ensure that the audits transparently and accurately reflect the findings, including areas that do not comply with expected standards, and we will implement corrective action plans to restore compliance. • Since the inspection a cleaning schedule has been introduced which allows the housekeeping supervisor sufficient time to monitor cleaning standards in all areas of the nursing home. A deep cleaning schedule is in place and the housekeeping supervisor oversees adherence to this by the housekeeping team. • We have undertaken a full service of the air conditioning unit in the Memory Care Unit and instructed all staff in the nursing home on its operation. • A daily temperature check of the Memory Care Unit is in place and the central heating 	

system can be adjusted as required.

- We will facilitate further training for the designated IPC nurse to ensure the responsibilities associated with this role are understood, and we will provide protected time for the nurse to organise and chair the monthly IPC Committee meetings.
- There is a schedule of works in progress to address and resolve the areas identified regarding the premises over the coming weeks. This will be coordinated by the Facilities Manager on behalf of the Provider.
- Records will be stored and maintained in line with legislative requirements.
- An independent Fire Consultant has conducted a fire risk assessment of the building and a certificate of fire safety will be issued to the Provider. We will ensure that all aspects of fire safety training and practice comply with legislative requirements and the policy in the nursing home.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- We will submit revised drawings to the Authority to include all areas of the premises that are essential to the operation of the nursing home, including the electrical installation room and the water treatment plant.
- The first-floor room above the laundry has been decommissioned as a store and the access stairs to it have been removed, so it is inaccessible and will not be part of the designated centre.
- All items of equipment required for residents, staff or the running of the nursing home will be safely and appropriately stored within the designated centre.
- On behalf of the Provider, the Facilities Manager will coordinate a schedule of works to address the non-compliant areas identified during the inspection.
 - o The ventilation in the sluice room and bathrooms in the Memory Care Unit will be addressed as part of this schedule.
 - o The exposed cables in the corridor above the sluice room and in the activities room will be addressed and resolved by an electrician.
 - o We will review the bedrooms in the Memory Care Unit, relocate beds that are adjacent to radiators where possible, and provide protective covers on radiators and exposed pipes where required.
 - o Damaged or chipped furniture or fittings will be repaired or replaced as required.
 - o Additional emergency lighting and emergency exit signage will be provided.
 - o The call bell system will be reviewed to ensure that the call bells from the general nursing home area are separated from the Memory Care Unit call bells.
- We will ensure that the central heating in the Memory Care Unit can be adjusted to maintain a comfortable temperature for residents and staff working in the area.
- The Maintenance Person will replace the missing ceiling lamp covers in the bedrooms.
- Since the inspections, significant work has been undertaken to declutter the storage facility beside the laundry: many obsolete items have been discarded. The flooring at the entrance has been repaired and the carpet has been removed.
- All clinical and non-clinical items have been segregated. All equipment required for use

by residents, staff or the safe operation of the centre will be appropriately and safely stored in accordance with regulatory requirements and the policy in the nursing home.

- We will replace the items of furniture that were missing from the twin rooms and ensure that the privacy screening is restored in a way that protects the privacy and dignity of both residents and allows for access and egress without impacting on each other.
- All staff in the nursing home have been instructed on how to operate the air conditioning unit in the conservatory in the Memory Care Unit to ensure that the room can be kept at a comfortable temperature.

Regulation 20: Information for residents	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 20: Information for residents:

- We will revise the Residents' Guide to include the complaints procedure, arrangements for visiting and all information required in accordance with Regulation 20.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

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

- We will provide further training to staff regarding Infection Prevention & Control practices, including the appropriate wearing of PPE (and PPE to be worn during an outbreak of infection). As part of the regular discussions with staff at safety pauses, the PIC will ensure that staff are aware of the risk of cross-contamination due to inappropriate storage of linen.
- Since the inspection all expired PPE has been discarded. The PIC will ensure that PPE expiry dates will be checked.
- The PIC will ensure that all members of the housekeeping team are aware of the expected cleaning standards in the nursing home, and the housekeeping supervisor will check all areas of the nursing home to ensure they are consistently completing their duties to these standards.
- All linen is now appropriately and safely stored in the linen cupboard.
- We will ensure that damaged or chipped items of furniture or fittings are repaired or replaced as required so that they can be cleaned effectively.
- There is now a cleaning schedule in place which includes cleaning of furniture and a deep cleaning schedule.
- We will relocate the paper dispensers and/or wash basins in residents' bedrooms to

ensure that they are accessible.

- The clinical waste bins are now appropriately stored and locked, and the PIC will ensure that clinical waste is managed in accordance with IPC policy and legislative requirements.

Regulation 28: Fire precautions

Not Compliant

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

- Since the inspection, an independent Fire Consultant has conducted a full risk assessment of the building and we will address any actions arising from the report, if any are identified.
- All flammable materials are stored safely and appropriately and are not adjacent to fire extinguishers.
- The laundry has been decluttered and the fire extinguishers are visible and accessible.
- The pathways have been power washed to remove all traces of moss and they are no longer slippery. Additional emergency lighting will be provided to illuminate the route of escape in the event of a fire evacuation at nighttime.
- The trees at the fire assembly points have been cut back so the fire assembly point signs are now clearly visible.
- We will provide additional emergency exit signage and emergency lighting in the laundry to indicate the route to access a fire exit.

Regulation 9: Residents' rights

Substantially Compliant

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

- We will arrange for the call bell system provider to review the call bell system and split the system so that call bells from the main nursing home are not sounding in the Memory Care Unit. This will reduce the negative impact and frequency of call bells ringing and will ensure that staff in the Memory Care Unit respond promptly to call bells as they will know that the bell relates to a resident within the Memory Care Unit.

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	31/08/2023
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	31/08/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints,	Substantially Compliant	Yellow	30/06/2023

	including external complaints processes such as the Ombudsman.			
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	30/06/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	31/07/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2023
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.	Not Compliant	Orange	31/07/2023
Regulation 27	The registered provider shall ensure that procedures,	Not Compliant	Orange	31/07/2023

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/07/2023

Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/2023
--------------------	---	-------------------------	--------	------------