



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Caiseal Geal Teach Altranais
Name of provider:	Caiseal Gael Teoranta
Address of centre:	School Road, Castlegar, Galway
Type of inspection:	Unannounced
Date of inspection:	14 December 2022
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0038351

## About the designated centre

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

Caiseal Geal Teach Altranais is a purpose built facility located in Castlegar, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are two floors designated for residents, each having communal areas, dining room and sitting room in addition to residents' bedrooms. The first floor has a spacious sun terrace accessed from the day room and leading to an enclosed courtyard and gardens. Both floors have lift access to and from residents' own areas. Resident bedrooms and living accommodation is on the second and third level. There are 34 single bedrooms and four double bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

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

Number of residents on the date of inspection:	38
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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
Wednesday 14 December 2022	11:30hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 15 December 2022	09:15hrs to 16:30hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Caiseal Geal Nursing Home. The inspector met with the majority of residents during the day, and spoke in more detail to six residents to ask them about their experience of living there. One resident said that he felt safe and staff were very kind. Another resident was delighted that his room had been decorated for Christmas and said he was looking forward to the celebrations, he felt "at home" in the centre. However, a small number of residents were not happy with some aspects of the centre which were discussed under the relevant regulations in this report. Visitors who met with the inspector expressed their contentment with staff, management, the care and communication in general.

The inspector arrived unannounced in the centre and was met by a staff member who advised on the infection control process in place. This included a requirement to wear a face mask and a temperature check. The person in charge was on duty on the day of inspection and following an opening meeting, she accompanied the inspector on a walkabout of the centre.

Caiseal Geal Nursing Home is a designated centre for older people, registered to accommodate 42 residents. There were 38 residents living in the centre on the days of this inspection. The centre is situated on the outskirts of Galway city and was purpose built as a nursing home in 2016. Overall, the inspector observed that the premises was bright, clean and well maintained. Residents' accommodation was laid out over two floors. Residents told the inspector that they were happy with their rooms especially having toilet and shower facilities en suite. There was easy access to the gardens and patios from each floor.

The design and layout of the centre was suitable for the residents who were accommodated there. There were 34 single bedrooms and four twin bedrooms for residents' use as well as a variety of communal rooms available. The building was warm and well ventilated throughout. Each bedroom was individually decorated with personal items brought in from home in some cases: one resident had brought in their piano. The communal areas were large, bright spaces which were nicely decorated and contained comfortable furniture. Small groups of residents were seen in the sitting rooms during the day enjoying the social interactions. The corridors were wide and well lit. The walls were decorated with colourful pictures. Grab rails were available along the corridors to assist residents to mobilise safely. However, due to the lack of storage for movement hoists, which were stored along the halls, there were sections of the handrails which were not accessible to residents. This meant there was an increased risk of a fall for any resident who depended on these for balance and mobility. Further description of the premises was outlined under Regulation 17.

The inspector observed residents' dining experience. A group of residents choose to dine in the dining room at each meal time while others were served meals in bed or

in their bedroom. Residents spoken with were generally happy with the food on offer. One resident told the inspector how they looked forward to the 'home baking' daily. Residents in all areas of the home had access to snacks and drinks, outside of regular mealtimes. Residents spoke about the portions as being "generous". However, as there was no menu on display they did not know what choice was on offer when asked, on either day of inspection. The inspector also found that all meals were not properly served to those who were in bed or in their bedrooms for meals. Details of this were outlined under Regulation 18 in this report. In addition, some residents spoken with expressed dissatisfaction with how meals were served and the choice of food on offer.

Call bells were available in all rooms in the centre and the inspector observed that these were generally responded to in a timely manner. Throughout the two days of inspection residents were observed in various sections of the centre and were seen to be content at the various events and activities. Overall the inspector found there was a happy atmosphere created. Residents reported that they 'felt safe' in the centre. Residents spoke of the 'kindness' of staff and said it "was nice and peaceful" there. The majority were glad to be living in their own local area. They said that a number of staff were known to them and their visitors had regular access due to the location of the centre. Staff spoken with were knowledgeable regarding their role and responsibility in protecting residents from the risk of abuse.

The inspector observed that there was a busy activity programme on display. The annual Christmas party was being organised and local school children had been invited to give a carol recital at this. Bingo, crafts, games, newspaper reading and music were facilitated during the inspection. An external entertainer was seen to facilitate a fun afternoon with residents on the second day of inspection. The inspector was informed about a visiting pet farm, days out to scenic areas, local beaches, the local pub and garden parties during the summer. There were staff members allocated to the role of activity personnel. Aspects of residents' rights requiring action were highlighted in more detail under Regulation 9.

A large group of visitors were seen coming and going during the inspection and were welcomed by staff. The centre's receptionist ensured that visitors signed in and completed checks, in line with the centre's infection control protocol.

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.

## Capacity and capability

While there were some good systems of governance and management in place a number of systems required review and additional oversight. Overall the inspector found that the governance and management arrangements required by regulation to

ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were not adequate. Increased oversight and supervision was required in areas such as, staffing, fire safety, premises, infection control, food and nutrition, medicine management and residents' rights. These findings were described under the relevant regulations in the report.

Caiseal Geal Nursing Home, set up in 2016, was operated by Caiseal Geal Teoranta, the registered provider, which was a company consisting of three directors. At the time of the inspection the overall day to day governance structure was well established. One director representing the provider, attended the centre frequently and liaised with management, staff and residents. The person in charge was knowledgeable of residents and the remit of the role. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge was supported in the role by an assistant director of nursing, three clinical nurse managers and a full complement of staff including nursing and care staff, housekeeping staff, catering staff, activities staff and administration support. There were deputising arrangements in place for when the person in charge was absent.

As discussed in the opening paragraph the systems in place required review and action, in particular supervision of practice and oversight of the quality of audit in the centre. Nonetheless, a number of good systems had been established and these were acknowledged by the inspector. There was evidence of a number of quality improvement strategies and ongoing monitoring of the service. Falls, complaints and incidents were trended for improvement. Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke were knowledgeable regarding fire safety, safeguarding and hand hygiene protocol. A sample of the policies reviewed had been updated within the required three yearly timeframe. It was apparent from the records seen and from staff spoken with, that a range of issues were discussed at a range of staff meetings including COVID-19, infection prevention, staffing, training and audits. However, as previously outlined the inspector identified a number of areas which required additional oversight and action, one of which was the maintenance of staff files: some gaps in these records were described under Regulation 21: records.

In addition, while the inspector found that there were sufficient staff listed on the staff roster, on day one of the inspection an absent care staff member had not been replaced. In view of the high needs of some residents the reduced care staff numbers had a negative impact on care, especially at meal times as described further in the report. Nevertheless, the addition of dedicated dining room assistants was seen by the inspector to have a positive impact on the social interaction of residents in the dining rooms. Positive comments were also documented in surveys, describing the "gentleness and kindness of staff".

Staff in the centre continued to monitor residents and staff for COVID-19 infection. The contingency plan for the management of an outbreak of COVID-19 was seen to be a comprehensive document. Staff were trained in hand washing procedures and in the principles of infection control. Nonetheless, a number of aspects of infection

control required action as highlighted under Regulation 27.

A complaints and an incident log were maintained. The complaints procedure was displayed prominently in the centre. Incidents which required notification to the Chief Inspector had been submitted within the required time frame.

#### Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that on the first day of inspection the number of staff was not appropriate having regard to the needs of the residents:

On day one of the inspection there were only five health care assistants (HCAs) on duty from a cohort of six who were scheduled, as one staff member became unavailable at short notice, This staff member was not replaced which meant that care staff were very busy as a result. This may have had an impact on the negative findings under food and nutrition.

In addition, the inspector found that appropriate provision had not been made for those residents under 65 years who had been assessed as having maximum care needs and required additional staff to support them.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff training records indicated that staff had attended appropriate and mandatory training such as fire safety training, manual handling, prevention of abuse, infection control, and dementia care.

Nursing staff had evidence of updated medicine management training and catering staff had attended food safety training courses.

Annual appraisals were undertaken. Copies of these were seen in a sample of staff



files reviewed.

Judgment: Compliant

### Regulation 21: Records

The registered provider did not ensure that all records required in Schedules 2, 3 and 4 of the regulations were correctly and securely stored and available for inspection.

In the sample of staff files reviewed the requirements of Schedule 2 of the regulations were not all in place:

- gaps in the the curriculum vitae (CVs) of staff were not documented and explained
- the correct form of personal identification was not available for one staff
- induction records were not recorded for new staff as this was done verbally according to the person in charge

In addition, not all records were stored in a safe and secure manner.

- Files of residents' and staff were stored in a general store room which was in regular use, along with a range of other items.
- Covers were not secured on all boxes of resident and staff files and a number of people had access to the store meaning that the personal data was not sufficiently secure.

Judgment: Not compliant

### Regulation 23: Governance and management

While there were a number of comprehensive management systems established, improved managerial systems and managerial oversight were required to address a number of outstanding issues to ensure that the system was fully resourced, consistent, effectively monitored and safe for residents :

Supervision: There was a lack of supervision of practice around mealtimes, in record management, in maintaining staff files and in maintaining free access to fire safety equipment. This was highlighted in more detail under Regulation 21: records, Regulation 18: food and nutrition and Regulation 28: fire safety.

Medicines management: Staff did not comply with best practice on transcribing medicines. Not all prescribed medicines had been signed by the prescribing GP.

Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
<p>The statement of purpose was reviewed on an annual basis.</p> <p>It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The incidents required to be reported under the regulations had been submitted. These included for example, a sudden death and a fall resulting in a serious injury.</p>
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>Complaints were documented. The satisfaction or not of the complainant was recorded.</p> <p>Complaints were trended and an overview of them was included in the annual review of the quality and safety of care.</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>Overall residents in Caiseal Geal Nursing Home were generally found to be supported and encouraged to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement with respect and kindness demonstrated by staff on</p>

the days of inspection. A human rights-based approach to care was seen to be promoted and the majority of residents spoken with said that staff communicated and interacted with them in a kind manner. While findings on this inspection demonstrated a commitment to compliance with the regulations inspected, there were some aspects of infection control, medication management, meal times, residents' rights and fire safety that required action.

The premises was generally in very good order and was nicely decorated and clean. Signage was suitable and descriptive. There were sufficient communal rooms and areas for private visits available, as described in the introductory section of this report. Bedrooms were spacious and were seen to be furnished with good quality furniture and a number of personal items. The centre provided a variety of communal rooms for residents' use.

Residents' records were maintained on a computer based system. The inspector reviewed sample documents from five care plans. A range of best evidenced-based clinical assessment tools were used to underpin a range of suitable care plans, which had been developed to include strategies to support good nutrition, person-centred dementia care and a reduction in falls. The health of residents was promoted through ongoing medical review and continuous assessment of their identified needs.

The inspector observed that residents were provided with meals which were varied daily and served from kitchenettes on each floor. Aspects of food and nutrition which required action were further described under Regulation 18. The person in charge was confident that she would oversee an improvement in the choice and quality of food in consultation with residents.

Infection control processes were in place and a COVID-19 protocol was established. Hand sanitising gel was available in all the hallways as well as sinks for hand washing on each corridor. There were some aspects of infection control requiring action which were highlighted under Regulation 27 in this section of the report.

Fire fighting equipment was serviced. Personal emergency evacuation plans (PEEPS) were developed for each resident and ski sheets were in place on all beds for fire evacuation purposes. The area set aside for those who smoked was well equipped and an extinguisher had been located near the area. Emergency exits were clearly displayed. Some fire safety systems were checked daily, however the weekly required sounding of the fire alarm was not done. Fire evacuation drills were carried out, however areas for improvement were identified by the inspector. These and other findings in relation to fire safety were outlined in detail under Regulation 28. A risk register was in place which included assessment of the risks of COVID-19, falls, smoking or choking.

Resident were observed to have access to radios, television, telephones and daily newspapers. Further examples of activity provision were described in the introductory paragraph in this report. However, one of the activity staff was leaving the centre in the immediate future. In addition, the activity programme did not accurately reflect the daily events. A revised programme of activity was submitted

following the inspection to ensure access to meaningful activity over the seven day period and confirmation was also received that the vacant post for activity personnel had been filled. Mass was facilitated monthly in the centre and also on the TV daily.

There was no list of staff signatures and the associated initials available, in order to aid identification of the staff member administering medicines, as staff signed with their initials. Recording Clinical Practice Guidance to Nurses issued by An Bord Altranais (the professional registration body) describes best practice as keeping a sample signature sheet where records are not signed with the full signature, to facilitate recognition of signatures in the event of future enquiries. Other areas pertinent to medication management is outlined under Regulation 29.

In summary, in this dimension of the report there were a number of issues to be addressed to ensure the quality and safety aspect of the lived experience of residents was compliant with the regulations in order to enhance residents' lives and maintain their safety.

### Regulation 11: Visits

Residents were seen to welcome visitors throughout the day. They said they were happy with access to their relatives and a number spoken with explained how they liked to go out with friends and family for shopping or home visits.

In relation to visits residents had been afforded a choice of nominated visitor who would have daily access to their resident even in the event of an outbreak, once the required precautions were taken.

Judgment: Compliant

### Regulation 13: End of life

End of life care was delivered with compassion and kindness:

The inspector saw a letter from a person's relatives where they expressed their gratitude for the attentive care the wider family received at this sad time for them.

Documentation seen in care plans indicated that resident's wishes for end of life care were recorded and the medical expertise included access to palliative care for optimal comfort measures where necessary.

Judgment: Compliant

## Regulation 17: Premises

There was a lack of storage for large assistive equipment, such as movement hoists, throughout the centre resulting in the hand rails in some hall ways being inaccessible for residents' use.

There was no sluice room downstairs, this resulted in a lack of space to store urinals and bedpans which were seen on the floor of residents' personal bathrooms.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Meals were not always properly and safely served:

This was evidenced by the fact that in one room a resident was seen to be lying too flat on the bed with his dinner plate and cutlery out of reach. A second resident complained that the dinner was cold and that it was not nicely served.

In another room the inspector observed that the resident's meal had been left on the bed table without a staff member present to assist with the food. There was a risk that the food would be cold before it was eaten.

Two residents complained about issues with the choice on offer, the appearance of the food and the quality of the fruit in particular. There was no daily menu displayed to enable residents to make a meal choice or promote discussion of the meal choice daily.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk register was up to date.

New risks had been added on the week prior to the inspection which indicated that a number of risks were assessed and managed appropriately.

However, fire safety risks and infection control risks which had not been addressed were highlighted under the relevant regulations.

Judgment: Compliant

## Regulation 27: Infection control

The inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018): The following areas all required action

- The hand wash sinks in use did not comply with HBN-10 guidelines for such sinks.
- Catheter bags (for reuse at night time) were stored inappropriately in residents' toilet areas which presented a risk of cross infection.
- The inspector saw that three staff did not wear their face masks appropriately during the inspection.
- There was no janitorial sink in the cleaner's room.
- Access to the hand washing sinks in the sluice and the housekeeping room was blocked with equipment storage, making it difficult for staff to wash their hands.
- Antimicrobial stewardship had yet to be properly established to ensure safe and judicious use of antibiotics.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had not taken adequate precautions against the risk of fire.

Some issues related to fire safety management which required action include:

- The fire evacuation drill records did not demonstrate that the largest compartment was capable of being evacuated in a timely manner with the minimum staff of four, which was reflective of night duty staffing levels. Some of the fire drill evacuation times for residents had been estimated. This required review as specific times were required to indicate that incremental improvements had taken place in evacuation times
- Assess to fire extinguishers were seen to be blocked by hoists or other equipment in three areas, (this was also a finding on an external health and safety audit undertaken in November 2022).
- Gaps were found in a small number of fire safety doors (meant to contain smoke and fire in the event of a fire).
- The fire alarm was not set off on a weekly basis as required under guidelines and standards on fire safety management.
- An oxygen cylinder was inappropriately stored lying on the shelf in the linen press with the linen. This gas had the potential to accelerate a fire when stored with combustible materials.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that not all medicines were administered in accordance with the directions of the prescriber. Issues from previous inspections had not been addressed. These required action in order to comply with professional guidelines and best practice.

In the sample of medication records seen, the staff had transcribe medicines, in some situations, where there was no prescription record signed by the medical practitioner. Therefore nurses were administering medications without a valid prescription and directions from the prescriber. One example seen had not been signed by the prescriber since September 2022. This meant that nurses were not conforming to An Bord Altranais agus Cnaimhseachais na hEireann guidelines in this matter and this could lead to errors in medications for residents.

This was repeat finding and was not in compliance with the centre's policy on this practice and with professional guidelines which set out safe medicine practice.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed by the inspector each resident was seen to have had a comprehensive assessment of their needs completed.

Care plans were found to be written with a person-centred approach and were reviewed every four months or more frequently, as required.

Key information on residents' life history underpinned a number of care plans.

Clinical assessments tools such as the MUST (malnutrition universal screening tool) were used to evaluate residents' needs.

Judgment: Compliant

### Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records in the above care plans found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN).

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were trained in updated knowledge and skills to support residents with responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

A review of a sample of care plans for these residents indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident. Residents had access to psychiatry expertise also.

Bed rails and other restraints were managed, risk assessed and applied in line with the national policy.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff were trained in recognising and responding to abuse. Finances were carefully managed according to a sample seen and records were maintained of residents' personal money transactions.

The centre acted as a pension agent for one resident. This resident's pension was paid into a named client account for safety and transparency.

Judgment: Compliant

### Regulation 9: Residents' rights



Residents rights were found to not be fully upheld in the following areas

The inspector was not assured that the centre had made sufficient provision to meet the needs and rights of any resident aged under 65 years in order to provide support for their emotional and social well being. There was no additional staff or specific activities provided for this age group.

Residents were not facilitated to exercise choice on how their clothing and toiletries were stored and managed as the inspectors saw that residents' excess clothes, were inappropriately stored in the store room in black bags. This also did not ensure residents had easy access to their belongings. The inspector saw residents' toiletries were not individualised and were left in shared bathrooms. This meant that there was a risk that residents' personal property was used by others

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Caiseal Geal Teach Altranais OSV-0005491

Inspection ID: MON-0038351

Date of inspection: 15/12/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A comprehensive system has been established to record and monitor staff absences, including return to work meetings with PIC/ADON 16/12/22</p> <p>A list of staff who are available to cover absences at short notice has been prepared, this is supplemented with a list of staffing agency contact details 30/01/23</p> <p>PIC has spoken to the residents under the age of 65 years and their social care plans have been updated 02/02/23</p> <p>An audit of care hours is being conducted weekly by the PIC to ensure adequate care provision for all residents including those with maximum dependency needs 02/02/23</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files have been audited to ensure they comply fully, to include CVs without gaps and correct forms of personal identification 28/02/23 The centre's induction training record has been replaced with a new individual induction record for each new staff members file 31/01/23</p> <p>A dedicated room is now being used for staff and resident files. The code has been changed to the store room so only management have access to this room 31/01/23</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An audit of staff files has been conducted and the file storeroom has access been limited to management 28/02/22</p> <p>The nurse in charge on each floor will provide greater supervision during meal times which will be supported through a walk-about by PIC, ADON and CNMs daily 16/12/22</p> <p>Staff have been made aware to ensure that fire safety equipment is not obstructed. The PIC and nurse in charge are monitoring access to fire equipment during ongoing floor supervision 16/12/22</p> <p>All Resident drug Kardex's have been audited to ensure compliance with professional guidelines for safe medication practice 02/02/23</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The nurse in charge is monitoring to ensure all sections of handrails are accessible to residents this is being overseen by the PIC/ ADON 16/12/22</p> <p>Urinals and bedpans are stored in sluice when not in use, bed attachments for urinal bottles have been ordered 02/02/23</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The daily menu is now displayed on tables in both dining rooms 16/12/22</p> <p>A dining survey has been completed to ensure resident satisfaction and the chef is continuing to consult with residents in regard to their preferences 31/01/23</p> <p>The nurse in charge on each floor will provide greater supervision during meal times which will be supported through a walkaround by PIC, ADON and CNMs daily 16/12/22</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The housekeeping room and sluice room has been tidied and superfluous equipment removed 31/01/23</p> <p>A janitorial sink is being installed in the cleaners' room 10/03/23</p> <p>Antimicrobial stewardship training is being completed by all nurses and documentation regarding best practice in antimicrobial stewardship is available in both nurses' stations 10/02/23</p> <p>An audit of antibiotics has been added to the audit schedule to monitor and benchmark antibiotic usage 28/02/23</p> <p>All staff have been reminded of the correct way to wear a face mask and adherence to PPE guidelines is being monitored daily in spot checks by the PIC and the Nurse in charge on each floor 31/01/23</p> <p>Bed attachments for catheter bags have been ordered 02/02/23</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A fire evacuation drill is being performed monthly, including evacuation of the largest compartment with 4 staff 16/12/22</p> <p>Staff have been made aware to, ensure that fire safety equipment is not obstructed and that oxygen cylinders are properly stored. Access to fire equipment and the storage of oxygen cylinder is being audited daily 16/12/22</p> <p>The fire alarm is being tested weekly 30/01/23</p> <p>All fire safety doors have been checked for gaps and where necessary adjusted 16/12/22</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

Signature sheet for nurses' signatures and initials has been established 16/12/22

Prescriptions are stored at all times within each resident's drug Kardex 16/12/22

All drug Kardex's have been audited to ensure compliance with professional guidelines for safe medication practice 02/02/23

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
Residents unwanted clothing has either been returned to their family members or donated to charity as per residents' wishes 31/01/23  
In shared rooms all toiletries have been marked with the owner's initials and this is being audited monthly 16/12/23  
PIC has spoken to the residents under the age of 65 years and their social care plans have been updated 02/02/23

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	02/02/2023
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.	Substantially Compliant	Yellow	02/02/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	31/01/2023



	and drink which are properly and safely prepared, cooked and served.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	31/01/2023
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.	Not Compliant	Orange	28/02/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	
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	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	10/03/2023

	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.	Substantially Compliant	Yellow	30/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/01/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/01/2023
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	Not Compliant	Orange	02/02/2023

	regarding the appropriate use of the product.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	02/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	02/02/2023
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably practical, ensure that a resident voluntary groups, community resources and events.	Substantially Compliant	Yellow	02/02/2023