



**Health
Information
and Quality
Authority**

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:	Macroon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroon, Cork
Type of inspection:	Unannounced
Date of inspection:	01 June 2023
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0038863

About the designated centre

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

Macroon Community Hospital dates from the 1930's. There is significant work being undertaken to modernise and renovate the building. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroon town with nearby amenities of shops, banks, churches and walkways. It is a single storey building. Bedroom accommodation comprises 26 beds with 24 single and one twin bedroom all with shower, toilet and wash-hand basin en suite facilities. Additional toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a quiet library room, a dining room with kitchenette facilities. Additional seating areas along corridors have views of the outdoor gardens. Residents have access to three secure outdoor courtyard garden spaces. Macroon Community Hospital provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 1 June 2023	09:00hrs to 17:00hrs	Robert Hennessy	Lead
Thursday 1 June 2023	09:00hrs to 17:00hrs	Breeda Desmond	Support

What residents told us and what inspectors observed

Overall, the registered provider provided residents with a good quality of life. Residents who spoke with the inspectors were content living in the centre, which was a new building that opened in December 2022. However, certain areas such as the dining experience for residents, storage space and fire precautions required some improvement in order to enhance the experience and the safety of the residents living there.

Residents who spoke with inspectors gave positive feedback about the centre and were complimentary about the staff and the care provided. Inspectors met many residents on the day of the inspection and spoke with eight residents in more detail. There were 24 residents in Macroom Community Hospital at the time of the unannounced inspection. One resident informed the inspectors that they "were happy out", another resident said that "staff were obliging", while a third said "staff could not do enough for you" and "very good food" was served.

On entering the building, inspectors saw that a fire door was being held open by a table containing infection prevention control items. This and other fire safety themes are addressed further in this report. An opening meeting was held between the inspectors and the clinical nurse manager which was followed by a walk around the centre. The person in charge of the centre, who was not scheduled to be at work on the day came in and joined the inspectors on this walk around of the centre and to support staff.

Macroom Community Hospital was a single-storey building situated on a large site which also accommodated community day services. Construction work was ongoing on the premises with the initial 26-bed unit completed, where the residents were living, with further works being undertaken. This will create more bedroom space for residents along with two more enclosed courtyards, in addition to two courtyards already open to residents. These two enclosed courtyards open to residents could be accessed from the day room, the dining room and the corridors. There was another enclosed garden situated at the site that could be accessed from the end of the corridor. A number of residents were enjoying these spaces during the inspection. These gardens had wild flowering throughout which provided much colour for the residents to enjoy. Some residents reported that they enjoy using these garden areas in good weather. On the day of inspection the doors leading to the garden were open. Occasional seating areas leading to the garden were bright and comfortable. Visitors to the centre used these areas to sit and converse with the residents on the afternoon of the inspection. The secure outdoor garden has beautiful walkways, paving and seating for residents. The gardens also has beautiful landscaped flower beds. There was an abundance of outdoor electric lighting throughout the garden to enhance the use for residents on dark evenings. Occasional seating was provided along corridors which overlooked the enclosed gardens. Overall, these outdoor spaces promoted the wellbeing and welfare of residents. There was a keypad to exit the building into the garden, and a fob access

to re-enter. This was turned off daily from 9am to 6pm so residents could access the garden independently during these times.

In bedrooms, the inspectors saw profiling beds (motorised beds which facilitate comfort and safety of the residents), specialist mattresses and cushions; overhead hoists were available for ease of transfer in and out of bed. Bedrooms are all en suite with shower, toilet and wash-hand basin, adjustable assistive equipment and storage for toiletries. Bedrooms have wall-mounted flatscreen televisions, remote control blackout blinds and comfortable armchairs. Inspectors observed and, with the permission of some residents, viewed a number of bedrooms. Residents' personal storage space in each room comprised of a bedside locker with a lockable drawer in the 24 single bedrooms and one twin bedroom. Wardrobes in the rooms were double sized but did not allow adequate space for hanging clothes, especially longer items such as coats or dresses. Other items such as duvets were being stored in the main wardrobe which diminished the space that could be used by the resident for personal items. Mementos for residents in bedrooms were seen to be placed on windowsills that were at ground level as there was no shelving for them to display the items. Drawers in residents' bedrooms had assistive equipment stored in them; for example, slings for hoists, which did not allow adequate storage space for the personal possessions of residents. Mobility screens were used in twin bedrooms; however, these screens were seen to be cumbersome and difficult to use and would not facilitate or promote residents' independence regarding their own privacy as they would need to call a staff member to assist with opening and closing them.

Inspectors observed that medication trolleys were locked but were not stored in an secure fashion while not in use. They were not stored in a locked area or anchored to any surface to prevent unauthorised persons access to them. It was also noted that residents' records were not appropriately secured at nursing stations, with trolleys containing records seen by the inspectors to be open, unlocked and freely accessible.

Large windows in the new building facilitate adequate natural light for the centre. Manifestations on these windows, to alert people to the risk of glass, had been changed since the previous inspection. They are now colourful artwork-style panels which are more homely in appearance. There were two artists on site on the day of inspection painting murals and poetry on walls. Pictures and canvases were ready to be displayed throughout the centre, which when displayed will contribute to the homeliness of the centre.

There is a room designated to be a hairdresser's room, but this remained vacant and not in use at time of inspection. Doors to other rooms, such as clinical rooms, were fob-accessible only. Non-clinical rooms, used for storage, had boxes stored on the floor. Mops were stored on the ground in sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment), even though holders for mops were seen on shelving in these sluice rooms but had not been yet installed.

The fire evacuation plans on the walls were not sufficiently detailed to guide and direct staff in the event of an emergency, including no point of reference (an

indication of where you are situated in a building). During the inspection the fire alarm was activated. It was seen that staff responded appropriately and came to the main fire alarm panel in a timely fashion. However, some staff appeared to have insufficient knowledge of the layout of the centre, and the fire evacuation plans displayed on the corridors did not give staff appropriate guidance of the building's layout which was apparent to the inspectors when the alarm was sounded. Various fire doors were not operating correctly on the day of inspection, with doors in the library of the centre not aligning when closed. Another door could not be manually held open following the deactivation of the fire alarm. This is actioned under Regulation 28: Fire Precautions.

Some improvements are required for the residents' dining experience. When the inspectors were beginning their walk around at 9am on the morning of inspection, the tables in the dining room had already been set for lunchtime meals. This meant that residents had no opportunity to use this area for breakfast at this time if they so wished. Uncovered jugs of water and orange for the lunchtime meals were already in place on the table. These were warm to touch. The windows of the dining room had to remain closed due to building works being undertaken outside the dining room. The weather was hot and as the windows remained closed the dining area was quite warm.

Inspectors observed the serving of lunch in the dining room. A bain-marie (used to keep food warm) was brought from the kitchen to the dining area containing the hot meals. At 12.30pm, residents were offered a choice from the menu by staff for their meal. Two large containers of ice cream-based desserts were brought to the dining area at same time as the hot food. These desserts were observed to be melting already at this time, thereby potentially diminishing the enjoyment of these desserts by residents. This issue was raised by inspectors during the inspection. Food and nutrition will be further discussed in the report.

The inspectors saw that residents were well dressed and relaxed in the day room and chatted with each other and staff throughout the day. Near the end of the walk around at 12pm, the inspectors walked passed a bedroom door which was open while a resident was in the bedroom being assisted with personal care, which compromised the resident's privacy. During this observation, the door to this room was closed.

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 the quality and safety of the service being delivered.

Capacity and capability

In general, Macroom Community Hospital was a well-managed centre where residents received good quality care and services. Some areas found on this inspection that require some improvement related to the governance of fire safety in the centre, residents' dining experience and personal possessions in order to further enhance and support the life of the residents in the centre. These will be further detailed under the relevant regulations.

This was an unannounced risk inspection conducted by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Macroom Community Hospital was a residential care setting operated by the Health Services Executive (HSE). There is a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprises the interim general manager for the CH04 area of the HSE. The person in charge reports to the general manager. The person in charge is full time in post and was supported on-site by the clinical nurse manager (CNM), senior nurses, care staff, administration, household, catering and maintenance staff.

The statement of purpose requires updating to identify changes to personnel and copies of the statement of purpose also need to be more readily available to residents and visitors in the centre.

Staffing levels were adequate to meet residents' assessed needs and in relation to the size and layout of the centre. The provider was keeping an overview in place of staff members' completed training and remaining training requirements. This demonstrated that staff had received appropriate training to their various roles and that ongoing training was scheduled to ensure that staff training remained up to date.

Incidents had been notified to the Chief Inspector and this had been done in line with the regulations and in a timely manner.

Management of documentation and records required some improvement. In a sample of staff files examined by the inspectors, some gaps were found in the full employment history in one file. In addition, at both nurses' stations in the centre, residents' personal information was insecurely stored. Inspectors raised this during the inspection and as a result these records were stored securely. Blank spaces were viewed on some medication-recording charts in a sample reviewed meaning the dispensing of medication could not be assured in these cases.

Regulation 14: Persons in charge

The person in charge was full-time in post and has the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the ongoing needs of residents; for example, on the day of inspection there were 14 members of staff on duty with five staff working from 8am-8pm.

Judgment: Compliant

Regulation 16: Training and staff development

Training provided to staff was up to date and there was a clear plan to complete more refresher training before the end of the year to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

Regulation 21: Records

While the standard of record keeping were good overall, some action with regard to record keeping were required, including:

- residents' records at the nursing stations were not stored securely under regulatory requirements to ensure the safety and confidentiality of residents' information.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the governance and management of this centre was good, but some further management systems were required to address the following:

- the oversight of the provision of activities for residents. For example, there was no plan in place for residents' activities in the morning time, for those residents who would like a choice of activities.
- arrangements for residents' personal possessions required review to ensure adequate space for residents personal possessions
- oversight of fire safety in the centre as outlined under Regulation 28 Fire Precautions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre requires updating as it does not reflect the changes to personnel working in centre. A copy of the statement of purpose was not on display and was not available to residents and visitors as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies under Schedule 5 of the regulations were available on request and were up to date.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their healthcare and wellbeing needs being met by the provider. Residents were protected from harm and abuse and visiting arrangements promoted the wellbeing of residents. For the most part, the premises enhanced the residents' life in the centre. However, action was required by the provider to further promote the rights of residents and some actions were required in order to further improve the lived experience of residents in the centre.

Residents needs were being met through timely access to healthcare services. Residents had regular access to GP services. Residents also had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability, ophthalmology and palliative care for example.

Fire safety was being well managed overall, but some action is required to be fully compliant with the regulation. The emergency lighting system was certified on a three-monthly basis. Fire extinguishers and fire blankets were serviced as required. The fire evacuation drills had taken place along with fire safety training. Nonetheless on this inspection, a number of fire safety risks were found, some of which had been identified and had been scheduled to be addressed. A number of fire safety deficiencies were identified, including a table containing infection prevention and control items holding open a fire door to the entrance to the centre. This meant that in the event of a fire emergency this particular fire door would not automatically close, and thereby would not inhibit the potential spread of fire in an emergency

Management of documentation and records required some improvement. In a sample of staff files examined by the inspectors, some gaps were found in the full employment history of a staff member. In addition, at both nurse's stations in the centre, residents' personal information was insecurely stored. Inspectors raised this during the inspection and as a result these records were stored securely. Blank spaces were viewed on medication recording charts meaning the dispensing of medication could not be assured.

Overall the centre was clean and well maintained but issues regarding incorrect storage of items was identified.

Controlled medications were appropriately managed but issues were identified regarding medication records and storage in line with professional guidelines.

Regulation 11: Visits

Visits were facilitated throughout the day in the centre with visitors having options of areas where they could visit their friends and family members. Visitors used the enclosed gardens and the areas in the corridor overlooking the garden.

Judgment: Compliant

Regulation 12: Personal possessions

While alterations had been made to the wardrobe space for residents there was still inadequate storage space for the residents clothes and other items. Some hanging space for longer items of clothing had been created, it would only fit approximately three items of longer clothing such as coats and dresses and was reported to be inadequate. This was a repeat finding from previous inspections.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, premises were well maintained and provided residents with ample outdoor space.

Judgment: Compliant

Regulation 18: Food and nutrition

Actions were required around the dining experience for residents and in the manner that meals were served:

- residents did not appear to have a choice at breakfast time to sit in the dining area as it had already been prepared for the lunchtime setting
- drinks prepared for lunchtime were on the table uncovered and warm from early in the morning
- ice cream based deserts were brought to the dining area with the main meal, they were uncovered and melting in the dining room so were not at their optimum when consumed by residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The following issues prevented effective cleaning in areas of the centre:

- boxes were stored on the ground of store rooms

- mops were stored on the ground in sluice rooms even though holders were available but were not installed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While fire precaution training had taken place for staff the following issues were identified that required action:

- the fire evacuation plans displayed were not sufficiently detailed to guide and direct staff in the event of a fire. There were no point of reference on the plans to orientate staff, visitors and residents to their location in the building
- aside from fire evacuation training drills, practice drills for many staff had not taken place in the new building which was evident when the fire alarm was activated as staff were observed to be unsure of action to be taken to establish the location of the fire.
- one set of fire doors did not align and did not close appropriately and following the fire alarm activation another fire door hold back mechanism did not work appropriately and required repair.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In general medicines and pharmaceutical services were well managed, however, the following areas required action to ensure safe medication management practices

- there were blank spaces in a sample medication administration records that could not assure that the medication was given as prescribed by the medical practitioner
- medication trolleys in the centre were not secured in line with Nursing and Midwifery Board of Ireland professional guidelines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Further action was required so that care documentation was comprehensive:

- the malnutrition assessment was not completed for a resident to provide oversight for the residents nutritional needs
- wound care scientific measurements were not being used consistently in daily assessment and management of residents wounds which could lead to incorrect management of the wound.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and multi-disciplinary team specialist services including psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 8: Protection

Residents' finances were well managed and the centre did not act as a pension agent for any resident. Garda vetting was present in staff files that were viewed.

Judgment: Compliant

Regulation 9: Residents' rights

Some of the systems in place did not ensure that a rights-based approach to care delivery was implemented into practice:

- there were no planned morning activities in the centre. There was no staff member assigned to ensuring that residents had meaningful activation.
- privacy screens in the twin bedroom could not be used by residents independently as they were cumbersome which could impede their ability to maintain their privacy
- inspectors observed personal care was being delivered on the day of inspection at 12pm with the door of the resident's bedroom was open, this impacted the resident's privacy and dignity.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0038863

Date of inspection: 01/06/2023

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: Nursing management has raised awareness with the nursing team to ensure that residents' records at the nursing station are stored securely in the lockable nursing records trolley to ensure the safety and confidentiality of the residents' information. (Date completed: 1st June, 2023)	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Nursing management have ensured that <ul style="list-style-type: none"> • A business case has been submitted for dedicated activities WTE • All storage space for residents clothes have been re-arranged to ensure adequate space is available (1st August, 2023) • Weekly fire drills have been commenced (7th June, 2023) 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	

<p>Nursing management have undertaken the following</p> <ul style="list-style-type: none"> • The statement of purpose has been updated by nursing management to reflect the changes to personnel working in the center (12th June, 2023) • A copy of the statement of purpose is now on display and available to residents and visitors as required by the regulations (12th June, 2023). 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All Storage space for residents' clothes have been re-arranged to ensure adequate space is available.</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> <ul style="list-style-type: none"> • Breakfast in dayroom is an option for residents. Dining room set up commences after 12md for lunch at 1pm daily (1st June, 2023). • Management instructed staff to ensure cold drinks are not prepared in advance and are served to each resident (1st June, 2023) • Cold desserts remain in the kitchen fridge until they are required (1st June, 2023) 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Additional shelving to be purchased to hold the continence wear in the boxes and avoid same being stored on the floor. Nursing management have liaised with the main contractors on site and the shelving is scheduled for completion (30.09.2023) • Mop holders have been installed to store the mops off the ground (2nd June, 2023) 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire evacuations plans are currently being revised (30.09.2023) • Weekly practice fire drills have commenced (7th June, 2023) • Instruction has been issued to the main contractor by nursing management to purchase a new door leaf fire for the library room door and awaiting contractor to confirm delivery date. • Fire door mechanism now repaired and working appropriately (24.07.2023) 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Nursing management has raised awareness with all the nursing team in relation to the correct recording and coding (as applicable) of medication administration. In addition, nursing management have commenced a review of all medication charts via the automated clinical audit tool system (31.07.2023) • Nursing management have liaised with the maintenance department and the locked medication trolleys are now secured to the wall (18.07.2023). 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Nursing management have raised awareness with the nursing team who have ensured that</p> <ul style="list-style-type: none"> • the identified residents malnutrition screen has been completed (02/07/2023) • wound care scientific measurements are used consistently in the assessment and management of wounds (02/07/2023) 	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• Business case submitted for activities staff and reconfiguration of staff rota to ensure daily activities undertaken• Lighter privacy screens now available• Nursing management have raised awareness with team members on the importance of ensuring residents bedroom doors are closed when delivering personal care to ensure residents privacy and dignity (02/072023).	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	01/08/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/06/2023
Regulation 21(6)	Records specified in paragraph (1)	Substantially Compliant	Yellow	01/06/2023

	shall be kept in such manner as to be safe and accessible.			
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	01/08/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	02/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points,	Substantially Compliant	Yellow	30/09/2023

	first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Orange	30/09/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/09/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/07/2023
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	31/07/2023

	medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/07/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	02/07/2023

	accordance with their interests and capacities.			
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.	Not Compliant	Orange	02/07/2023