



**Health
Information
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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:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0040177

About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building was originally built as a community hospital in the 1950s with accommodation and facilities laid out along a single corridor on four floors. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room and a separate room to receive visitors in private. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes four single and five twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 17 May 2023	09:30hrs to 18:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were supported to have a good quality of life and their choices were respected and promoted by management and staff. The inspector met with many of the 36 residents living in the centre during the inspection and spoke to six residents in more detail. The inspector met with two relatives during the inspection. Residents and relatives gave positive feedback regarding the care provided by staff working in the centre.

On arrival to the centre, the inspector met with the person in charge who participated in an opening meeting. Following the meeting, the inspector was guided on a tour of the premises by the person in charge where the inspector met with residents and staff. The inspector saw that two residents were out walking around the spacious grounds in the morning sunshine. A number of residents were sitting in the dayrooms reading the newspapers or watching TV, while some residents were being assisted by staff with personal care. During the walkaround, it was evident that the person in charge was aware of residents' preferences for late breakfast or for getting up later in the morning.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, visitors' room, storerooms and a room designated for the hairdresser who attended the centre every two weeks. The inspector saw that a number of renovations had been made to the visitors' room and to the storerooms since the last inspection. The ground floor also had a "shop" that was well stocked with soft drinks, treats and beverages that residents could order for themselves during the week.

Residents' accommodation was located over the remaining three floors with accommodation for 14 residents on each floor, namely Avondu unit, Clyda unit and St. Camillus unit. The centre had one triple room, 14 twin rooms and 11 single rooms located over the three floors. None of these rooms had en-suite toilets or showers but had shared toilets and shower rooms on each floor. There were sufficient toilets and showers on each floor for residents and each floor had an assisted Jacuzzi bath for residents' use. During the walkaround of the centre, the inspector saw that while some rooms had new wardrobes and storage for residents a number of wardrobes had yet to be renovated. The person in charge informed the inspector that funding had been approved and costing sought for upgrading of these wardrobes and the work would be completed over the coming months.

The inspector saw that bedrooms and corridors in the centre were painted in homely colours and a number of residents had personalised their bedrooms with their own possessions, family photographs and paintings. Residents told the inspector that they were satisfied with the arrangements in place for management of their laundry

and clothes were neatly folded in residents wardrobes and drawers. Flooring in one resident's bedroom was worn and required repair, this is outlined further in the quality and safety section of this report.

Communal spaces on each floor comprised of a day room and a dining room for residents' use. The third floor had a second dining room as the main one was a small size and only had room for two tables. The dayrooms on each floor were cosy and were nicely decorated with home style furniture such as dressers, fireplaces and pictures. During the inspection, residents were using these communal spaces to rest and chat with each other and staff.

The centre had well maintained outdoor grounds that many of the residents were using during the day to sit in the sunshine or go for walks. The grounds had beautiful mature plants and shrubs and lawns. On the morning of the inspection, the activities co-ordinator had accompanied a resident down to the local town for some shopping and other residents told the inspector that they loved to go on outings for coffee or shopping with staff when possible. Some residents also went on outings with relatives if they wished. A number of residents told the inspector that they were looking forward to the upcoming garden show in the local town that they planned to attend with staff from the centre.

The inspector observed the lunch time and evening meal in the centre and saw that residents were offered a choice at mealtimes and residents' preferences for certain foods were also catered for. The inspector saw that residents who required assistance were provided with it in a timely manner and the inspector saw that staff were reallocated to the third floor from the other units, where fewer residents required assistance with eating and drinking, to ensure residents were assisted in a timely fashion. As found on the previous inspection, the third floor dining experience required improvements; as while a number of residents were eating together in one of the dining rooms, the second dining room remained empty while residents ate their meals in the dayrooms at bed tables assisted by staff. The inspector saw that while food was served from hot trolleys, the soup was served at the same time as the main course, therefore residents' main courses may be cold by the time they finished their soup. The inspector saw that gravy was offered as a sauce for both the meat and fish choice at lunch time which did not look appetising.

The inspector observed that staff knew residents well and engaged with them in a personal, meaningful way. Many staff had worked in the centre for many years and were familiar with residents' needs. Residents who spoke with the inspector were very complimentary regarding the care and attention they received from staff and from the person in charge and described them as "excellent" and "couldn't be better". One relative told the inspector how staff had brought enjoyment to their relative's life since admission. The inspector saw that residents were dressed according to their own styles and preferences.

The centre had a full time activity co-ordinator who provided group and one-to-one activities to residents on the three floors. Another staff member was doing board games with a small group of residents on one of the units. During the morning of the inspection, they had accompanied a resident on a trip to the shop and other one

to one sessions with residents. In the afternoon, an arts and crafts session was held in the Clyda Unit day room and residents from other floors also attended. Some of the residents told the inspector that they enjoyed the bingo on Fridays, sonas sessions and loved the return of a local prayer group who visited the centre. Activities provided by external staff included a yoga and massage session and a music therapy session. Mass was celebrated in the centre every week and rosary was said together by residents who wished to attend. Residents' views were sought on the running of the centre through surveys and residents' meetings. Feedback from these meetings and surveys was generally positive but that residents would like more outings and daytrips over the coming summer months.

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

This was an unannounced inspection to monitor compliance with regulations and to follow up on actions taken in the centre relating to a notification received by the office of the Chief Inspector. Overall, the inspector found that the systems in place for incident management was robust in the centre and that the majority of the actions required from the previous inspection had been addressed. However, action was required in relation to care planning and food and nutrition as outlined under the relevant regulations.

Mount Alvernia Hospital is a designated centre for older persons that is owned and operated by the Health Service Executive (HSE) who is the registered provider. The centre was operated through the governance structures of the mental health services for Cork and Kerry Community Healthcare. There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge reported to one of the general managers for mental health services who in turn reported to the head of mental health services for Cork and Kerry Community Healthcare. The general manager was the nominated person representing the registered provider for the centre. There had been recent changes in personnel in the senior management team for the mental health services with the departure of one of the persons participating in management (PPIM). The inspector saw that this did not impact on the care of residents as the management team working in the centre remained the same. The person in charge was supported in her role by an assistant director of nursing, three clinical nurse managers, staff nurses, healthcare assistants, multi-task attendants, administration staff and an activity coordinator. Each of the three units had a clinical nurse manager in position. Either one of the clinical nurse managers or the assistant director of nursing was

rostered at weekends to provide supervision and support for staff.

The person in charge attended management team meetings held by the registered provider each month. Minutes viewed by the inspector indicated that key operational and clinical issues were discussed and managed at these meetings. The person in charge held regular management team meetings in the centre with clinical nurse managers to discuss and action key clinical issues with staff in the centre. There was a good system in place to ensure oversight of key clinical indicators such as residents' weights, medication management, pain, pressure ulcers and bedrail usage. Scheduled audits with associated action plans were also undertaken in care planning and documentation, nutrition and hydration and equipment hygiene. However, further action was required to ensure that oversight of care planning and monitoring of the dining experience for residents was effective as outlined under Regulation 23 Governance and management.

There was evidence of sufficient resources in the centre to ensure effective delivery of care in accordance with the statement of purpose. The registered provider had ensured that staffing levels were maintained to ensure the effective delivery of care to meet the assessed needs of the residents. The inspector saw that there were plans approved for renovation works in the centre to improve the layout of the three sluice rooms and to upgrade the shared toilets on one of the floors.

Staff were seen to be knowledgeable about residents' needs. There was a comprehensive programme of training available for staff at the centre. Staff were provided with both online and face-to-face training in infection prevention and control, safeguarding and training to support residents who experienced the behaviour and psychological symptoms of dementia (BPSD). Staff were appropriately supervised. From a review of a sample of staff files, it was evident that they were maintained in line with Schedule 2 of the regulations.

The inspector reviewed the log of incidents that was maintained by the person in charge and saw that incidents were appropriately notified to the office of the Chief Inspector.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre.

An annual review of the quality and safety of care provided to residents in 2022 had been prepared in consultation with residents.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to

ensure that the number and skill mix of staff available was appropriate to meet the assessed needs of the 36 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. The training matrix was examined and mandatory training such as fire safety training, manual handling and safeguarding vulnerable adults was up-to-date for all staff. Staff who spoke with the inspector were knowledgeable regarding residents' care needs. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

Regulation 21: Records

A sample of three personnel records reviewed by the inspector included a full and comprehensive employment history, references were obtained including a reference from their most recent employer and Garda vetting was in place.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure oversight of care planning and food and nutrition required action as outlined under Regulation 5: Individual assessment and care plan and Regulation 18: Food and Nutrition.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained by the person in charge. Incidents had been reported in writing to the office of the Chief Inspector, as required under the regulations within the required time period.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Mount Alvernia Hospital where management and staff promoted residents' rights. There was evidence that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that action was required in relation to care planning, personal possessions and food and nutrition to ensure residents' safety and dignity were promoted at all times.

Residents had good access to allied health professionals such as physiotherapy, dietitian, and speech and language therapy when required. Validated risk assessments were completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Based on a sample of care plans viewed, while appropriate interventions were in place for the majority of residents' assessed needs, some care plans reviewed required improvements as outlined under Regulation 5: Individual assessment and care plan.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. However as found on the previous inspection, while residents on the first and second floor enjoyed a sociable dining experience, action was required to ensure residents on the third floor had the same experience. This and other findings are outlined under Regulation 18 Food and Nutrition.

The inspectors found that the premises was clean and many of the findings of the previous inspection had been addressed. Staff were provided with infection prevention and control training and cleaning staff were knowledgeable regarding appropriate cleaning practices and enhanced cleaning requirements during an

outbreak.

The inspector saw that extra wardrobes and chests of drawers had been purchased since the previous inspection and plans were in place to replace wardrobes that didn't enable residents to store all their clothes and possessions. Some other issues in relation to premises are outlined under Regulation 17 Premises.

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre. Residents had access to radio, newspapers and televisions. In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with through residents' meetings and surveys and had access to independent advocacy if they wished.

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques, and ways to effectively respond to behaviours. There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre.

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that while extra wardrobes and chests of drawers had been purchased for a number of bedrooms, hanging space in wardrobes in a number of residents' bedrooms remained limited which made it difficult for residents to maintain their clothing in an appropriate manner.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector saw that while a number of the findings from the last inspection had

been addressed, the following required improvement.

- The service lift remained out of order.
- Flooring in one bedroom was worn and required repair.
- A bed bumper in a resident's room and a chair in one resident's room was worn and required replacement or repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents living on the third floor required action

- a number of residents who required assistance were seen to have their meal in the sitting room where they spent the day while the second dining room in the unit remained empty. Their meal was served on a bed table table placed in front of them. This did not facilitate residents to have the choice of a proper dining experience where they could sit at a dining table and socialise with other residents.
- Soup was served at the same time as the main meal therefore residents' main meal may go cold while they were eating the soup.
- While the textured modified meals arrived to the units well presented, the inspector saw they were not served to residents in an appetising way.
- The inspector saw that a fish dish was served with a meat sauce which did not look appetising.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that there were effective infection prevention and control procedures in place at the centre. The management team had ensured that the findings from the previous inspection had been addressed. Care plan reflected if residents were colonised with MDROs and staff had access to infection prevention and control advice from community infection prevention and control nurse specialists who were based on the grounds of the centre. The inspector saw that there was regular input and advice from the community IPC specialists regarding the care and management of residents with infections in the centre. Inspectors saw that there was a cleaner assigned to each floor and that the environment and equipment in use by residents was clean and that bedrooms were regularly deep cleaned. Housekeeping staff in the centre had attended specific cleaning training in November 2022. The centre had a nominated infection control link nurse as well to

support the person in charge who had responsibility for infection control in the centre. The inspector saw plans for renovations of the centre's sluice rooms and some of the shared toilets that were due to commence in the coming months.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety training had been provided to staff and was updated on an annual basis. The inspector found that staff were generally knowledgeable and clear about what to do in the event of a fire. The provider ensured that simulation of evacuation of residents with minimal staffing levels occurred to ascertain if residents could be evacuated in the event of a fire. Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that residents assessments and care plans were not always updated in line with the requirement of regulations and were not always updated following changes to the care needs of residents. For example;

- A resident's nutritional care plan was not comprehensively completed and two residents did not have a nutritional assessment completed in line with the centre's policy.
- Two care plans reviewed did not have an oral care assessment and plan for residents who required them.
- Care plans were not always reviewed at intervals not exceeding four months or when a resident's condition changed.
- A care plan reviewed by the inspector indicated that it had been reviewed by nursing staff at regular intervals but did not reflect the changes and improvements in the resident's condition since the care plan was first compiled on admission.
- While it was evident from the narrative notes in one resident's care plan, that a hospital acquired pressure ulcer had been appropriately managed by nursing staff, validated wound care assessments were not consistently completed.
- A resident who required extra support to meet their assessed needs was not

allocated designated care hours.

These findings could result in errors in care provided.

Judgment: Not compliant

Regulation 6: Health care

Residents living in the centre had access to medical care from a local general practitioner who attended the centre twice a week and from mental health services medical teams who attended the centre every week. On the day of inspection, a consultant psychiatrist was on site reviewing residents. From a review of a sample of residents files, it was evident that referrals were made to health and social care professionals such as dietitian, speech and language therapist and podiatrist when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were under review by the management team and there was evidence of use of alternatives to bedrails in accordance with best practice guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. The activity coordinator provided both one-to-one and group activity sessions for residents who chose to participate in these activities. Staff also accompanied residents on trips to the local shops or for walks around the grounds. Residents had access to independent advocacy services and residents could attend mass in the centre's chapel that was celebrated every Friday by a local priest. Resident surveys were collected to seek residents views of the running of the centre and overall feedback from residents was positive. Two residents told the inspector that they were looking forward to day trips to the local

garden show with staff.

Judgment: 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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0040177

Date of inspection: 17/05/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A comprehensive review of the care plans has taken place on each floor. I will undertake an audit of the care plans on each floor and feedback any improvements required to the CNM2 on each floor .The CNM2 will then monitor compliance through audit on each floor going forward.</p> <p>Meeting has taken place between the chef, the dietitian & the Director of Nursing to discuss meals. I have been reassured that white sauce will be provided. I will carry out unannounced supervision of meal times to ensure that the assurances given will be put in place to ensure compliance with Food & Nutrition + Care Planning.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>I have spoken to the maintenance department and a review of the wardrobes has taken place. Improvement works are due to commence shortly.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 The bedrail bumper was replaced on the day of the inspection. DON will monitor the bed bumpers going forward to ensure they are in good condition.
 The flooring in Room 10 in Avondhu ward has been repaired.
 The funding has been approved for the service lift. The engineer did a site visit last week and we are awaiting plans. The maintenance department are in discussions with the company and we are awaiting a start date.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 The two residents who received their meal in the dayroom on the day of the inspection are now utilizing the second dayroom at mealtimes.
 Soup is now being served before the meal.
 All staff are aware that the residents' meals are to be served in an appetising way and Director of Nursing (DON) will supervise mealtimes on each floor to ensure compliance.
 A meeting has been arranged between the dietitian, the chef and the DON to discuss meals.
 Chef has reassured DON that white sauce will be provided the days bacon & fish are on the menu.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 A comprehensive review of the Care Plans has taken place. DON will audit the care plans to ensure compliance. Further monitoring to take place by CNM2 on each floor to ensure compliance.

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	13/12/2023
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	13/06/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each	Substantially Compliant	Yellow	13/06/2023

	resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
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	13/06/2023
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.	Not Compliant	Orange	13/07/2023