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St Francis Nursing Home, OSV-0000393, 23 September 2021

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

Issued by the Chief Inspector

Name of designated centre:	St Francis Nursing Home
Name of provider:	John Desmond Joyce & Sharon Joyce Partnership
Address of centre:	Kilkerrin, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	23 September 2021
Centre ID:	OSV-0000393
Fieldwork ID:	MON-0034111

About the designated centre

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

St. Francis's Nursing Home is a two-storey residential care facility that provides 24-hour nursing care. The building was originally a monastery and it has been modified and refurbished over the years. It can accommodate 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency who require long-term care, or who have respite, convalescent or end-of-life care needs. It is situated in a rural location a short distance from the village of Killkerrin, County Galway. It is a family run business with family members having key roles for the management and oversight of the business. Accommodation is provided in 11 single bedrooms and 10 twin bedrooms, four of which have en suite shower and toilet facilities. There is one three bedded room which also has en suite shower and toilet facilities. There is lift and stairway access to the upper floor. There is a variety of communal day spaces available to residents and there is access to a safe, enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 23 September 2021	08:30hrs to 17:55hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the residents told the inspector and from what the inspector observed, St Francis Nursing Home was a very pleasant and comfortable place to live. The inspector found that the residents living there were well cared for and supported to live a good quality of life. The residents were observed to be very content as they went about their day and the atmosphere was warm and friendly. Many of the residents who spoke with the inspector said they were happy with everything in the centre and that the staff were very good to them. The staff were observed to deliver care and support to the residents which was person-centred and respectful. A lot of good practice was observed on the day and the centre assured regulatory compliance across most regulations.

This unannounced inspection was carried out over one day. There were 27 residents accommodated in the centre on the day of the inspection and seven vacancies.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

St Francis Nursing Home was situated on the outskirts of Kilkerrin, County Galway in a rural setting with beautiful views of the surrounding countryside. The centre was a two storey premises which provided accommodation in both single and multi-occupancy bedroom accommodation. Both floors were serviced by an accessible lift. There were a variety of communal spaces in the centre for residents to use depending on their choice and preference including sitting rooms, a dining room, a smoking room and outdoor garden areas.

The inspector spoke with nine residents during the inspection. Those residents who were unable to communicate verbally were observed by the inspector to be very content. Residents told the inspector they were happy with life in the centre and that the staff looked after them very well. One resident proudly showed the inspector around the garden area where he liked to spend a lot of his time. One other resident said they were very happy in the centre and that they 'loved the place'. Another resident said he loved pottering about the home. He said that the place couldn't be any better and he would not swap it for the world. A number of residents who spoke with the inspector said they felt safe and knew who to speak with if they had any concerns to raise

The inspector completed a walk about of the centre with the person in charge on the morning of the inspection. Personal care was being delivered in many of the bedrooms and the inspector observed that residents' dignity and privacy was respected at all times. Appropriate signage was in place on bedroom doors to indicate that care was in progress. The inspector observed that the residents were very familiar with all the staff and were seen having friendly chats with them. Many residents were also observed enjoying socialising with each other in the various

areas of the centre. A number of residents were mobilising freely and comfortably throughout the building and in the enclosed garden area. A small number of residents were observed in their bedrooms having quiet time. Residents were seen to be happy and content as they went about their daily lives. All residents looked nicely dressed and well groomed. The inspector observed that the staff were attentive and respectful in all their interactions with the residents.

The premises was generally in a good state of repair and decoration. The inspector was informed and also observed that there had been ongoing improvements to the premises. Since the last inspection the provider had reconfigured the layout of the building to provide additional shower facilities to meet the needs of the residents who lived there. There was an active refurbishment plan in place which included replacement of old, worn items of furniture, upgrading of floor coverings, painting and decorating. There was a delivery of new furniture to the centre on the day of the inspection which included comfortable chairs for resident areas. Items of furniture that were in a state of disrepair observed by the inspector were already identified by the provider and included on the replacement plan.

The inspector found the premises was laid out to meet the needs of the residents and to encourage and aid independence. The management and staff had made great efforts to create and provide an environment for the residents that was very homely throughout the centre. The hallway and corridors were bright and decorated with interesting pictures. There were grab rails in place along most of the corridors to assist residents with mobility. The building was warm and well ventilated throughout.

Communal areas were very comfortably styled and arranged to promote social distancing whilst retaining a friendly, social atmosphere. The sitting rooms were furnished to resemble domestic living rooms with decorative wall coverings, fire places, bookshelves, pictures and ornaments. These areas were laid out to allow the residents to mobilise safely. The dining area was a very spacious, bright room with the furniture arranged to promote social distancing. Residents were observed enjoying meals and snacks at various times throughout the inspection.

On the day of the inspection, the inspector observed the lunchtime period. Residents were provided with a choice of meals from the daily menus which were on display. Residents had a choice where to have their meals and a number chose to eat in the various communal areas. Lunchtime was a very social occasion. Staff and residents were observed to chat happily together and all interactions were friendly yet respectful. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. The inspector saw that the meals served were well presented and there was a good choice of nutritious food available. A choice of hot and cold refreshments and snacks was freely available to the residents throughout the day. The residents were very positive about the food in the centre with one resident telling the inspector that he got more than enough food.

An accessible enclosed garden with a variety of suitable seating areas and shelter provided a very pleasant outdoor space for the residents. This area was laid out to

resemble a traditional farm garden with vegetable patches, flower beds, a chicken coup and a landscaped lawn area. There were a number of sheltered spaces available in the garden. One of these spaces, which was named Tom-Joe's hut, provided a lovely tranquil space which was used by residents and relatives for mediation and relaxation purposes. There was a garden shed which was used by one of the residents who spent a great deal of his time gardening and helping the maintenance staff with odd jobs around the centre. The inspector observed this resident pop in and out of shed throughout the day as he contentedly worked around the garden which included digging and tidying the flower beds. The staff actively encouraged and supported this very person centred activity and it was evident that it provided the resident with much enjoyment and satisfaction. The inspector observed a number of residents enjoying the good weather and fresh air in the garden and checking on the hens throughout the day.

The resident accommodation comprised of single bedrooms, twin bedrooms and one triple bedroom. Most of the rooms were clean and bright with sufficient space for residents to live comfortably including adequate space to store personal belongings. Many bedrooms were personalised with items such as photographs and ornaments to create a comfortable, homely environment. The residents who spoke with the inspector were happy with their rooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner. However, the inspector observed that one bedroom was in need of attention and this will be discussed further under Regulation 17 premises.

There was a staff area available with sufficient space to ensure social distancing was maintained.

The sluice room had been relocated following the last inspection and contained all the required facilities. The housekeeping room was also relocated since the previous inspection and was now located beside the cleaning store room. However, on the day of the inspection this room was also used to launder the kitchen linen and housed the kitchen staff toilet. Overall, the centre was clean and tidy. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use. However, the housekeeping trolley did not contain safe storage areas for cleaning products and was visibly stained. The inspector observed a small number of areas that required further attention to ensure compliance with good infection prevention and control practices and these will be discussed under Regulation 27 Infection Prevention and Control.

The laundry facility was clean, tidy and well-ventilated. The facility was used to launder the residents personal clothing only. The area had a one way system to maintain segregation of clean and dirty linen. The room was unlocked on the day of the inspection. The inspector was informed that residents liked to check their laundry from time to time. The person in charge agreed to review the storage in the laundry room to ensure the space was safe for any resident to access.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of

the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspector were aware of the need for hand hygiene and social distancing to keep themselves safe. Staff were observed helping residents with hand hygiene during the inspection.

There was an activities co-ordinator employed by the centre who was supported by the care staff to provide activities for the residents over a seven day period. The daily schedule of activities for the residents was displayed in a prominent place and included small group and one to one activity. Many residents were observed enjoying activities and socialising throughout the day, both indoors and in the garden. Activities included exercises, reminiscence, imagination gym, storytelling and music. There was a game of bingo planned for the afternoon and many of the residents said that they were very much looking forward to it. The inspector observed the residents and staff having great fun together throughout the bingo session with lots of laughter and friendly banter to be heard.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones including video calls. Visiting was facilitated in line with current guidance (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

Throughout the centre the residents were observed to very content. The staff knew the residents well and provided support and assistance with respect and kindness. There was a happy, upbeat atmosphere present throughout the centre and teamwork was evident throughout the day.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

Capacity and capability

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. There was a clearly defined management structure in place with identified lines of authority and accountability. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Governance and management oversight had improved in the centre and there were significant improvements in

compliance with regulations since the last inspection in October 2020.

The person in charge and registered provider representative facilitated the inspection.

The person in charge demonstrated a clear understanding of his role and responsibility. The person in charge was supported in this role by an assistant director of nursing and a full complement of staff including nursing and care staff, activities coordinator, housekeeping staff, catering staff, maintenance and administrative staff. The person in charge was also provided with excellent support by the registered provider representative who worked in the centre full time as the general manager. There were deputising arrangements in place for when the person in charge was absent. There was an on call out-of-hours system in place that provided management advice if required. The person in charge and general manager were a visible presence in the centre and many of the residents informed the inspector they were very familiar with them both.

On the days of the inspection the centre had sufficient resources to ensure the effective delivery of care, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

There was an induction programme in place which all new staff were required to complete. Staff had access to a comprehensive education and training programme appropriate to their role. This included COVID-19 training infection prevention and control (IPC).

Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

The inspector observed there were good communication processes in place including staff group meetings. Management meetings minutes were reviewed by the inspector and demonstrated that a broad range of issues were discussed in detail including COVID-19, audits and environmental issues. There were also staff social media groups set up in response to the need to limit face to face meetings to provide regular updates about the centre throughout the pandemic.

A range of audits were carried out by the person in charge which reviewed practices such as care planning, medication management, restraint use and accident/incident management. Action plans were developed following audits where improvements were required.

There was a programme for continuous improvement identified for 2021 which included environmental improvements, staff practical training and enhanced social interactions for the residents.

The centre had a complaints policy and procedure which outlined the process of

raising a complaint or a concern.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training.

However, the supervision of staff in relation to people moving and handling techniques required attention. On the day of the inspection the inspector observed a small number of staff using manual handling practices not consistent with current best practice.

Judgment: Substantially compliant

Regulation 21: Records

A sample of four staff personnel files were reviewed by the inspector and found to have all the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management oversight had improved in the centre since the last inspection. The person in charge was very clear about their role and responsibility. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents.

There were significant improvements in the oversight of the service. There were systems in place to monitor and evaluate the quality and safety of the service. However, the inspector found that further improvements were required as a number of areas of non-compliance found by the inspector were not identified by the current audit system.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document was prepared in consultation with the residents and included a quality improvement plan for the year ahead.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements

Judgment: Compliant

Quality and safety

The inspector found the care and support provided to the residents of this centre to be of a good standard. As a result, residents enjoyed a good quality of life in which their rights were upheld and their independence promoted. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities. Residents were observed to be happy and content on the day of the inspection.

Residents were well cared for and their healthcare needs were assessed using validated tools which informed care planning. However, some improvements were required in the oversight of the care planning process to ensure all information necessary to guide care delivery was current and up to date. This will be discussed further under Regulation 5 Individual assessment and care plan.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

Residents had the opportunity to meet together and discuss management issues in the centre. Monthly resident questionnaires were carried out and any issues raised were reviewed and addressed by the management of the centre. Residents had access to an independent advocacy service.

The inspector found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music and exercise.

The provider was awaiting confirmation from a fire consultant that they are satisfied with the fire safety works carried out in 2020 and that all the requirements of the fire department had been satisfactorily addressed.

Infection Prevention and Control measures were in place. However, some improvements were required and will be discussed further under Regulation 27. The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from *Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities)*.

Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspector observed visitors in the centre on the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, the inspector observed a small number of areas that required improvement on the day of the inspection.

The housekeeping room was used for multiple purposes as it was used to launder the kitchen linen and also housed the catering staff toilet.

A small number of twin bedrooms did not have sufficient storage facilities available for residents' personal property.

There was inappropriate storage of equipment for example,

- A hoist was stored in one resident bedroom. This was removed immediately on the day of the inspection.
- A small number of wheelchairs were stored in front of grab rails on one corridor.
- Room 17 was a very narrow room with a window that looked onto a fire escape giving a minimal view of the skyline. The room contained a cupboard that housed pipe work which required access by the maintenance person intermittently. There was also a ceiling hatch with access to the attic space, the person in charge informed the inspector that this hatch was not in use. Peeling paint was visible on the ceiling.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and

recording of incidents was in place.

There was an available emergency plan which included a comprehensive COVID -19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

Regulation 27: Infection control

Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with the Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities. Social distancing was evident on the day of the inspection in resident and staff areas. There was up to date national guidance available to all staff.

COVID-19 and infection prevention and control were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Overall, the general environment including the communal areas and residents' bedrooms were clean and tidy. Staff completed cleaning schedules which were monitored by the person in charge. However, a small number of areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspector on the day of the inspection including:

- The housekeeping trolley were not fit for purpose.
- There was visible dust on high surfaces such as shelves in a small number of bedrooms.
- The privacy curtains in one resident bedroom were heavily stained.
- A small number of toilet brushes required replacement.
- A small number of basins used for residents personal hygiene purposes were stored on bathroom floors.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Firefighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

The provider was waiting on confirmation in writing from a fire consultant to confirm that they are satisfied with work that had been carried out prior to the inspection that all requirements of the fire department had been satisfactorily addressed and were also waiting on the relevant certification.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of five resident files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including falls risk, skin integrity, manual handling needs and level of dependency. Care plans were informed and developed by these assessments.

The care plans were holistic and person-centred but a number of plans did not contain the necessary information to guide care delivery. For example;

- A care plan was not in place for a resident with an infection.
- One wound care plan did not contain information to indicate that the treatment plan was assessed, monitored and evaluated.
- A small number of care plans had different information to that of the corresponding assessments.

Overall, daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the

centre as required.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of resident's care plans in relation to responsive behaviours found that behaviour which is challenging was appropriately managed within the centre.

Care staff had received training in the management of behaviours that challenge and had up to date knowledge and skills, in order to respond to and manage the behaviour.

Care plans contained guidance for staff on resident's preferences, triggers for certain behaviours and de-escalation techniques to manage responsive behaviours.

The use of restrictive practice was monitored closely and a record was maintained including risk assessments which were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 8: Protection

The Inspector found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspectors said they felt safe in the centre. Garda vetting was in place for all staff employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Staff were observed to engage in positive, person-centred interactions with residents. Records showed that resident's participation in daily activities had been well recorded.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Francis Nursing Home OSV-0000393

Inspection ID: MON-0034111

Date of inspection: 23/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: One of our staff nurses with train the trainer qualifications is scheduled to attend a Patient Moving and Handling Instructor course, she will be qualified to train in January 2022 and will commence in-house training with all staff immediately. In the interim, all staff have been made aware of the need to use appropriate moving and handling techniques including the use of handling belts.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: It is probable that the issues not found by the Nursing Home's current audit system are linked to the shortcomings in the required information in a number of Care Plans, as identified under Regulation 5. We hope to address this by combining the approach outlined under the Care Plan issue, with a more focused sampling procedure for auditing, that targets plans for Residents with more recent and more complex care needs rather than by random selection.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A new purpose-built laundry room and housekeeping room will be built, this build is commencing early January 2022. The existing laundry will then be renovated and used as a storage room for wheelchairs hoists etc..</p> <p>The new housekeeping room we will be addressing the issue of separating the house keeping room from the kitchen laundry and catering staff toilet.</p> <p>A small number of twin rooms are currently been used as single occupancy rooms as part of our Covid-19 prevention plan, as these return to twin occupancy sufficient storage will be provided to meet the needs of the residents.</p> <p>Room 17 is getting fully renovated, removing the large storage unit will free up floor space. The attic access is being closed, a new floor fitted and then painted and decorated to the resident's taste. The renovation is commencing Monday the 15th November 2021 and due for completion on the Friday the 26th November 2021.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New housekeeping trolley has been purchased.</p> <p>The weekly deep cleaning schedule has been reviewed to allow more time for high surface dusting.</p> <p>The privacy curtain in one room has been replaced.</p> <p>The few toilet brushes that needed to be replaced have been replaced.</p> <p>Resident's basins are no longer stored on the bathroom floor, they are now stored in the resident's vanity unity.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The nursing home's fire consultant has provided confirmation in writing that he is satisfied with the work that had been carried out prior to the inspection and that all requirements of the fire department had been satisfactorily addressed. Compliance report attached.</p>	

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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A totally different and much more inclusive approach is now being taken to the development of Care Plans. This involves organised meetings taking place at which a number of nurses and carers attend. Three or four Residents whose Care Plans are due for renewal are discussed at each meeting. The required assessments are completed prior to the meeting by the link nurse and the care needs that emerge from those and any others emerging from the discussion form part of the new Care Plans.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	21/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/11/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	15/11/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/11/2021
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	10/11/2021