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Sonas Nursing Home Belmullet, OSV-0005589, 02 June 2022

Item Type	report
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Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Belmullet
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Tallagh, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	02 June 2022
Centre ID:	OSV-0005589
Fieldwork ID:	MON-0035624

About the designated centre

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

Sonas Nursing Home Belmullet is registered to provide care to 48 residents over the age of 18 who require long or short term care. Residents with dementia care, physical disability or palliative care needs are accommodated.

The centre is located in a residential area approximately one kilometre outside the town of Belmullet Co. Mayo. It is largely a single-storey bungalow style building with some facilities for storage and staff accommodation on part of the upper floor. Bedroom accommodation for residents consists of twenty four single and twelve twin bedrooms. The communal space includes two sitting areas, a visitor's room/office, a dining room, oratory and a smoking room. There is a suitable enclosed garden that is readily accessible to residents. Adequate showers, toilets and bathrooms are available.

The overall objective of the centre is to promote, maintain and maximize the independence of each resident in accordance with his or her wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Thursday 2 June 2022	09:50hrs to 18:15hrs	Ann Wallace	Lead
Thursday 2 June 2022	09:50hrs to 18:15hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents throughout the day of the inspection. Overall, the inspectors found that residents were content with living in the designated centre and residents' feedback was positive regarding the quality of care received. Overall residents appeared comfortable and relaxed spending time sitting in the main reception area or in the communal rooms, however inspectors did observe that residents spent a lot of time with little to do or occupy their time apart from meal times.

Upon arrival at the designated centre, the inspectors were guided through infection prevention and control procedures including hand hygiene and symptom monitoring. Following an introductory meeting, inspectors were taken on a tour of the centre by a member of the management team.

Sonas Nursing Home Belmullet provides long term and respite care for both male and female adults with a range of dependencies and needs. The centre is a single storey design on an elevated site, overlooking Broadhaven Bay in Belmullet, County Mayo. The grounds of the centre were well maintained and there were scenic views of the bay and surrounding countryside from the main lounges and from some bedrooms.

There were a variety of communal areas for residents to use consisting of two sitting rooms, a large reception and an oratory. This variety offered residents a choice of where to spend their time and socialise, whilst also providing access to quiet spaces for those residents who preferred a quiet environment. There was also a secure enclosed garden area with sufficient seating for residents using this space. Inspectors observed residents spending most of their day in the communal areas or in their bedrooms. A group of residents were enjoying a card game and other activities in the reception area. Other residents were looking on and observing the activity however they were not engaged in any meaningful activity themselves.

The dining room was spacious and brightly decorated, with large south facing windows offering views of the surrounding countryside. Residents were observed dining together comfortably and were very complimentary about the food served. Residents assured the inspectors that they had plenty of choice and that there was always enough food. Inspectors observed that the portions were generous and that the food was nicely presented and served hot. Inspectors spoke to catering staff and it was evident that they were knowledgeable about the residents' nutritional needs and preferences.

Bedroom accommodation comprised of single and double rooms with en-suite facilities. Resident bedrooms were personalised with pictures, soft furnishings and ornaments. There was access to television and call bells in all bedrooms.

On a walk around the centre, inspectors observed staff were attending to the

morning care needs of residents. There was a busy atmosphere and inspectors overheard polite conversation between residents and staff

There was an activities coordinator on duty who was assigned to organise and provide activities for all of the residents. However inspectors observed that activities were mostly facilitated for a small number of residents in the reception area. Consequently, some residents in other communal areas were observed spending periods of time without social engagement or appropriate access to activities. In addition the inspectors observed that at several times throughout there were no staff present in the communal rooms which meant that residents were not being adequately supervised and staff were not available if a resident needed assistance.

There was a visitor's room located near the main entrance. This room was available for residents and their families to use if they did not want to meet in the resident's bedroom. Inspectors observed residents' visitors coming and going throughout the day and residents who spoke with the inspectors were satisfied with the visiting arrangements that were in place.

Inspectors observed that staff wore face masks during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along all corridors for staff use. Although Inspectors identified some areas for improvement in respect of storage and infection prevention and control, the environment was generally clean.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section

Capacity and capability

Although the provider had made significant improvements since the last inspection, particularly in relation to fire safety, inspectors found that more focus and resources were now required to bring the designated centre into compliance with the regulations.

This was an unannounced risk inspection by inspectors of social services carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended).

The registered provider for this designated centre is Storey Broe Nursing Services Limited. There was a new management structure in place. The management team consisted of a person in charge who had recently been recruited to this post. They were supported in their day-to-day role by a clinical nurse manager and a senior staff nurse. In addition the regional quality manager for the provider was in regular contact with the person in charge and their team and met the person in charge for

quality and governance meetings.

The management structure had recently changed. The newly appointed person in charge was currently supported by one clinical nurse manager and a senior staff nurse. This management structure was to change again in the near future when an assistant person in charge was appointed. The person in charge was known to staff and staff were clear who they needed to report to. Records showed that there were regular management meetings and that a director of the provider entity attended these meetings on a quarterly basis.

The provider had a comprehensive quality assurance system in place however this was not providing effective oversight in a number of areas and as a result inspectors found repeated non compliances on this inspection. There was an audit calendar and inspectors reviewed a sample of the audits that had been completed. Audit findings did identify where improvements were required however action plans and time frames for implementing improvement actions were not clearly set out. Neither could the inspectors find evidence that the improvement actions were followed up by senior staff to ensure that they had been completed.

Inspectors were informed that the provider had an ongoing recruitment programme in place. At the time of this inspection nurse staffing levels were consistent with the statement of purpose however a number of posts for health care assistants were vacant with these roles currently been filled by agency staff.

Inspectors found that overall staff had good access to mandatory and professional training however there were gaps in mandatory training for some staff.

There was a complaints policy and procedure in place which was well known among both the staff and residents. records showed that complaints were managed in line with the designated centre's complaints policy. Complaints was an agenda item in governance meetings and it was seen that the provider was seeking to learn from complaints to improve service provided to the residents.

Regulation 14: Persons in charge

The newly appointed person in charge met the requirements of the regulations. They worked full time in the designated centre and were known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

There were not sufficient staff on duty for the 34 residents that were accommodated in the designated centre on the day of the inspection to ensure that residents received care and support in line with their needs and preferences for care and daily routines. This was evidenced by the number of residents who did not have access to meaningful activities on the day of the inspection and the lack of staff present in the communal rooms throughout the day to supervise the residents and ensure that their needs could be attended to promptly.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to a comprehensive training programme which included induction training and ongoing mandatory training. The inspectors reviewed the training matrix and found overall that mandatory staff training was up to date. However two staff were not up to date with their fire safety training and two staff were not up to date with their safeguarding training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was adequate to provide care and services in line with the centre's statement of purpose. This was repeated non compliance from the previous inspection in 2020.

Inspectors found that a number of these audits did not include quality improvement plans. For example an environmental audit had identified a number of improvements that required actions including; faulty items of furniture in some resident's bedrooms, that the standard of the cleaning in the sluice room was not adequate and that some clinical hand wash basins did not meet the required infection prevention and control standards. However there was no improvement action plan in place to address these issues.

The oversight of risks was not effective and it was evident that risk were not identified so that appropriate action could be taken to mitigate the risk. This was evident by risks identified on the day of the inspection;

- Bedroom 36 had a supplementary electric heater plugged into an extension cable because the heater's flex was not long enough to reach the main socket.
- Safety razors were being stored in an open container on the linen trolley.

- The smoking area was dirty with cigarette butts and other debris lying on the furniture and on the floor.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that contained all of the prescribed information for Schedule 1 however some of the information required updating due to recent changes in the structure of the management team and senior staff.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, a notification of the use of a restrictive practice had not been notified in the required time-frame, as required by Regulation 31.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place. The provider had received eight complaints in 2021 and four complaints in 2022. The complaints record was well maintained and records reviewed included the investigation into the complaint, the outcome and the levels of satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that resident's care needs were generally being met.

On the day of the the inspection the residents were observed to be well groomed and neatly dressed. Residents appeared to be relaxed and content. Staff were observed to be respectful and kind towards the residents. However inspectors observed that not all residents had access to meaningful activities in line with their preferences and ability to participate. This was verified by some of the residents who told the inspectors that they often did not have enough to do and that not much was going on.

The provider had completed extensive fire safety works since the last inspection in 2020 and the inspectors found that adequate precautions were now in place to protect the residents from the risk of fire and to protect them in the event of a fire emergency.

The inspectors reviewed a sample of residents files and there was evidence that the resident's needs were being assessed using validated tools. Assessments included the risk of falls, malnutrition, pressure ulceration and dependency levels. Care plans were informed using these assessments. Nursing staff spoken with were knowledgeable regarding the care needs of the residents. This was reflected in the nursing documentation reviewed during the inspection. The care plans were person centred and generally met the requirements of regulations. However, care plans were not always reviewed at four monthly intervals. This will be discussed further under Regulation 5.

Residents had access to a general practitioner (GP) who visited the centre. There was evidence of access to community mental health services and psychiatry of later life services. Access to allied health professionals such as dietitians, speech and language therapists and tissue viability nurse specialists was available. There was evidence that any recommendations made by allied health care professionals to a residents treatment plan was recorded by nursing staff and appropriate actions were taken. For example: advice received from tissue viability nurse specialists on wound management had been implemented, which had a positive outcome for the resident.

Residents had access to an independent advocacy service and details regarding this service were advertised on resident information boards, displayed in the reception area of the centre. Resident meetings were regularly convened. Minutes were reviewed by inspectors. The agenda items included COVID-19 ,visiting arrangements, meals, and audit findings.

Residents had access to local and national newspapers, television and radio. There was an activities programme in place however the current programme did not ensure that all residents had equal opportunities to participate in meaningful social activities and engagement in line with their preferences and ability to participate. This will be discussed further under Regulation 9: Resident's rights.

Residents who exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) were observed to be assisted respectfully by staff on the day of inspection.

Visiting was facilitated in line with the latest COVID-19 guidance on visitation to

residential care facilities. The inspectors observed visitors coming and going throughout the day of the inspection and residents identified that they were happy with the arrangements in place.

Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

Infection prevention and control measures were in place and monitored by the person in charge. Whilst there was evidence of good practices in relation to infection control, further oversight was required in relation to cleaning and maintenance of some parts of the premises and some equipment used by residents. This is discussed further under Regulation 28: Infection Control.

Residents laundry was managed on-site. The laundry facilities and processes that were in place ensured that residents' clothing was managed with care and minimised the risk of clothing becoming misplaced.

Regulation 11: Visits

The centre was open to visits on the day of inspection. Visits were being managed in line with the current Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to their personal possessions and had adequate storage space in their bedrooms to secure personal items safely. Laundry staff ensured that residents clothes were laundered and returned to them within 24 hours.

Judgment: Compliant

Regulation 17: Premises

There was a lack of suitable storage space in the designated centre. This was evidenced by;

- The storage of boxes of continence products along the corridor in one area of

the building.

- The storage of large comfort chairs along another corridor area, a number of which were no longer in use by residents.
- The storage room on the first floor was cluttered with a variety of items including equipment not in use. The area could not be cleaned as the floor was almost completely covered.
- There was no inventory of the equipment stored in this area and items such as personal protective equipment were not organised so that items most recently delivered were placed to the rear of the room.

Although there was a comprehensive maintenance programme in place the testing of portable items of electrical equipment had not been completed in line with the maintenance programme because the testing equipment had been sent away to be re-calibrated. In addition one electric pressure relief mattress was two months overdue for servicing. The mattress was in use at the time of the inspection.

One bedroom had a supplementary electric heater connected by an extension cable to the mains socket which was located at a distance from the radiator. The electric heater had been installed because the resident could not adjust the thermostatic control on the radiator in their bedroom to their preferred temperature.

The large enclosed court yard garden was not well maintained and needed tidying and planting so that residents had items of interest to look at and to ensure that residents could mobilise safely in the area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that the daily menu was clearly displayed in the dining room. Residents knew the choices of dishes on offer and were complimentary of the food. Catering staff had good knowledge of individual residents needs and preferences.

Inspectors saw that the weekly menu was varied and included meat and fish dishes. Residents had access to refreshments and snacks at their request. There was evidence of regular discussion about food, nutrition and choice at resident meetings.

Resident nutritional needs were monitored. Inspectors saw evidence of food intake charts and completion of monthly nutritional assessments. Residents at risk of weight loss were referred to a dietitian. Additional nutritional supplements were provided when it was recommended by dietitians.

Judgment: Compliant

Regulation 27: Infection control

While some improvements had been made since the previous inspection, the inspector found a number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- The clinical hand-wash sinks in the sluice room and cleaning room did not comply with current recommended specifications.
- In the absence of adequate storage space, one corridor was used to store a large quantity of medical supplies which meant the floor surface of this corridor could not be cleaned.
- The oversight of cleaning and cleaning schedules required review as the sluice room, smoking room and food service area were not adequately cleaned on the day of inspection.
- While efforts were ongoing to address a number of maintenance issues, a number of the surfaces and finishes including wood finishes on floors, skirting boards, bedrails and lockers were worn and chipped and as such did not facilitate effective cleaning.
- Some equipment in place for resident's was worn and therefore could not be effectively cleaned, for example; a shower chair , a specialist wheelchair and a topper mattress.
- A shower chair was visibly stained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had completed extensive fire safety improvement works since the last inspection in 2020. The inspectors reviewed the fire safety documentation and found that the fire safety improvements had been signed off by a competent person. In addition records showed that there were comprehensive fire safety processes in place which included staff training, regular safety checks on all fire equipment and regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning in the centre required oversight to ensure that there was an updated care plan in place for all residents identified needs in order to appropriately inform

staff practices. For example:

- A number of care plans reviewed by inspectors did not provide sufficient information to guide appropriate care for the residents. For example, the intervention required to ensure the appropriate management of seizures was not detailed in a residents care plan.
- From a review of the records available , the inspectors found that a number of care plans had not been formally reviewed with the resident every four months or where appropriate, as required by the regulation. As result, some care plans were not up to date and did not reflect the residents current needs.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate medical and health-care was provided and was in line with residents' identified health and social care needs. Residents had timely access to allied health professionals such as GP, Palliative Care Services, and Dietician. There was evidence that changes to a resident's treatment plan were updated to the residents care plan. Wound care documentation supported effective wound management. There was evidence of good liaison with the community mental services and access to an occupational therapist if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's restrictive practice policy was available for review. From discussion with staff and observations of interactions, it was evident that residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) were responded to in a person-centred way ,using the de-escalation techniques outlined in their care plans. Appropriate assessment tools were used to identify patterns of behaviour. There was evidence of residents being referred to mental health services for advice and supportive plans.

There was a low level of bed rails in use throughout the centre. Records showed that when bed rails were used, a risk assessment was completed and a plan of care was in place. Alternatives to bed rails were trialled and there was evidence of good use of alternatives such as low profile beds. A restrictive practice register was

maintained.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that measures were in place to protect residents from abuse. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Safeguarding incidents were investigated and safeguarding care plans were developed where appropriate. The Quality Manager for the designated centre had oversight of all safeguarding investigations. Inspectors were informed by the Person in Charge that the Registered Provider did not act as a pension agent for any residents living in the centre. The provider held small sums of money for some residents and a system was in place to record any transactions conducted by or on the behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Although there was an activities programme in place in the designated centre this was limited to small group activities such as card games and quizzes and did not ensure that all residents had opportunities to participate in activities in accordance with their interests and capacities.

Inspectors carried out observations throughout the day in the main reception area and in the communal rooms towards the front of the building. These observations showed that on the day of the inspection there was a lot of down time for residents sitting in these areas where they were not engaged in meaningful activities and had limited access to social interaction with staff or with other residents. This was verified by feedback from some of the residents who spoke with the inspectors on the day of the inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0035624

Date of inspection: 02/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection five WTE health care assistants (HCAs) have been recruited and two further HCAs are progressed and are due to commence late August. There are significant delays in the Garda Vetting Bureau which is resulting in delays from the job offer stage to the start date. We reviewed our allocations subsequent to the inspection and can now ensure that meaningful activities are offered to all residents who wish to engage in same and that communal areas are supervised. Complete.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff are now up to date with all mandatory training. The PIC monitors the training matrix weekly and ensures that gaps are identified and resolved in a timely manner. Complete.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

We are continuously recruiting in the home to ensure we are operating as per our SOP. Additional staff have now been appointed. Complete.

The facilities and procurement departments are currently reviewing costings for replacement of the domestic handwashing sinks. This will be factored in to next years budget. In the interim we have risk assessed the use of the current sinks in the home and this has been added to our action plan. 31/01/2023.

We have just completed our annual review of our risk register database. Complete. The live risks identified on the day of the inspection have been addressed. The Director of Quality & Governance will support the PIC with identifying live hazards and risks as they arise and putting appropriate control measures in place. These will be recorded on the live risk register so that all staff will be aware of same. Complete & Ongoing.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose has been reviewed and updated. Complete.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The PIC will ensure that all regulatory notifications are submitted within the required time frame. Complete and Ongoing.

Regulation 17: Premises

Substantially Compliant

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

Following the inspection a further review of the premises was conducted by the Director of Quality & Governance and the Director of Facilities & Business Development. Additional storage cupboards had been ordered for the storage of the incontinence wear.

We have been advised by the company that these will be fitted by mid-September 16/09/2022. PAT testing was completed on the 30/07/2022.
 A schedule is in place for the decluttering & organisation of the upstairs store rooms and an inventory of equipment and PPE will be developed. 31/08/2022.
 The internal court yard has been tidied and more durable plants will be planted. We are also reviewing the possibility of some raised plant beds which we can plant next spring.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The facilities and procurement departments are currently reviewing costings for replacement of the domestic handwashing sinks. This will be factored in to next years budget. In the interim we have risk assessed the use of the current sinks in the home. 31/01/2023. Any worn equipment has been disposed of and all cleaning schedules reviewed. These are signed by the nurse every day and the PIC reviews same for the completion of the weekly report to the Director of Quality & Governance.
 The storage of supplies on the corridor will be addressed when the new cupboards are fitted 16/09/2022.
 The environmental audit has been re-reviewed and timeframes added to the actions required. This will form part of the ongoing continuous home improvement plan.

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:
 Our Nursing Staff are provided with ongoing training in assessments & care planning. Following the inspection, all residents care plans were reviewed by the PIC & SSN to ensure that they met the individual needs on the resident and further education was provided to the Nursing staff. A schedule is in place to ensure that care plans are formally reviewed on a 4 monthly basis at a maximum. We have also just completed our care plan audit which is scheduled as part of our operational plan. This audit ensures that all required information is recorded. Next months audit will review the content of the care plans for "person centredness". 30/09/2022.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Some of our residents are passive rather than active participants in some of our activities. We seek all residents feedback through their residents meetings and surveys on the range, type and frequency of activities we provide. We draft the activity schedule based on their preferences. We will ensure that there is sufficient supervision and support in the communal areas and can achieve this by keeping our allocations under review as residents needs changes. Complete and Ongoing.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	24/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/08/2022
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	31/08/2022
Regulation 23(a)	The registered	Not Compliant	Orange	24/08/2022

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	24/08/2022
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	31/01/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	24/08/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief	Substantially Compliant	Yellow	24/08/2022

	Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
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	30/09/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	24/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	24/08/2022