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Fairy Hill Nursing Home, OSV-0005681, 04 August 2022

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

Issued by the Chief Inspector

Name of designated centre:	Fairy Hill Nursing Home
Name of provider:	Fairy Hill Nursing Home Limited
Address of centre:	Kennel Hill, Anabelle, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	04 August 2022
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0036855

About the designated centre

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

Fairy Hill Nursing home is a designated centre registered to provide care to 22 residents. The centre is a split-level building situated on the outskirts of Mallow town and close to all local amenities. It is set in well-maintained grounds and has an enclosed courtyard with plants and garden furniture for residents' use. Bedroom accommodation includes a mixture of single and twin bedrooms some with en-suite toilet facilities, others with bathrooms in close proximity. Communal accommodation is provided in a choice of two lounges, a conservatory and a bright dining room. The centre provides residential care predominately to people over the age of 65. Twenty four hour nursing care is provided supported by a team of care staff, cleaning and laundry staff. Medical and other healthcare professionals provide ongoing health care for residents in the centre. There are a range of activities provided and complaints are addressed. There is choice of food at each meal time and daily papers are delivered. The centre is owner-managed and the management team strive to provide a person-centred "home from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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 4 August 2022	09:00hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 4 August 2022	09:00hrs to 17:30hrs	Bernie Long	Support

What residents told us and what inspectors observed

On entering the centre it was evident that Fairy Hill Nursing Home was a nice place to live where residents were facilitated to avail of comfortable, newly decorated accommodation. Staff had implemented a person-centred approach to care and were observed by the inspector to be respectful and kind with residents. Inspectors spoke with a large group of residents and with five residents in more detail throughout the day of inspection and they all stated that they were well cared for in the centre. One resident spoken with said the centre was "homely". and said that staff "couldn't do enough for her". Inspectors also spoke with a number of relatives who expressed satisfaction with staff and praised the good communication and care throughout the pandemic. Residents expressed their appreciation of staff who supported them with, shopping, phone calls and video-links to their families when the need arose.

This was an unannounced inspection and on arrival, inspectors were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face mask wearing and temperature check. Following an opening meeting with the person in charge and the provider, inspectors were accompanied on a tour of the premises. Inspectors saw that, generally, there was a good level of compliance with infection control guidelines around the centre. For example, staff were seen to wash their hands frequently, wear their masks appropriately and to use the hand sanitising gel provided.

Documentation relating to resident meetings and surveys were reviewed which indicated that a range of issues, such as the COVID-19 virus, food choices, laundry and other matters were discussed with them. In a sample of survey results reviewed inspectors saw that one relative said she was satisfied with care in the centre. Another stated that there was "very good care given". Inspectors found that residents' rights were respected in relation to their daily lives and residents and their families had been informed regularly as to the updated guidance such as the option to have a nominated person as a daily visitor.

The premises was generally well maintained and homely. It was colourful throughout and the corridors and wood work were newly decorated in grey and white which brightened up the appearance. The centre was registered for 22 residents with 20 in residence on the day. The foyer doubled up as a conservatory and residents were seen to sit here during the day. One man spoke about how he liked to drink his pint in this sunny environment after lunch each day while sitting and admiring the rural view. The centre provided good quality private accommodation and a variety of communal rooms for residents' use. There was a spacious sitting room located inside the front door which had lovely high ceilings and long picture windows. The carpeted flooring had been replaced since the previous inspection and housekeeping staff said that it was much easier to clean the new surface. Residents were seen to be entertained in this room during the day. The large TV was used to access favourite movies and music while in the afternoon

a game of skittles and ball games were attended by a large group of residents. A second large sitting room was mainly used for visitors at present. The main dining room was spacious and located near the kitchen which the chef said meant that she had a good overview of how the meal was going and if she needed to offer alternative choices to residents. There were three shared shower rooms, communal toilets as well as en suite toilets for residents' use. An external laundry was available in the outside patio area and staff and management facilities were located upstairs. There was adequate seating provided in the garden patio area to be enjoyed by residents as they wished.

Overall, the physical environment in the centre appeared clean, bright and well maintained. Bedrooms were seen to be personalised and homely with spacious wardrobes and personal items such as photographs. In one bedroom however inspectors observed that extra cupboards were used to store general activity items which was not suitable, as this was the personal space of a resident. This was addressed under Regulation 17 in this report. Residents were well dressed and in the afternoon they were seen to enjoy group activities or to sit watching television, using their phones or reading the daily papers. On the day of the inspection a snack trolley was observed to be made available to residents with a variety of fruit, biscuits and home baking available between meals. One resident praised the meals which he said were "always good here", "whatever you get is good". Another resident said she felt "safe and well" in the centre. Inspectors observed throughout the day there was a sense of fun, caring and liveliness generated among the staff and residents.

Meals being served appeared wholesome and varied with adequate portions being served. Residents were recorded as being very happy with the meals and home baking. One resident told how she had requested "salmon" which was made available without question. When residents requested help from staff they were seen to respond without delay. One resident said management and staff were "very attentive". Handrails were available in each hallway and bathroom area for residents' use. This encouraged independent mobility and the resultant improved well being.

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

Capacity and capability

On this inspection, the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were, in general, well defined and clearly set out. The management team had been proactive in responding to most findings on previous inspections. Inspectors found that the comprehensive audit and management systems set up in the centre ensured that good quality care was

delivered to residents. Nevertheless, some improvements were required in the maintenance of staff files, the statement of purpose and staffing in this dimension of the report, and in fire safety, infection control and premises in the quality and safety dimension of the report.

Fairy Hill Nursing Home was a designated centre for older people operated by Fairy Hill Nursing Home Limited, which was the provider. There was a clearly defined management structure in place, with clear lines of authority and responsibility set out. At operational level, support was provided by a director of the company, representing the provider, who was present in the centre three days a week. The centre was managed by an appropriately qualified person in charge, who was knowledgeable of the responsibilities of the role. She was supported in the delivery of care by an assistant director of nursing, nurses and a health care team, as well as household, catering and administration staff. There was evidence that regular management and staff meetings took place, where topics such as risk, human resources, COVID-19, complaints and incidents were discussed. These meetings ensured that information on residents' changing needs was communicated effectively.

The service was appropriately resourced. There were adequate numbers of staff in the centre on the day of inspection to meet the needs of residents. The roster reviewed reflected the staffing levels discussed with the person in charge. Staff spoken with felt that staffing levels were adequate and residents were satisfied that their care needs were met. However, assurances were required following a review of the roster and the statement of purpose, which is outlined further under Regulation 15: Staffing. Inspectors reviewed the regulatory annual review of the quality and safety of care which had been completed for 2021. A number of actions from this review were seen to have been addressed, such as painting of the premises and replacement of the carpeting flooring. A record of complaints and incidents indicated that issues were addressed in a timely manner and learning from any adverse incident was discussed with staff.

Staff received training appropriate to their various roles, which was required to update their knowledge and support them to provide best evidence-based care to residents. COVID-19 specific training had been undertaken such as, correct hand hygiene, cleaning regimes and donning and doffing PPE (personal protective equipment such as gloves and masks). There were regular in-house training sessions for staff on infection control procedures as well as access to online learning. As a result, staff were aware of their responsibility to keep residents safe and generally, demonstrated a caring kind attitude towards residents. This was confirmed by residents and relatives spoken with. Residents' money was seen to be well managed and the centre did not act as a pension agent for any resident. All staff had the required Garda Síochána (Irish Police) Vetting (GV) in place prior to commencing employment, as required for the sector.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. Records and documentation required under Schedule 2, 3 and 4 of the regulations were securely stored, generally maintained in good order and

easily retrievable for inspection purposes. Staff files required review however and this was addressed under Regulation 21: Records.

Regulation 14: Persons in charge

The person in charge was experienced in management in the centre. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team with additional expertise and knowledge.

Judgment: Compliant

Regulation 15: Staffing

While staffing levels were appropriate on the day of inspection inspectors requested assurance that the number of staff nurses listed on the roster were sufficient to manage all contingencies such as absence, illness or an outbreak of infection.

The provider stated that a new staff nurse was due to commence in the centre in the following month.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been delivered as required:

- Staff had access to training set out in the regulations and additional training appropriate to their role.
- There was a complete schedule of training maintained to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles with knowledge and skill.
- Newly recruited staff were provided with a comprehensive induction programme and worked in a supernumerary role for a period of time. An appraisal system had been developed and new staff had regular probationary meetings.

Judgment: Compliant

Regulation 21: Records

There were a number of issues identified in a sample of staff files reviewed that did not meet the requirements of schedule 2

- There was only one reference available in one staff file reviewed and It was not apparent to inspectors if references had been verified or not.
- One curriculum vitae (CV) did not contain the detail required to fulfil the requirements of Schedule 2 of the regulations.

This was repeat finding.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility were clearly outlined. Staff were aware of this and knew who to report to if they had concerns.

- Systems had been developed to ensure that in general the service was safe appropriate and effectively monitored.
- A comprehensive annual review of the quality and safety of care had been completed for 2021 with an action plan for the year ahead.
- The person in charge collected key performance indicators (KPI), such as falls and infections and she trended accidents and complaint reports to ensure learning from any adverse events.
- A schedule of audits was seen to be in place.
- There was evidence in the form of minutes of regular management, staff and resident meetings taking place and of actions resolved following same. Residents and staff confirmed attendance at these meetings and were satisfied that their opinions mattered and were acted upon.
- Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was not compliant with the requirements of regulation :

- The information set out in registration certificate was not included

- the number of whole time equivalents (WTE) of staff in the statement did not correlate with the staff on the roster.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All the specified notifications had been submitted to the Chief Inspector in line with the regulations: these included sudden death and serious injury requiring admission to hospital.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed:

- Complaints were seen to be recorded in detail and each element of the complaint was documented.
- Complainants were advised of the appeals process and advised to use this if they were dissatisfied with the outcome of any complaint.
- A copy of the complaints process was prominently displayed in the entrance hall.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of the policies required under Schedule 5 of the regulations were seen to be maintained and updated within the regulatory three yearly time frame. For example, the risk management policy and the policy on staff recruitment.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life

which was respectful of their wishes and choices. There was evidence of good consultation with residents and timely access to health care services and opportunities for social engagement. Residents acknowledged the work of staff, their relatives and the vaccination team which all combined to keep them safe during the pandemic. Nonetheless, this inspection found that improvements were required in relation to, premises, fire safety and monitoring infection control in this dimension of the report.

The centre had been newly painted since the previous inspection and carpeted flooring had been replaced. The teak doors had been painted white and overall this lent a fresh more modern appearance to the centre. Bedrooms had been painted also and there were lovely, earthy colours such as 'olive green' in evidence. Resident said they liked the changes and they felt it was a "good uplift". Bedroom accommodation consisted of eight single occupancy bedrooms and seven twin-bedrooms some with en-suite toilet facilities, others with toilet and shower in close proximity. Of the 15 bedrooms in the centre seven bedrooms had en suite toilet and washbasin facilities. Communal accommodation was provided in a choice of two sitting rooms, a porch-conservatory and a spacious dining room. The provider had plans to add an extension to the premises, this included fully en-suite bedrooms, additional storage, a hairdressing salon and a larger sluice room. Inspectors' findings in relation to premises were described under Regulation 17.

Residents' records were easy to read and accessible to residents. Residents' needs were assessed using clinical assessment tools and care plans were developed for the identified needs, with residents' involvement. The sample of care plans reviewed indicated that care was underpinned by a human rights-based approach and ethos. Overall, care plans were detailed and updated at least every four months, as required under the regulations.

Evidence was seen of ongoing medical review and general assessments of residents' skin integrity, malnutrition, and risk of falls. Residents had good access to general practitioners (GPs) as evidenced in the documentation seen and regular medicine reviews. Dietitian and speech and language services (SALT) were provided by a private nutritional company. There was access to weekly physiotherapy and to occupational therapy services if needed.

Fire safety equipment was serviced and certified by a suitably qualified person. The required fire safety checks had been completed. Fire drills were undertaken regularly including evacuation drills. Staff were familiar with horizontal evacuation methods and had practiced evacuation to simulate times of least staffing. This meant that they felt competent and confident in evacuation at the time of highest risk. Each room had the resident's individual personal emergency evacuation plan (PEEPs) behind the wardrobe door and a place location/fire exit map on the wall. Nevertheless, there were issues to be addressed relating to fire safety management which were highlighted under Regulation 28 in this section of the report.

Staff were seen to wear their required face masks appropriately. Visitors followed the infection control protocol and clinical waste was appropriately managed. Staff were trained in infection control processes and audit was carried out to ensure

correct hand washing technique. While generally infection control processes had improved since the previous inspection, such as the provision of suitable hand sanitisers and covered bins, some issues were outstanding which were highlighted under Regulation 27.

Residents' general well being was enhanced by the choice of appropriate activities available to meet their preferences and life experience. Residents' meetings were held which provided opportunities for residents to express their opinion and be informed of any changes. Minutes of these meetings were reviewed by inspectors. Mass was facilitated monthly in the centre. A musician visited and entertained residents on a weekly basis. Art and craft activities and ball games were seen to be facilitated on the afternoon of inspection.

Residents informed inspectors that they felt safe in the centre and staff spoken with were trained in this aspect of care as well as in care of those with dementia.

Overall the quality and safety of care was well managed in the centre. However, improvements were required as detailed under the respective regulations in this dimension of the report.

Regulation 17: Premises

There were some issues to be actioned in relation to premises to ensure compliance with the regulations :

- An extension was required to the privacy curtain in one double bedroom to ensure that each resident could fully screen off their bed space .
- Inspectors found that excess wardrobe space in one resident's bedroom was used to store items required by the activity staff. The provider stated that an alternative area would be used to store the items, as the resident's privacy would be compromised on each occasion the items had to be retrieved.
- Some flooring was waiting replacement in a number of bedrooms: this was scheduled.

Judgment: Substantially compliant

Regulation 26: Risk management

Risk assessment was found to be used as a key aspect of good health and safety management:

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues to be addressed in relation to infection prevention and control:

- There were no dedicated, clinical hand wash basins in the centre which conformed to the requirements of HBN 00-10, which sets out the criteria for such sinks in line with best practice in infection prevention and control.
- There was no hairdressing salon in the centre so residents were required to use a bathroom for this activity which was not a clean environment as the sink was located adjacent to a toilet.
- The laundry room required a good clear out as an old unused fish tank was seen to block access to the hand washing sink.
- Similar to findings on the previous inspection access to the hand washing sink in the sluice room was blocked by the storage of commodes in the sluice room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were a number of issues identified that did not ensure adequate precautions were taken against the risk of fire and required action.

- A number of fire safe doors meant to contain fire and smoke were not closing properly.
- The intumescent strip meant to expand in the event of fire or smoke was not present on two doors.
- There was an open gas meter box outside which created a risk in the event of someone interfering with the gas supply lever.
- Two oxygen cylinders were stored outside but located up against the wall of the centre and not securely stored .
- Two other cylinders of oxygen were not stored in a safe manner in the staff office. There was no signage on the door of the room to indicate that there was a combustible (capable of accelerating a fire) gas stored there.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and person centred. They contained sufficient detail and information to direct residents' care.

- Assessments were completed using a range of validated tools such as the Malnutrition Universal Screening Tool (MUST).
- A sample of care plans reviewed were seen to reflect the assessed needs of residents.
- Members of the multi-disciplinary team, for example the physiotherapist and the dietitian had inputted advice for staff in providing best evidence-based care.
- Residents had been consulted in the development of their care plans which were found to reflect residents' daily experience and medical and social care needs.

Judgment: Compliant

Regulation 6: Health care

It was evident from a sample of documents seen by inspectors that medical personnel and other health care professionals were attentive to residents and responded to their health care and mental well-being needs.

- Health care professionals such as the occupational therapist (OT) were available by referral or on a private basis.
- A physiotherapist came to the centre when required.
- The chiropodist, the hairdresser, the optician and the dentist had been availed of by residents.
- The pharmacist was very supportive, providing training and advice to staff and carrying out audits.
- The dietitian and the speech and language therapist (SALT) were made available to residents through a nutrition company supplying nutritional supplements, as prescribed by the GP.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors spoke with staff about any residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Staff had received training in this aspect of care.

A review of care plans for those residents indicated that they had behavioural support plans in place, which identified potential triggers for behaviours and any actions and therapies that best supported the resident.

Residents had access to the psychiatry of older age service.

Bed rail use was in line with the national policy on the use of such restraints and it was reviewed and risk assessed regularly.

Judgment: Compliant

Regulation 9: Residents' rights

Respect for residents rights and wishes were found to be central to the ethos of care in Fairy Hill nursing home:

Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the advocacy service was accessible to them.

Staff and residents assured inspectors that choices were respected in relation to visits, meals, bedtimes, access to outings and external patios.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented.

Inspectors were informed that there was good communication with relatives and residents from the person in charge and the provider.

Staff ensured residents' social and communication needs were met and supported. External musicians and access to local amenities supported the centre's staff in providing a varied programme.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0036855

Date of inspection: 04/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have 6 full time staff nurses, including 1x DON, 1x ADON and 1x CNM. Our ADON and CNM works 39 hours per week on the floor. We have 3 part-time nurses in place. We also have alliance with a nurse agency who provide cover of nurses in emergency.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Our staff records have been updated with relevant missing documentation.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: A new statement of purpose was updated in the file and also submitted to HIQA.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Wardrobe spaces have been cleared from using activity items. Still waiting for flooring company to schedule essential repair.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Laundry room is now clear of all clutter. Sluice room is also clear. Additional sinks will be included in the next plan.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All doors were inspected by carpenter, and he was Onsite for maintenance. We reported the open gas meter to the gas networks Ireland. All cylinders were removed from the staff office. External cylinders will be stored appropriately. We have requested a cage for oxygen cylinders from BOC this should be completed by 10th October 2022 Signages are in place for oxygen cylinders. All works on fire doors have been completed.</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.	Substantially Compliant	Yellow	30/08/2022
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	28/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	30/09/2022

	and are available for inspection by the Chief Inspector.			
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	30/08/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/10/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/08/2022

