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Corrandulla Nursing Home, OSV-0000332, 07 October 2020

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**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Corrandulla Nursing Home
Name of provider:	Hayden Healthcare Limited
Address of centre:	Corrandulla, Galway
Type of inspection:	Unannounced
Date of inspection:	07 October 2020
Centre ID:	OSV-0000332
Fieldwork ID:	MON-0030595

About the designated centre

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

The centre is located in the village of Corrandulla and is approximately 18 kilometres from Galway city. It is located next to an ancient Franciscan church that dates from the 1850s. The building is part of a complex of independent living units and an activity centre. It is organised into two units over two floors and there is lift and stairway access to the upper floor. Bedroom accommodation consists of single rooms, double rooms and one room that accommodates three residents. Corrandulla Nursing Home provides health and social care to male or female residents over the age of 18. Care is provided to residents who require convalescence, respite, palliative or long-term care.

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
Wednesday 7 October 2020	10:00hrs to 17:00hrs	Una Fitzgerald	Lead
Wednesday 7 October 2020	10:00hrs to 17:00hrs	Mary Costelloe	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors spoke with individual residents and also spent time in the communal rooms observing resident and staff engagement. The general feedback from residents was one of satisfaction with the care and service provided.

As a consequence of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by the restrictions in place. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

Residents spoken with were complimentary of staff stating that they were very supportive and kind. Inspectors observed that staff knew the residents well and engaged with residents in a person centered way, speaking to them using their first name and chatting to them about their families and interests.

Inspectors observed that the communal sitting rooms were occupied by residents on the day of inspection with a member of staff in attendance at all times. Physical distancing in line with public health guidance was being adhered to.

Residents had access to an enclosed garden courtyard area which was easily accessible. Residents were observed to have free movement both inside and outside of the centre. Many residents were seen to walk about the centre independently as they wished, some coming and going from their bedrooms, the outdoor enclosed garden area and the designated smoking area. Staff supported other residents to go for walks outdoors. One resident walked independently up to the local shop and to the church.

Residents were happy with the food served. Residents told inspectors that they had a choice at mealtimes and that other alternatives were also provided. Many of the residents commented that the food was always very nice and well flavoured. Comments included, 'we get beautiful home made soup' and 'we have a great chef here'. The inspectors observed that choice of meals and drinks were offered throughout the day of inspection. Meals including modified diets appeared appetising and wholesome.

The inspectors observed the meal time experience. Meals were served in two dining room areas. Physical distancing in line with public health guidance was being adhered. Inspectors observed residents been assisted with meals in a respectful and dignified manner.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. Inspectors observed that daily and regional newspapers were provided for residents. Residents spoken with confirmed that they had been supported to remain in contact with their families throughout the pandemic by phone and by other social media

applications. There was a separate telephone available for residents use.

Residents said that they were happy that family visits had resumed and that they had been able to meet their loved ones again. While visiting restrictions were in place again at the time of inspection, residents spoken with were very happy with the visiting arrangements that had been in place.

Residents told the inspectors that they were happy living in the centre and were comfortable in their rooms. Inspectors observed that many of the residents had personalised their bedrooms with their family photographs and ornaments.

The activities sessions observed were inclusive of all residents. There were two staff members facilitating recreational activities, one in each of the communal day areas. They were observed to refer to all residents by name and were seen to be actively encouraging resident involvement. The inspectors observed residents taking part and enjoying a variety of activities throughout the day including bingo, playing cards and partaking in an Irish language class.

Capacity and capability

Hayden Healthcare Ltd is the registered provider of Corrandulla Nursing Home. This unannounced inspection was carried out to determine what progress had been achieved in addressing issues of regulatory non-compliance from the past four inspections. Inspectors observed that the actions taken following the last inspection have had a positive impact on the lived experience of residents.

The roles and responsibilities had been reviewed. Lines of authority and responsibility were clear and transparent. Frequent management meetings were held to discuss all operational matters and clinical issues. The operations manager had taken over responsibility for the auditing of the service. Audits had been completed in a number of key areas including, environmental audits, hand hygiene audits, care plan review audits. Records reviewed evidenced that gaps were identified and that areas for improvement had also been identified. Inspectors found that the management had made progress in the monitoring of the service. Inspectors found that follow up actions identified on foot of the audit process were not always closed out in a timely manner. For example; follow up to ensure that the nursing team updated care plans. This was addressed with the management team who accepted that further action is required to close out on all actions. This close out will ensure that all appropriate actions are taken to drive and sustain quality improvements.

Previous inspections of this centre had found that the culture on privacy and dignity required improvement. Inspectors observed staff and resident engagement throughout this inspection. Staff were familiar with residents needs, likes and dislikes. Residents were satisfied with the level of communication between management and residents. Regular resident meetings had occurred. Residents told

inspectors that they would not hesitate to make a complaint and were happy that they would be listened to.

Staff were supported by the management team. Training records evidenced full compliance with mandatory training required by the regulations. Overall, staff supervision within roles had improved. The management team were monitoring the standard of cleaning and the centre was found to be clean on the day of inspection. Inspectors found that all staff were familiar with the national HPSC guidance. All staff were wearing appropriate personal protective equipment (PPE). In addition, inspectors observed good practice specific to hand hygiene practices. While inspectors acknowledge the progress made, further review of staff roles and duties is required. On the day of inspection, inspectors found that registered nurses were completing cleaning duties while there were deficits identified in the care planning records.

The centre had a COVID-19 preparedness and response contingency plan. To date the centre had not had any COVID-19 positive cases in the centre. Inspectors found that the management team had not clearly identified an area to cohort residents who may need to be isolated in the event of a resident being suspect or positive for COVID-19. There was no designated single room that could accommodate a resident in the event of becoming symptomatic of the virus. This was discussed further at the feedback meeting and the registered provider representative (RPR) committed to review the bedroom occupancy and the plan to allow for isolation in a timely manner.

Regulation 15: Staffing

Inspectors reviewed the staffing complement and were assured that there was a sufficient number of staff with an appropriate skill mix to meet the health and nursing needs of residents. There were 20 residents living in the centre at the time of the inspection. There were two residents assessed as having maximum dependency needs, five residents assessed as having high dependency care needs, five residents had medium dependency care needs and eight residents were assessed as having low dependency care needs.

There was an actual and planned staff rota available that reflected the staffing on the day of the inspection. A registered nurse was on duty at all times. The centre has continued to employ additional staff throughout the national pandemic to ensure that staffing levels were maintained. Files reviewed evidenced that all new staff had Garda Vetting and schedule two documentation requirements.

The person in charge works in a supernumerary position. There are a minimum of four staff delivering the direct care on day duty and three staff on night duty. The direct care staff were supported by the activities co-ordinator, cleaning, laundry and maintenance staff. Staffing levels had increased at night time to ensure that there were three staff on duty to allow for the safe evacuation of residents in a timely

manner in the event of a fire.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge advised inspectors that all staff had completed up-to-date mandatory training and staff spoken with and records reviewed confirmed that they had received training.

The inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Inspectors acknowledge that the supervision of staff within the centre had improved. This impacted positively on the lived experience of residents. For example; staff interactions with residents on the day of inspection were patient, kind and person centered.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were assured that the management team had reviewed current systems in place and that actions taken had brought the centre into compliance with regulations. Inspectors found that good progress had been made that impacted directly on the quality of lives for the residents. For example; regulation 6 healthcare, regulation 7 managing behaviour that is challenging and regulation 9 resident's rights were found to be compliant on this inspection.

The governance and management of the centre had completed a review of the roles and responsibilities. The operational manager was now leading on the completion of audits. Findings were then shared and discussed with the person in charge. Notwithstanding the progress made, inspectors found that the management team are now required to further enhance the monitoring system in place to ensure closure on all audits. For example; gaps identified in the care plans were not always updated in a timely manner.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector within the timescales specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors were satisfied that complaints were managed in line with the centres complaints policy.

The complaints policy clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in large font in the front hallway of the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

The inspectors reviewed the complaints log. There was one complaint logged for 2020. It had been clearly recorded, details of the investigation and follow up actions were documented. Issues raised by the complainant had been discussed with staff to ensure learning and with residents and their families to ensure that the issues raised did not impact on them.

There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

Inspectors walked through all areas of the registered centre. Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for. The inspectors observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. The inspectors observed good hand hygiene practices on the day of the inspection. Recent hand hygiene audits completed indicated good compliance. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Resident and staff temperatures were monitored and recorded twice daily to ensure that any

potential symptoms of COVID-19 were detected at the earliest opportunity.

Discussions with staff indicated that they knew individual residents well and were able to describe to inspectors the specific care needs and daily routines of individual residents. Staff were knowledgeable about how each resident liked their personal care delivered and how they liked to spend their day.

Inspectors reviewed resident files. Overall inspectors found that care needs had been assessed and that for long term residents care plans had been developed based on the assessed need, were person centred and guided care. Inspectors found documented evidence that the management team had discussed with residents their wishes regarding transfer to the acute hospital in the event that they became suspicious of having COVID-19. The residents choice was recorded. Inspectors acknowledge that progress has been made in relation to regulation 5 requirements on resident assessment of need and care plans. However, residents that had been admitted for short term care did not have care plans that contained sufficient detail to guide care.

The office of the Chief Inspector had had extensive engagement with the provider in relation to management of fire safety in the building. A large portion of the first floor of the building had been de-registered as a result of fire safety concerns and was not in use at the time of inspection with the exception of four bedrooms 33,34,35 and 36. The centre had active engagement with an external provider who is supporting the management with fire safety management within the centre. The registered provider expressed regret that to date the works required to the upstairs of the building to bring these rooms into compliance has not commenced due to COVID-19 restrictions and the centre ability to secure the appropriate persons to complete the works. The RPR confirmed that no works will be commenced prior to engagement with the office of the chief inspector and the completion of an appropriate risk assessment. This will ensure that the impact on residents living in the centre will be minimised.

Regulation 11: Visits

Visiting to residents had been strictly controlled since March 2020. During the lockdown, staff had supported residents to maintain telephone and visual contact with their families via electronic devices. Window visits were also facilitated.

The recent COVID-19 Guidance on visitations to residential care facilities had been communicated to all families of residents. Changes in the guidance on visits had been implemented. This had allowed visiting to commence under controlled circumstances. Residents spoken with were happy with the current visiting arrangements and delighted that visits had been facilitated.

Judgment: Compliant

Regulation 26: Risk management

There were policies and procedures in place in relation to health and safety, risk management, fire safety and infection prevention and control. The management team had developed a COVID-19 preparedness plan to assist them in the preparing for and management of a potential outbreak. Inspectors reviewed the risk register specific to COVID-19 and found that a review of the risk relating to infection control practices had been completed.

The risk register had been updated to reflect the risks associated with COVID-19 and precautionary measures had been put in place. For example; the risk of staff co-habituating with other care staff. Alternative accommodation had been identified by the provider.

Service records were in place for servicing of equipment, records reviewed indicated that equipment for use by residents had been recently serviced.

During the inspection, inspectors noted the following risks which were brought to the attention of the management team.

- Some cleaning chemicals being used were stored in plastic spray bottles which were not labelled, these posed a risk to staff and residents.
- The sluice and cleaners room were located together in the same room which posed a risk and was not in line with infection prevention and control guidance.
- two fire doors on the ground floor corridor leading to the the area known as 'the unit' did not close properly which posed a risk in the event of fire. The maintenance staff were addressing the fire doors prior to the end of inspection. The external fire consultant was due on site the week following the inspection to sign off on all fire doors.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. However, improvements were required specific to

- putting arrangements in place to ensure that residents who may require isolation could be accommodated appropriately and safely.
- physically separating the sluicing room and cleaners store in order to minimise the risk of cross contamination
- implementing a uniform policy. There was no separate staff changing areas available for staff in the centre. Staff confirmed that they wore their

uniform to and from the centre contrary to best practice in infection prevention and control.

The nurse on duty guided the inspectors through the infection prevention and control measures necessary on entering the centre to ensure the safety of all persons in the designated centre. These processes included a signing in process, disclosure of medical wellness or otherwise, shoe disinfection, hand hygiene, face covering and temperature checks.

On the day of inspection there were supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on it's use. All staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel dispensers were observed to be available and in use throughout the building.

The building and equipment used by residents was found to be visibly clean. There was a cleaning programme in place and cleaning checklist records were completed. There were normally two cleaning staff on duty during the daytime five days a week and one cleaner on duty in the evening time. There was one cleaner on duty at weekends. Housekeeping staff spoken with advised the inspector that cleaning procedures were updated, the frequency increased for specific areas of the centre and additional hours provided for cleaning since the onset of the COVID-19 pandemic. Staff spoken with were knowledgeable regarding infection prevention and control procedures, colour coding and use of chemicals. The nursing management team maintained oversight of cleaning process and procedures.

Systems were in place for the segregation and flow of clean and soiled laundry in the laundry room in order to minimise the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On the day of inspection, the management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. All residents had a recently updated personal emergency evacuation plan (PEEP) documented which outlined their individual evacuation needs. The management had maintained a staffing of three persons at night to allow for safe evacuation in the event of a fire.

There was a fire safety policy in place. All fire exits were observed to be free of any obstructions. Staff stated that they had received ongoing fire safety training which included evacuation and use of equipment. A new L1 fire alarm system had been installed and commissioned in December 2019 and there was a quarterly service contract in place. The fire equipment was serviced annually, the last service took place in December 2019. Fire plans were displayed throughout the building.

Inspectors released fire doors to ensure that they closed in the event of the fire

alarm sounding. Inspectors found that two of the doors released did not close fully which could cause a risk in a fire. The maintenance team commenced work to ensure safe closure on the day of inspection. In addition, the external fire consultant was due on site to sign off on all fire doors in the centre. This will be addressed in the compliance plan response.

Fire drills simulating both day and night time scenarios had taken place regularly. Times recorded to evacuate individual compartments including the largest compartment which accommodated eight residents on the ground floor provided assurances that residents could be evacuated safely and in a timely manner. However, the time taken to evacuate the first floor bedroom compartment used to accommodate four residents had not been completed. This was discussed with the management team who undertook to carry out a drill forthwith. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments.

Resident's weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. Inspectors also reviewed wound management documentation and found evidence of good practice that promoted healing of wounds.

Inspectors acknowledge that progress was made in the development of person centered care plans for long term residents. However, inspectors found that care plans for short term residents had either not been developed or when in place were not person centered. This was discussed with the person in charge who committed to ensure that the gaps identified on this inspection were immediately addressed.

Judgment: Not compliant

Regulation 6: Health care

During the lock down period, resident 's general practitioners (GP) were providing a service remotely and advised staff over the phone. This included remote prescribing of medicines.

GP's and Allied Healthcare Professionals had recommenced having face to face consultations with residents. For example, multiple resident files evidenced one to one physiotherapy sessions.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

On the day of inspection there was a small number of residents in the centre that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Inspectors review care plans specific to the guidance in place on how to best support the residents. Care plans specific to responsive behaviours were person centered and guided care.

The nursing management had systems in place to monitor restrictive practices to ensure that they were appropriate. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. There was one resident with bed rails in place. Records showed an appropriate risk assessment of clinical need had been completed by a multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed and from suffering abuse.

The staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. The person in charge confirmed that Garda vetting was in place for all staff.

The centre does not act as a pension agent for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors spent time observing residents and staff engagement. The inspectors found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspectors noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. There were adequate privacy screening curtains in shared bedrooms. There was an adequate number of toilets and showers provided in close proximity to residents bedrooms who did not have en suite bathroom facilities.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents confirmed that they were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. While the local priest had not visited since the start of the pandemic, residents were facilitated to view religious ceremonies on the televisions and some listened to mass on the local radio stations. Residents were supported to recite the rosary on a daily basis. Some residents had visited the local church.

Residents were consulted with in the running of the centre. Regular residents meetings were facilitated and the minutes of meetings were recorded. Issues discussed at recent meetings included updates on COVID-19, visiting arrangements, food and menus, activities and updates on the ongoing renovation works. There was evidence of lively discussions during the questions and answer session which were documented.

Residents were observed to be moving about as they wished within the centre. There was a variety of communal day spaces residents could sit and relax.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not 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 Corrandulla Nursing Home OSV-0000332

Inspection ID: MON-0030595

Date of inspection: 07/10/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits will incorporate the action plan rather than being separate. Accountability for the actions will be made clearer and follow up on progress made shall be incorporated into the action plan documentation. As audits are completed within an allocated timescale and documented appropriately with accountability and follow up evidence of same gathered.</p> <p>Gaps identified in care plans were addressed and rectified. An audit of care files is being complied by manager to further note any gaps in care files. Staff Nurse meeting held post inspection, to reinforce the importance of care file completion with resident input to ensure person centered care. It was also highlighted within the meeting that although environmental hygiene is the responsibility of everyone, these tasks should be allocated appropriately when Staff Nurses have important jobs/roles to complete. Staff nurse individual allocation of files have been given a set period of time to ensure their files are up to date prior to audit completion. Staff Nurses have been directed that All newly admitted residents to the home, their care files must be presented to the PIC on the third day (72 hours) for full review to ensure the files have been completed correctly and in line with the residents' wishes.</p> <p>In line with the covid-19 preparedness plan a room has been allocated specifically for infection control purposes for isolation requirements. This room will remain empty with the sole purpose for isolation of a resident as the need arises.</p> <p>Uniform policy has been updated and disseminated to all staff highlighting the requirement to change into and out of their uniform on site for infection control practices. Room allocated for staff changing. Enforcement by SN in charge/PIC daily.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p>	

Cleaning chemical bottles have been presently labelled with the chemical content and concentration manually whilst awaiting the official labels that have been ordered from the supply company. Once arrived each bottle will be labeled accordingly.
 We plan to segregate the cleaner's equipment from the sluice. Plans for work to commence in this area 23 November.
 The two fire doors in question were immediately rectified to close the day of inspection. Fire consultant reviewed the doors throughout the building, at that time all doors were closing properly. Maintenance maintain weekly checks on all fire doors, with the view for immediate rectification if a problem arises.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 A room has been allocated specifically for infection control purposes for isolation requirements. This room will remain empty with the sole purpose for isolation of a resident as the need arises.
 We plan to segregate the cleaner's equipment from the sluice to reduce the risk of cross contamination. Plans for work to commence in this area 23 November.
 Uniform policy has been updated and disseminated to all staff highlighting the requirement to change into and out of their uniform on site for infection control practices. Room allocated for staff changing. Implemented by SN in charge/PIC daily.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The two fire doors in question were immediately rectified to close the day of inspection. Fire consultant reviewed the doors throughout the building, at that time all doors were closing properly. Maintenance maintain checks on all fire doors, with the view for immediate rectification if a problem is noted.
 Further fire drills commenced including the first-floor compartment, ensuring all night staff have performed drills in this location and the majority of day staff have completed this also – the drills will continue until all staff have done drills in this compartment. Onsite Fire training will commence for all staff starting Monday 16th November, this training will also include All staff participating in fire drills with the trainer.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Gaps identified in care plans were addressed and rectified. An audit of care files is being complied by manager to further note any gaps in care files. Care files have individual

allocation to specific nurses. Staff Nurse meeting held post inspection, to reinforce the importance of care file completion with resident input to ensure person centered care. Staff Nurses have been directed that All newly admitted residents to the home, their care files must be presented to the PIC on the third day (72 hours) for full review to ensure the files have been completed correctly and in line with the residents' wishes.

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 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	04/12/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	08/10/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	01/12/2020

	actions in place to control the risks identified.			
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	01/12/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	19/11/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	19/11/2020

	detecting, containing and extinguishing fires.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Yellow	04/12/2020