



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	03 March 2020
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0023099

About the designated centre

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

Lourdesville Nursing home is located in the environs of Kildare town and close to many areas of interest including the Curragh, Curragh race course, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. The centre now operates from the ground floor only. Bedroom accommodation consists of single, twin and three beded rooms. Communal accommodation includes a large dining/day room, conservatory, quiet room, small dining room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre accommodates 42 residents, male and female, over the age of 18 of varying dependencies, for long and short term stays. Twenty four hour nursing care is provided to cater for various needs including, dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post operative care. The registered provider is a sole trader and employs approximately 31 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Tuesday 3 March 2020	9:40hrs to 19:20hrs	Liz Foley	Lead
Tuesday 3 March 2020	9:40hrs to 19:20hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

Overall residents and their families were satisfied with the care and services that they received. Inspectors spoke with a number of residents and their family members and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there. Residents said that they felt safe in the centre and were highly complimentary about staff whom they described as helpful, friendly and kind. Families described staff as patient and hardworking and stated they were always given a warm welcome in the centre and that staff were always attentive. One resident reported how proud he was of the centre and the staff who worked there. Another resident explained how kind the staff were to him and how they respected his choices. The inspectors found that residents were consulted with about their care and where appropriate their families were involved. Families described very good care and told the inspectors that they were assured that their relative was well looked after in the centre.

The service had made a number of improvements since the last inspection in October 2019. These included the activities programme and fire safety precautions and the inspectors found that these changes had brought improvements to the lives of the residents living in the centre. For example residents had more choice in the type of activities on offer and told the inspector that they enjoyed the new group activities especially the gentle exercise sessions and the bingo. Other residents told the inspector that they enjoyed the live music sessions that were held on three evenings each week. On the day of the inspection residents were observed having fun in a quiz session and later on in the day in an arts and crafts session. Staff offered discreet encouragement and support to residents which enabled them to participate in the session in accordance with their interest and abilities. Residents and visitors had gathered in the lounge to enjoy the music on the evening of the inspection. One resident told the inspectors that he liked to sing and that he really enjoyed the opportunity to do this three nights a week.

While some residents who spoke with the inspectors were aware of the changes that had been made to improve the fire safety of the premises they did not feel these changes impacted on their daily lives in the centre but recognised that the changes had been necessary. The building works were now completed. The centre had been repainted following the installation of new fire doors throughout and the residents told the inspector how much they liked the new colours and commented on how fresh these areas looked. Inspectors observed that a thorough deep clean of the premises following the works had not been carried out and as a result several areas of the premises were not clean, for example; wood surrounding sinks was swollen and paint had cracked, tiles and grout between tiles were stained and flooring in some areas was worn. In addition a number of areas were found to be dusty and cob webs were visible on windows, shelving and on ceilings.

Residents said that the premises was warm and comfortable and that it met their needs and they liked living there. There was a choice of communal spaces for

residents to use and there was access to a secure outside space, however inspectors were informed this outside area was not used during bad weather. The centre is situated in a rural community and residents from the locality spoke of the importance of belonging to their community and the convenience for families and friends to visit.

Some residents were sitting in communal areas and staff were available to assist residents in these areas. Residents were watching TV, reading and relaxing. There was a calm and friendly atmosphere in the centre and interactions observed between residents and staff were kind and person-centered.

The inspectors spent some time with the residents in the lounge area and during that period observed that one resident was moved several times in order to accommodate the movement of other residents in and out of the room. This practice was task-orientated and did not reflect the residents preferences or her needs. When the issue was discussed with person in charge they addressed it immediately and the resident was assisted back to sit at the window.

Residents were very positive regarding the choice and quality of the food they received in the centre. Relatives and residents who spoke with inspectors reported that they really enjoyed the fresh baking produced by the catering staff every day. One resident reported that food was 'great' and that there was always a choice of something nice to eat for meals.

Although residents were observed mobilising around the centre independently or with the help of staff the inspectors observed that the front door could only be opened from the inside by a key code. In addition the door to the enclosed garden area was restricted by an alarmed fire exit door. These arrangements meant that residents were unable to go outside independently and the impact of this on resident's freedom and well being had not been adequately considered.

Throughout the inspection the person in charge was observed meeting with residents and visitors. Residents reported to inspectors that they saw the person in charge regularly and that she was kind and approachable. One resident reported that the person in charge had been 'great' to him and had gone over and above to support him when he had arrived at the centre which he very much appreciated.

Complaints and concerns were listened to and were dealt with promptly. Residents and families had no hesitations in voicing concerns and knew how to make a complaint.

Capacity and capability

This was an unannounced inspection to follow up on the significant fire safety non-compliance's and other regulatory non-compliance's that had been identified on the previous inspection. The inspection will also be used to inform the re-registration of the designated centre.

Overall the inspectors found that a number of improvements had been achieved by the provider and the person in charge since the last inspection. However further improvements were required in order to bring the centre into compliance with the regulations and to ensure that a safe and appropriate service was delivered for the residents. In addition the governance and management arrangements needed to be strengthened to ensure that senior staff had the decision making authority to carry out their roles effectively.

There was a clear organisational structure in place however some key staff did not have the authority to make appropriate decisions in their areas of responsibility. The failure to make these decisions and respond to issues promptly had a negative impact on the services that were provided for residents. For example, the head of housekeeping did not have the authority to direct maintenance problems to the maintenance team. As a result there were unacceptable and unnecessary delays in addressing maintenance issues in the centre.

The quality assurance and oversight systems were developing in the centre however they required further review and improvement. This was particularly required in relation to infection control practices, housekeeping and maintenance, training and staff supervision and the fire safety systems. These are further discussed in this report under the individual regulations.

Inspectors reviewed a number of completed audits and found that although the audits identified areas for improvement and the actions needed to bring about the required changes the responsible person and time frame in which to complete the action plan were not clearly defined. In another example an audit on care planning carried out in January 2020 failed to pick up on a number of non-compliances found on this inspection.

Records showed that incidents were analysed and that the learning from the incidents were communicated to the relevant staff during daily handovers and in staff meetings.

There was an annual review of the service for 2018 and analysis for the 2019 annual review was underway by the management team.

Resources had been released by the registered provider for recent improvements to ensure the premises had the necessary upgrades to fire safety precautions and equipment. Further resources were required to ensure that the premises was well maintained for the residents and to ensure that all residents were provided with suitable activities in accordance with their interests and capacity.

A review of the rosters showed that there were sufficient numbers and skill mix of staff to meet the individual and collective needs of residents currently living in the centre. Interviews with staff, residents and relatives verified this observation.

Managers told the inspectors that staff worked flexibly to cover any gaps in staffing and that the centre did not use agency staff. This helped to ensure that residents were looked after by staff they knew and who were familiar with their needs and preferences for care. Inspectors observed that interactions between staff and residents were person-centred and supportive in nature.

Complaints and concerns were recorded in the centre in separate logs. These logs contained the necessary information as outlined by the regulations. There was a very low number of complaints received in the centre, inspectors noted that management had undertaken an audit and review of these complaints to inform quality improvement and learning. There were arrangements in place for residents to access an independent advocacy service if the need arose.

Regulation 14: Persons in charge

The person in charge is a suitably qualified registered nurse and works full-time in the centre. The person in charge has worked in the centre for many years and is committed to providing safe care and support for all residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had an adequate number of staff with appropriate skills to meet the individual and collective needs of the residents. The person in charge ensured that there was at least one registered nurse on duty at all times.

The registered provider confirmed that all staff working in the centre had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 16: Training and staff development

Oversight of staff training required improvement as records regarding training completed by staff were not clear.

The oversight and supervision of housekeeping practices and infection control practices did not ensure that an appropriate and safe service was provided for residents.

Judgment: Substantially compliant

Regulation 21: Records

The provider ensured that the records required in Schedules 2, 3 and 4 of the regulations were well maintained, stored securely and made available to the inspectors.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required review to ensure they were effective. This was evidenced by the accumulated non-compliances found;

- poor oversight of staff practices such as infection control and person centred care
- poor oversight of general maintenance in the centre
- poor oversight of housekeeping practices in the centre
- no analysis of staff training needs, training records were unclear

- clear action plans with time frames and details of the responsible person(s) were not included in the quality assurance systems.

Further resources were required to address the following;

- inadequate resources allocated for maintenance of the centre
- inadequate resources for the redecoration and refurbishment of the centre
- inadequate resources for equipment and training to provide meaningful activities for residents with cognitive impairments

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy and procedure to inform staff when managing complaints and concerns. This procedure was on display in the reception area of the centre and residents who spoke with inspectors had been informed about the complaints policy and knew how to make a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The inspectors found that residents were well looked after by a staff team who knew them well. Residents were offered choices in their daily routines and in the care and services that they were offered. Staff and resident interactions were marked by respect and empathy and overall staff were seen to uphold each

residents right to dignity and respect in care. However improvements were required in staff routines and practices in order to ensure that care was person centred and reflected the individual resident's preferences for care and daily routines.

The provider had made significant improvements in some areas since the last inspection however the inspectors found that there was more to do to ensure that all residents received safe and appropriate care to meet their needs. This inspection found that improvements were required in infection control practices, fire safety management, restrictive practices and the provision of suitable activities for those residents with cognitive impairments.

Each resident had a care plan in place based on a comprehensive assessment of their needs and preferences for care. Although the inspectors found that care plans had improved since the last inspection some care plans lacked sufficient detail to guide staff with person-centred care particularly in relation to meaningful activities. In addition some care plans had not been reviewed with the resident and or their family.

There were good standards of health care provided for residents and residents had good access to local general practitioner (GP) services. Residents were supported to access national screening programmes and other allied health care services as required. Specialist services such as psychiatry of old age and palliative care teams were contacted to support residents as appropriate and there were low numbers of admissions to hospital from the designated centre.

Although staff practices supported residents to be independent the inspectors found that a review of environmental restrictions was required to ensure that all residents that did not require restrictive practices were not negatively impacted on. The front door of the centre was restricted by a key-pad. While residents could have the code inspectors were informed that none of the residents on the day were able to leave the centre independently and therefore residents did not have the code. However the door leading to an enclosed garden was also restricted by a fire alarm trigger which activated when the door was opened and may deter residents from going outside or possibly startle them causing unnecessary stress. Staff had not considered these issues as restrictive practices and as a result had not carried out the required assessment to determine the impact on the residents' freedom and safety. The use of other types of restraints such as bed rails and restrictive sensor mats was low and safety checks were completed in line with the national policy.

The provider had completed extensive works which included new fire doors throughout and increased compartmentation for better fire safety management. A new fully addressable fire detection system and emergency lights had also been installed and were commissioned in November 2019. However inspectors found that both the fire detection and alarm system and the emergency lighting were overdue a regular service. Systems for checking the performance of fire doors was also ineffective. Fire drills were improved with good evacuation times recorded and good descriptions of the scenarios practiced. Staff who spoke with the inspectors were

knowledgeable and confident in evacuation procedures and had practiced several drills.

The provider had refurbished some areas of the centre and there were plans in place to continue these refurbishments, however the time frames for completion of these works was not clear. This meant that a number of areas were not easily cleaned. For example it was difficult for housekeeping staff to adequately clean those areas of the centre that had accumulated layers of paint and were decorated with old tiles that were stained and visibly holding dirt. In addition the maintenance of the premises needed to improve significantly, for example, there was a broken window in the lounge and worn flooring in some corridors.

The provider was reviewing the numbers of bathrooms and toilets available to residents to ensure that residents had access to enough showers and bathrooms. The inspectors also noted that a number of bathrooms did not have appropriate assistive hand rails to meet the need of residents.

Residents told the inspectors that their private space met their needs. The inspectors saw that some bedrooms were personalised with photographs and momentos from the resident's home. However some shared bedrooms did not have adequate screening to protect residents' privacy and dignity and some wardrobes did not provide adequate storage for the resident.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. There were up to date emergency plans in place with included fire safety.

Activity provision had improved in the centre since the last inspection. A new activity coordinator had been appointed who was developing the activity programme with the residents and the staff. Six staff were currently completing training in specific sensory activity provision for residents with higher levels of need such as cognitive impairment and/or physical dependencies. In addition managers were developing the systems to support meaningful activities such as; assessment tools, care plans and participation and enjoyment records.

The inspectors observed that residents in the centre enjoyed the group activities that were on offer, however residents with higher dependencies did not receive one-to-one activities daily. The provider needed to review the resources he made available for activity provision to ensure that all residents were afforded the same opportunity to participate in activities in accordance with their interests and capacities.

Residents were supported to exercise their civil, political and religious rights.

Regulation 12: Personal possessions

Some bedrooms had small wardrobe space which may be inadequate for residents to store their clothes and possessions.

Judgment: Substantially compliant

Regulation 17: Premises

There was an insufficient number of showers and toilets available to residents living in the centre.

Areas of the centre required refurbishment to ensure it meet the needs of residents;

- worn flooring on a main corridor
- some painted wood work surfaces had accumulated paint and could not be adequately cleaned
- a window in the lounge area was broken and could not be closed - residents found it cold sitting near this window.

A number of bathrooms did not have appropriate assistive grab rails in place.

Shared equipment was found to be rusted and there was evidence of wear on some shared commodes and on a toilet support.

One bedroom window was allowing the cold and wind in.

The temperature in one communal toilet/shower room was cold.

Judgment: Not compliant

Regulation 26: Risk management

The following risks had not been identified and did not have an appropriate risk management plan in place;

- infection-control practices not implemented by staff
- maintenance of fire equipment not completed

- Weekly fire checks not completed
- difficult to clean areas of the premises.

Judgment: Substantially compliant

Regulation 27: Infection control

The premises was not clean and did not promote good infection control practices.

- Communal bathrooms and the sluice room were not clean
- Flooring was visibly stained and dirty in bathrooms and in the sluice room
- There were visible cob webs in the sluice room and visible dust and dirt in many areas of the centre
- Storage of residents basins in shared bedrooms was inappropriate and posed a risk of cross infection
- Cleaning schedules required review to ensure high risk rooms were deep cleaned at appropriate intervals
- Procedures for environmental decontamination required review as current practices were not in line with national best practice standards.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety precautions required improvements;

- Quarterly servicing of both the fire detection system and emergency lighting were overdue
- Weekly fire safety checks had not identified that several of the new fire doors in the centre were not closing fully
- Weekly fire safety checks had not been carried out since mid February 2020
- One external fire exit was difficult to open and inspectors were informed it was due to recent painting
- Evacuation plans did not state whether residents required supervision post evacuation
- Learning from fire drill simulations were not always recorded.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not sufficiently detailed to guide staff in the provision of person-centred care.

Some care plan reviews had not been carried out every 4 months as required.

Judgment: Substantially compliant

Regulation 6: Health care

There was a good standard of evidence based nursing care and access to medical treatment and services as recommended by the GP, nurse and allied health professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Review of environmental restrictions was required to ensure the rights and freedom of all residents were considered and risk assessed. Doors to outside spaces were currently restricted for all residents living in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents with higher level needs such as cognitive impairment did not have adequate opportunities to participate in appropriate activities in line with their interests and capacity.

Some shared bedrooms did not have adequate screening to protect the privacy and dignity of residents and to ensure that residents could undertake personal activities in private.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0023099

Date of inspection: 03/03/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • New training Matrix have been designed to reflect all mandatory and ongoing training for the year ahead 2020. Copy of this Matrix has been forwarded to the Inspector. • Training for all housekeeping staff is ongoing within the center. • Ongoing communication with Head of Housekeeping regarding cleaning schedules in conjunction with auxiliary housekeeping staff is being conducted on a daily basis. • The Purchase of Steam Cleaner to assist in cleaning high risk areas and bathrooms. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Continuous updating, staff meetings re the review of staff practices in relation to Infection Control and person-centered care incorporating ADL's. • A meeting with our maintenance personnel has taken place and an inventory of all fixtures, fittings and furniture requiring replacing/repairing/ redecorating or refurbishment has taken place. • Planned training for housekeeping staff is ongoing, communication with the head of housekeeping and auxiliary housekeeping staff continued supervision of housekeeping practices liaising with supervisor i.e., head of housekeeping, review of deep clean schedules regarding Sluice Room. • New designed training Matrix for both mandatory and ongoing training in place. • Staff performance reviews assessed and redesigned to illustrate clear action plans with 	

time frames to be recorded.

- Audit review revisited and to display clear action plans with responsible persons identified.
- Activities coordinator has met with senior management to discuss budget for 2020.
- Contact has been made with external Nursing Home to gain supportive feedback on other resources to provide extra activities for residents with cognitive impairment but secondary to external but secondary to external circumstances the scheduled due to take place in February 2020 was postponed until further notice.
- Activities coordinator will be placed on Dementia Care Training. The training aims to give knowledge and background regarding those residents with a diagnosis of Dementia in which she is in contact with on a daily basis. Initially four hours of training contact time will commence on Tuesday 5th. May 2020.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 Having re-evaluated the rooms within the center where necessary extra storage will be provided if required by the resident.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.

- Extra facilities of 1 additional Bathroom will be provided
- Worn flooring will be replaced where necessary
- Painted work surfaces have been re-sanded and painted to allow for adequate cleaning.
- Window in the Lounge has been temporarily sealed installation of new window has been ordered awaiting delivery post favourable external conditions.
- Assisted Grab Rails, commodes, bed tables and raised toilet seat have been ordered, received and installed where necessary,
- Inventory complete on all bedroom windows, where necessary they plan to be replaced or repaired, secondary to Covid 19 crisis sourcing is restricted at present.
- Temperature checks are ongoing in communal toilets/shower rooms.

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Ongoing communication with Head of Housekeeping regarding cleaning schedules in conjunction with auxiliary housekeeping staff is being conducted on a daily basis. With respect to all housekeeping staff ongoing communication regarding their infection control practices is being reiterated to all healthcare staff.</p> <p>Register of Fire Equipment record in New Fire Schedule Folder 2020.</p> <p>Re-designed weekly Fire Checks in place and recorded in Fire Schedule Folder 2020</p> <p>Areas requiring overhaul in order to facilitate deep clean e.g. Sluice Room, Bathroom 105, have been renovated to standard.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Renovation of Sluice Room and Bathroom 105 complete and review of deep cleaning schedule also completed. • Flooring replaced and purchase of new Steam Cleaner to combat flooring issues in progress. • Stricter housekeeping adhered to. • Residents basins being stored in individual wardrobes. • Deep Cleaning of all rooms in progress. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire precautions Certificates have been attained and forwarded on to Inspector in Charge as requested. . • Re design of weekly Fire Checks record is complete which includes the checking of internal Fire Doors weekly Fire Checks are updated regularly Daily, weekly and monthly Fire Checks are being maintained and updated. External Fire Doors are being checked on a daily basis. 	

<ul style="list-style-type: none"> • PEEPS sheets are now illustrating where/when residents do need supervision post evacuation and if needed relocation to assembly point. • All Fire Drill simulations continue to include learning outcomes to improve training. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Care Plans are continuously being updated to guide staff in the provision of person-centered care, a review of all care plans is currently underway including and ensuring Four monthly reviews are taking place. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Formal assessment regarding our environmental restrictions within the centre has taken place exploring the rights and freedom of all residents. Residents have be risk assessed regarding same.</p> <p>External Fire Door number 66 alarm system has been deactivated and the thumb lock to be unlocked at all times.</p> <p>Where appropriate residents have been assessed in accessing the Keypad Code for the front door. The list of residents who have accessibility to this code is listed within house</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Residents with Cognitive Impairment will continue to participate in appropriate activities in line with their interest and capacity. • Regular liaising with the Activities coordinator and senior management will continue on an ongoing basis. 	

- Additional curtains will be placed in the shared bedrooms to provide extra privacy and dignity of the residents who participate in personal activities in private.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	09/03/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/04/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/04/2020
Regulation 17(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/12/2020

	premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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.	Not Compliant	Orange	12/05/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Yellow	09/03/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	09/03/2020

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	09/03/2020
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	09/03/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	09/03/2020
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	Not Compliant	Orange	14/04/2020

	implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Yellow	04/03/2020
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	05/03/2020
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.	Substantially Compliant	Yellow	05/03/2020
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	30/04/2020
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	09/03/2020

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	10/04/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	09/03/2020