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

Issued by the Chief Inspector

Name of designated centre:	Raheny House Nursing Home
Name of provider:	Raheny House Nursing Home Limited
Address of centre:	476 Howth Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	06 April 2022
Centre ID:	OSV-0000138
Fieldwork ID:	MON-0036549

About the designated centre

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

Raheny House Nursing Home is a centre in a suburban area of north Dublin providing full-time care for up to 43 adults of all levels of dependency, including people with a diagnosis of dementia. A core objective outlined within the centre's statement of purpose is 'To care for those who have entrusted themselves to us. To provide for their physical, social, emotional and spiritual needs to the best of our ability as per best practice nationally and globally'.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

There is an oratory onsite close to a spacious dining room. A smoking room adjoins the main recreation room and an enclosed outdoor garden courtyard is accessible from the ground floor recreation room and from the conservatory.

The centre has a spacious car park and is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 April 2022	08:20hrs to 17:30hrs	Margaret Keaveney	Lead
Wednesday 6 April 2022	08:20hrs to 17:30hrs	Jennifer Smyth	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what inspectors observed, it was evident that residents were happy with the care and services that they received in Raheny House Nursing Home. There was a relaxed atmosphere within the centre and residents were observed to be at ease in the company of staff, with many kind and friendly interactions seen. While residents reported to be content, inspectors noted improvements were required in a number of areas of the service, such as the premises, staff training, infection control and governance and management systems. These will be discussed further under the relevant regulations in the report.

On arrival to the centre, inspectors were met by a staff member who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking, were completed prior to inspectors accessing the centre.

Following a short opening meeting, inspectors were accompanied on a tour of the premises by the person in charge. There were a number of large, bright communal areas for residents to relax and socialise in, such a dining room, garden room, conservatory and sitting room. Seating in the garden room was unchanged since the last inspection and remained set out in three rows, facing the television. Inspectors were informed that this was the resident's preferred layout. Each communal area was pleasantly decorated, and there was clear written directional signage throughout the centre which assisted residents to these areas.

Residents resided in single or double occupancy bedrooms, which were set out over two floors. Bedrooms on the first floor were accessed by a stairs, lift or a stair lift, and there were handrails along all corridors to assist residents' free movement throughout the centre. With resident's permission inspectors viewed a number of bedrooms which were observed to be warm, bright and personalised with residents' family photographs, bed covers and ornaments. However, inspectors also observed that the layout of the three double occupancy bedroom did not allow residents in these bedrooms to access their personal possessions in private and out of the view of the other room occupant. This is further discussed below in this report.

Since the previous inspection in September 2021, the provider had completed a number of improvement works in the premises to meet the needs of resident. For example, a number of communal bathrooms had been partially refurbished with new wall tiles and some damaged flooring replaced. However, further improvement works were required to provide a safe and homely living environment for the residents, such as floor tile grouting in some communal bathrooms required replacing and door locks were required on sluice rooms.

Residents had access via a keypad locked door to an enclosed garden from the garden room. Residents were provided with the keypad code or assisted by staff to access the garden. The garden was planted with mature trees and shrubs and there

was garden furniture available for residents' use. The area was wheelchair-friendly with wide paths and ramps to assist residents to mobilise within.

Inspectors spoke directly with eight residents and also spent time observing staff and resident engagements. Inspectors observed that staff greeted residents by name and spoke to them in a kind and friendly manner. It was clear that staff knew the residents' needs and preferences well. Overall residents spoken to were complimentary about the staff, however a number did comment that staff were constantly busy and at times they had to wait to be attended to. Residents told inspectors that they felt safe living in the centre. Inspectors observed that residents' privacy and dignity was respected by staff, with staff observed to knock on residents' bedroom doors before entering and to ensure doors were closed when giving personal care.

Residents were offered a choice at all meals and frequent drinks and snacks were provided throughout the day. Mealtimes were seen to be a calm and social occasion with staff observed to offering unhurried assistance to residents where required. Overall, residents were satisfied with the food offered.

Inspectors observed that the centre had been attractively decorated for the upcoming Easter festivities, and that there was a specific schedule of Easter activities planned which included mass, an Easter party and musical entertainment by one of the healthcare assistants. Two activity therapists were employed to run the activities programme Monday to Sunday. There was a large noticeboard at the dining room entrance which displayed the morning and afternoon activities scheduled for the week, and included bingo,a movie afternoon, arts and crafts and hand massages. Inspectors observed residents being supported to join activities in the garden room, and staff had gone to great efforts to provide a stimulating and interesting environment in this area. One resident stated that they enjoyed the activities, in particular the live music, and were looking forward to an outing in the coming weeks to Malahide or Howth.

Residents could attend streamed Mass in the centre's oratory and in their bedrooms. However, on the day of the inspection the oratory was seen to be unavailable to residents as it was being used to store furniture from a bedroom undergoing refurbishment. However, inspectors were assured that this was a temporary arrangement and that ordinarily the oratory was free for use by residents.

On arrival to the centre, all visitors completed an infection control process with appropriate COVID-19 screening and mask wearing. The inspector observed many visits taking place during the inspection, and spoke with two visitors who all praised the care provided by the staff. One visitor spoken with described the staff as 'unbelievable'. They also commented that although 'the building is old, the care is top of the range', and in particular, the personal care given to their family member and the bedroom cleaning.

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

Capacity and capability

There was an established governance and management structure in the designated centre, with experienced management personnel in place who were aware of their respective roles and responsibilities. The person in charge was supported by the registered provider's senior management team who provided operational and administrative expertise. They were also supported by an assistant director of nursing, a nursing and health care team, and activities, catering, household and maintenance staff.

This was an unannounced inspection to follow up on the progress that the registered provider had made towards achieving compliance with the regulations since the previous inspection of September 2021. Inspectors found that action was required in the management team's oversight system within the centre, in staff training, in storage of records, in care planning, in managing behaviours that challenge, in the design and layout of some areas of the premises and in infection control practices to ensure a safe and effective service was provided to residents.

Inspectors were informed that members of the group's senior management team met with the director of nursing monthly to review the service, and that they also regularly visited the centre. A management meeting agenda was viewed by inspectors, however, there was no documented record that these meetings has taken place and of what aspects of the service was discussed at the meetings. Therefore, the inspectors were not assured that there were robust management systems in place to ensure that the provider had sufficient oversight of the service, and that residents' services were effectively monitored.

Although the inspectors saw evidence that the quality and safety of the clinical service provided to residents was being monitored by the measurement of key clinical parameters and by completing clinical audits, there were no records to show that this key information was reviewed by the registered provider. There was no record of actions agreed following a review of the information and no record of who was responsible for any actions agreed.

Inspectors also noted that the registered provider did not have sufficient oversight systems on the non-clinical aspects of the service, including the facilities used by residents and cleaning completed within the centre. As a result areas, identified by inspectors as needing improvement, had not been recognised by the registered provider as requiring action. For example, there were a number of issues with infection control were identified throughout the centre, and residents' personal space in double occupancy rooms and other issues with the premises.

An annual review of the service had been completed for 2021 and included quality improvement plans for 2022. A survey on residents' experience of the service provided to them had been completed but not included in the report due to the poor

response rate. The provider intended to repeat the survey in the weeks following the inspection and to then include the resident's feedback in the report.

Inspectors reviewed staffing rosters and day-time staffing allocations and observations throughout the day, inspectors saw that there were sufficient staff were on duty to meet the assessed needs of the residents. The registered provider was actively recruiting staff to ensure that there was continuity of care for residents.

During the inspection, the inspectors met with the senior management team to discuss the staff roster and the minimum number of staff required to safely evacuate residents from the centre in the event of a fire. Inspectors requested that the registered provider complete fire drills with this minimum number of staff and then review the night-time staffing levels in order to be assured that there was a sufficient minimum number of staff rostered at all times. This information was to be submitted to the Chief Inspector of Social Services.

Inspectors examined staff training records which confirmed that staff were up-to-date in mandatory training, such as fire safety, manual handling procedures and safeguarding residents from abuse. However, a significant number of staff required refresher training in hand hygiene and infection prevention and control practices. Staff also had access to supplementary training such as Dignity at Work, understanding dementia, managing behaviours that challenge and palliative care. New staff were supported through an induction and orientation programme over five shifts, and were assigned a 'buddy' to advise and supervise staff during this period. Annual staff appraisals were completed by the person in charge to ensure that staff had the skills and knowledge for their roles.

Three staff files were reviewed and found to meet the requirements of Schedule 2 of Statutory Instrument 415 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013. However, inspectors observed that the records for a number of residents no longer residing in the centre were not safely secured within the designated centre.There was a locked metal cage designated as the secure space to store such records, but this was observed to be at full capacity.

Following findings from the inspection of September 2021, inspectors reviewed the contracts for the provision of services for three residents and saw that each had been updated to accurately describe the terms and conditions of their residency.

Inspectors observed that the complaints procedure was prominently displayed in the reception area of the centre, and reviewed the centre's complaints policy which identified the person in charge as the complaints officer for the designated centre and set out the appeals process for complaints. Inspectors reviewed the complaints register and saw that no complaints on the service had been received throughout 2021, or 2022 to date. Inspectors spoke with residents who said that they were aware of the complaints procedure and would have no hesitation making a complaint if the need arose. Overall, residents were happy with the service provided to them and said that they had opportunities to raise their concerns with the management team through the resident committee meetings.

Regulation 15: Staffing

On the day of the inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and for the design and layout of the centre. There was a minimum of one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide variety of online and in-house training and were supported to complete this training. Inspectors saw that all mandatory training was up-to-date.

Judgment: Compliant

Regulation 21: Records

Inspectors observed that a number of residents' records were not safely secured within the designated centre. For examole, a significant number of resident's records were found stored in a space over the laundry which was unlocked.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required to improve the registered providers' oversight of the care and service provided to residents living in the designated centre. A sample of issues identified are as follows:

- The provider did not have robust oversight of some areas of the service. For example, there was no documented evidence that that the provider had reviewed the information gathered on the care provided to residents as all completed audits were uploaded to a shared computer file but there was no system to show that the registered provider had reviewed this information. There was also no documented evidence that monthly management meetings

had taken place, and no evidence of managemant issues being discussed and agreed as requiring action.
- The configuration of a sample of double occupancy bedrooms was not in compliance with regulation 17: Premises. The regulation had been discussed with the registered provider during the inspection of September 2021.
- The management system in place to oversee infection prevention and control practices in the centre was not sufficiently robust. For example, the infection prevention and control audit tool used, used by the registered provider, had not identified the infection control issues in the communal day areas and bathrooms, or in the sluice rooms, seen by inspectors on the day of the inspection. Therefore, the management team had no oversight of these issues.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed three contracts of care between the resident and the provider and saw that they accurately set out the terms and conditions of their residency.

Judgment: Compliant

Regulation 34: Complaints procedure

An up to date complaints policy was in place which identified those involved with the complaints procedure policy. The procedure was prominently displayed within the designated centre and the registered provider had a system in place to record and investigate any complaints received.

Judgment: Compliant

Quality and safety

The findings of this inspection were that the provider was delivering good quality care and support to residents living in the centre. Residents had good access to healthcare and there was evidence of good consultation with rsidents, and where appropriate their families, when developing care plans. Some improvements required were identified within individual assessment and care planning, resident rights, premises and infection control.

Residents’ health care and nursing needs were met to a good standard. Care records showed that residents had timely and satisfactory access to GP services, allied health and community care professionals. Where recommendations were made by specialists, these were translated into the care given and the associated care plans. A comprehensive assessment was carried out prior to admission and care plans were seen to be reviewed four monthly or as required. However care plans reviewed were not prepared with 48 hours of admission, and some nursing staff spoken with did not know care plans were required to be prepared within 48 hours of the resident being admitted to the designated centre.

A review of care plans in relation to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) showed that they clearly outlined techniques that would help to distract and reassure the resident at the time of an incident of responsive behaviour. However, the care plans did not always identify the triggers for such responsive behaviours. Such information would assist staff in preventing incidents of responsive behaviour occurring. Clear guidance was also required in care plans to direct staff on when to use behaviour monitoring charts and when to administer prn medications (as required) to residents to manage responsive behaviours, when other management strategies were not effective.

Residents had access to an advocacy service, which was advertised in the centre. Residents could provide feedback on the service provided to them by means of a comments box, which was checked monthly by the management team. Overall, residents were able to exercise choice in relation to how they spent their time, the food and refreshments they enjoyed and in how they personalised their bedrooms. However, the provider had not provided residents, who had difficulty in communicating their needs and desires, with visual supports. Also, the premises impacted on the right for privacy and dignity for residents occupying double occupancy rooms.

Residents had access to television, papers, magazines, radio and the staff worked hard to maintain their links with the local community. Activities included one-to-one activities in their bedrooms or quiet areas in the centre and group activities in communal areas. Residents were seen to be supported to join activities in communal areas. Where residents didn't want to join the activities their choice was respected. Activities were advertised weekly and for the month ahead which included a bake sale, an Easter party and mass to take place in the month of April. Mass in person was scheduled for Easter, and regularly took place remotely. Residents meetings were held at regular intervals.

Visiting of families and friends was facilitated in line with national guidance. On the day of inspection visits were facilitated in residents’ bedrooms and in a designated visiting area.

There was evidence of good infection prevention and control practice in the centre, for example staff wore the appropriate personal protective equipment when caring for residents. However, there were gaps in practice such as unclean sluices and communal bathrooms and inappropriate storage, which are further detailed under

Regulation 27: Infection Control. Flushing of water outlets were included on a checklist and documented as completed. However, inspectors observed that towels and a wheelchair step were inappropriately stored in a communal bath, and this did not give assurance that all outlets in communal bathrooms were routinely flushed. There was no records that Legionelli testing had been carried out within the designated centre. However, on the day of the inspection, the management team provided assurances that such testing was to be carried out later in the month.

The provider had completed a number of works to the premises following the last inspection. For example, the call bell system throughout the centre had been replaced, flooring had been replaced in certain areas of the centre and three communal toilets had been refurbished. Works were ongoing to refurbish one double occupancy bedroom, replace sink taps in resident bedrooms and upgrade fire doors throughout the centre. Inspectors were informed that once these works were completed, wall repairs and paintwork in various areas of the centre would be undertaken.

Inspectors identified that there was inappropriate storage of residents' equipment in communal bathrooms and grouting in some bathroom floors required was unclean. Inspectors also reviewed the configuration of residents' personal space in two of the three double occupancy bedrooms in the centre. The personal space for each resident in these bedrooms measured less than 7.4m2 and residents could not access their personal storage units in private and out of sight of the other room occupant. This was discussed with the registered provider's management team on the day of the inspection.

Regulation 11: Visits

Visiting was facilitated in many areas in the centre and was well managed in line with national guidelines. Nominated person were identified in care plans and a folder was also available with the list of nominated persons.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to ensure that it promoted a safe and comfortable living environment for all residents. For example,

- The personal space for each resident in double occupancy bedrooms measured less than 7.4m2 and residents in these bedrooms could not access their personal storage units in private and out of sight of the other room occupant.

- There was insufficient storage space for residents' equipment. Inspectors saw wheelchair and chair recliners in a number of communal bathrooms, which meant that residents could not easily access the facilities in these rooms. Residents' equipment was also observed to be stored in day rooms which reduced the communal space available to residents and in corridors which restricted access along corridors.
- Damaged flooring in one communal area required repair to ensure that there was a safe floor covering for residents in this area.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Residents were seen to have transfer letters kept on file, when they were transferred in and out of the designated centre. Relevant information about the resident was provided on discharges.

Judgment: Compliant

Regulation 27: Infection control

There were insufficient assurance systems in place to ensure that the environment and resident's equipment was decontaminated and maintained to minimise the risk of transmitting a health care-associated infection as outlined in National standards 2.2 and 2.3. Cleaning audits, overseen by the management team, did not highlight issues that were identified on inspection. For example:

- Sluice rooms and a communal toilet were observed to be unclean. For example, one sluice room had a visibly unclean sink containing a toilet brush. Another sluice had unclean basins and copper pipe stacked on a drying rack.
- Sharps bin not signed and dated when opened.
- Two bedpan washers had not been serviced since 2020.

There was practices in the designated centre that posed a risk of infection and contamination, for example:

- In a general store room, there was a box of communal unlabelled personal hygiene products.
- In this same room, there was open incontinence wear and an open packet of wipes for resident use. This practice was identified during the previous inspection.
- Inappropriate storage in bathrooms, for example clean towels and wheelchair step were stored in the communal bath.

A cleaners cupboard had a dirty floor buffer and the clean cleaning items stored together
- There were unlocked cupboards with clean bed linen and resident clothing in two communal toilets.
- Soft furnishings were refurbished two years ago, but were not on a cleaning schedule and would prove difficult to effectively clean between uses.
- The grouting between floor tiles in the renovated bathrooms was dirty and there were screw plug holes in bathroom tiles.

Hand hygiene facilities were not provided in line with best practice and national guidelines.

- A clinical hand wash sink in a sluice did not comply with current recommended specifications for clinical hand hygiene sinks.
- There was no hand towel dispenser in one sluice room.
- The water flow from the hand wash sink in one sluice room was inadequate to allow effective hand washing.
- In another communal bathroom, there was no soap dispenser.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required on the development of care plans for residents to ensure that safe and consistent care was provided to residents. For example;

- Care plans were not completed within 48 hours of admission.
    - A recently admitted resident had one care plan in place.
    - A second electronic care plan was reviewed on a resident and inspectors saw that their care plans were completed five days after their admission date.
- Another resident who had reported an alleged safeguarding concern had no safeguarding plan complated.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical care. There were five general practitioners (GP's) linked to the centre, and access to a doctor during out of hours. Referrals were made to appropriate allied health professionals when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour were not seen to be managed in a manner that was the least restrictive. For example a resident who was prescribed psychotropic medication on a 'as required' basis, was administered the medication following an episode of responsive behaviour but with no record that alternatives to manage the responsive behaviour had been trialled.

Another resident who had a responsive behaviour care plan, had no record to identify the triggers for such behaviour and the measures taken to reassure the resident on the occasions where they had displayed responsive behaviour.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Some residents living in the centre were not provided with adequate opportunities to make choices and to express their wishes in accordance with their capacities. For example, visual supports were not in place for residents who had difficulty communicating verbally.

Also residents were not all able to exercise their right to privacy:

- Information on residents' need for modified diets was displayed in the dining room.
- Information on residents' need for nutritional supplements was displayed in sitting room.
- Two double occupancy bedrooms were reviewed by the inspectors. The personal space for each resident in these bedrooms measured less than 7.4m2 and residents could not access their own chair and personal storage space in private and out of sight of the other room occupant.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	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 9: Residents' rights	Substantially compliant

Compliance Plan for Raheny House Nursing Home OSV-0000138

Inspection ID: MON-0036549

Date of inspection: 06/04/2022

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 21: Records</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 21: Records:
• All files older than 7 years were shredded
• All files up to 7 years are safely secured in the metal cages.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The outcomes monthly and adhok management meetings held with the PIC and Opaerations Director are communicated to the provider via monthly meetings between the Operations Director and him thus ensuring robust oversight. These meeetings include all audit outcomes. We will ensure that evidence of these meetings is held locally as well as in the Support Office location going forward.
• A folder has been set up to hold all management agenda notes and comments from the meetings. This will be available for future inspectors review.
• Infection prevention and control audit was available on the day of inspection.</td></tr>
<tr><td>Regulation 17: Premises</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 17: Premises:</td></tr>
</table>

• We are in the process of reviewing our 3 twin rooms to ensure that each Resident has the minimum of 7.4m2 assigned to them and their belongings. The dimensions of the three twin rooms are as follows: Rm 36 (ground floor) is 20.6sqm, Rm 35 (1st floor) is 25.97sqm and Rm 38 (1st floor) is 19.68sqm. Where appropriate we will re-organise the dividing curtains to ensure this and if appropriate we may have to change the furniture to allow for this space. We will liaise closely with the Residents and their families in these rooms to ensure that they understand and are in agreement with any changes that we may have to make to their rooms.

• All wheelchairs and reclining chairs have been removed from the bathrooms. Some chairs are stored in the front room only in the night time and do not hinder or impinge on residents access to or enjoyment of those spaces.
• Damaged flooring will be repared.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The communal toilets and sluice rooms were included in the deep cleaning schedule. All unnessesery items were removed.
• Sharp bins are signed and dated when opened.
• Two bedpan washers were serviced.
• A box of communal unlabelled personal hygiene products removed from the general store room.
• All loose incontinence wear removed from the storage room and notice placed on the wall for all staff to know.
• All inappropriate storage removed from the bathrooms.
• All domestic storage rooms reviewed and will be upgraded.
• Clean bedlinen and towels were removed from unlocked cupboards in two communal toilets.
• Soft furnishings cleaning will be added to a cleaning schedule.
• All bathrooms are scheduled for deep cleaning weekly. Floor will be cleaned and holes sealed.
• All clinical hand wash sinks in sluice rooms are being looked at and a repair / replacment schedule is being drawn up.
• All sluice rooms have towel dispensers and soap dispensers.
• All bathrooms have taps and soap dispensers.

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • All asseseements are completed in 24 hours from the admission and all care plans are completed in 48 hours. • Missing Safeguarding Care plan was done next day after the inspection.	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: • ABC chart will be done for all residents with Bahavior that is challenging from now on. • From now on, all nurses will document in the progress notes what alternatives were tried before administer the pshychotropic medication.	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Communication cards are in place for residents who have difficulty communicating. • Information on residents' need for modified diets was removed from the dining room on the day of inspection. • Information on residents' need for nutritional supplements was removed from sitting room. • We will carry our reviews of these rooms and ensure that the residents in the rooms are happy with the lay out and privacy of their space.	

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 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	31/08/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	05/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2022
Regulation 27	The registered provider shall ensure that procedures,	Not Compliant	Orange	30/06/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	07/04/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	07/04/2022
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	Substantially Compliant	Yellow	07/04/2022

	the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/08/2022