



**Health  
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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:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 March 2021
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0031561

## About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10 minutes drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 43 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	41
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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
Monday 22 March 2021	09:40hrs to 17:40hrs	Caroline Connelly	Lead
Monday 22 March 2021	09:40hrs to 17:40hrs	Sean Ryan	Support

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice homely place to live, where staff were kind and caring and met their needs in all aspects of care. Residents reported that there was plenty going on for them during the day and they had easy access to the external grounds and gardens. Inspectors met the majority of the residents during the inspection and spoke in more detail with 12 residents throughout the day. They also met three visitors who were in visiting during the inspection.

On arrival to the centre, inspectors were met by the person in charge who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented prior to accessing the centre. Following an opening meeting inspectors were guided on a tour of the centre. The centre was set in a rural location and the older part of the centre had been a school so was steeped in the local history. Inspectors saw that there had been a number of improvements in the centre following the previous inspection. New corridor areas on the entrance to the main lounge dining room had been enhanced with shower rooms allowing residents more choice when it came to showering facilities. The day room had been further opened up by the removal of a wall and a dining area was provided with doors leading to the external grounds. The person in charge explained that she hoped this area would become a men's shed area used by the male residents for activities as well as dining. However she said explained it was difficult at times to get the men to move from their seats in the day room and the inspectors observed this with some residents staying in their seats and having their meals on tables in front of them rather than moving to the dining tables. The inspectors heard the staff encouraging residents to move and some did whilst others refused. The centre had been freshly decorated in a number of areas in attractive and restful colours. However, the inspectors saw some areas in residents bedrooms that required repair these included areas around sinks where paint was cracked exposing wood surfaces, a worn bed frame and tiling that was cracked in an en-suite bathroom. Overall the centre was seen to be bright and very clean throughout.

It was very evident from the walk around with the person in charge that all the residents knew her well and there was lovely person centred interactions observed. Without exception all of the residents who spoke to inspectors were complimentary of the service provided and described the staff as kind, caring and obliging. A number of residents said staff will do anything for you and another resident said "the staff are mighty". Residents went on to describe how the staff had put on a play for them for St. Patrick's day where they dressed up and acted out the story of St. Patrick much to the residents delight. Residents enjoyed the play and they all had "a drink to wet the shamrock" as one resident described it. The inspectors were informed that this was not staffs first attempt at amateur dramatics and they had also put on a series of plays for Christmas including "Sister Act and Mama Mia". And prior to that a fashion show was held with staff acting as models. Residents were animated in their appreciation for staff and what they did to keep residents spirits

up throughout the pandemic. During the inspection, inspectors observed resident and staff interactions throughout the day and observed kind and caring interactions. It was obvious that staff knew the residents very well and vice versa. Many staff were local and were heard bringing in news from home and the locality to the residents. Relatives spoken to, described it as difficult when they were unable to visit but they were able to keep in touch by phone calls, video call and some had undertaken window visits. They said they also had contact with staff and were assured their relative was safe and well looked after. Residents told the inspectors they were grateful to the staff for all the care they received during the pandemic and they were very happy that they had received their COVID-19 vaccines.

The inspectors observed that residents' choice was respected and control over their daily life was facilitated in relation to whether they wished to stay in their room or spend time with others in the day rooms social distancing was in place. Inspectors observed that there were a number of areas where residents could sit and walk outside the centre. There was a green house full of plants ready to be planted outside and a vegetable area where potatoes and cabbage were thriving. There were raised flower and vegetable beds for residents use. Plenty of seating and benches were available around a large walkway around the garden. The centre also had an internal courtyard with seating, plants and safe floor surface, which was very easily accessible from a number of doors leading from the corridors. Residents told the inspectors that they enjoyed sitting out during the fine weather and other times just to get out for fresh air.

The inspectors met one of the centres pets which was a small dog whose kennel was housed in the garden. The dog was a great favourite amongst the residents and was small enough to sit on their laps. Residents were known to throw the ball for him outside and he was very much part of the home.

There was a staff member in the role of activity coordinator who was well known to the residents. During the inspection an exercise session took place and a lively game of bingo. Social distancing was seen to be maintained in the day rooms. Residents were complimentary about the food and the inspectors saw that residents were offered choice and the food was wholesome and nutritious. Inspectors saw frequent tea and drinks rounds during the day. Tables in the dining room had been spaced out and two residents could sit at each table. Residents said they were aware of COVID-19 and the effects of it and regularly discuss it with the person in charge and the staff. They were delighted that the centre had reopened to visitors and the inspectors saw that visiting was conducted safely during the inspection. Residents also told inspectors they spoke to their families via phones, What Sapp and other forms of technology. Visiting on compassionate grounds had also facilitated.

Good infection control practices were seen throughout the centre and inspectors observed that staff abided by best practice in the use of PPE and good hand hygiene was observed. Inspectors identified a number of issues with fire safety during the inspection, these issues are further detailed in the report.

Overall, the residents that inspectors spoke with expressed feeling content in the centre. Staff spoken with stated that they were well supported by management. The

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

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. On this inspection some improvements were required in the provision of mandatory training, notification of incidents and in staffing skill mix at night time.

The centre was owned and operated by Tipperary Healthcare limited who is the registered provider. It is a family run centre and the directors of the company are actively engaged in the day to day running of the centre with one director undertaking the role of person in charge. The person in charge is supported in her role by an Assistant Director of Nursing (ADON), and a team of nursing staff, administration staff, care staff, housekeeping, catering and maintenance. The ADON took charge of the centre in the absence of the person in charge. The person in charge met with the management team on a weekly basis and governance and management meetings demonstrated that all aspects of the service was discussed and actions taken as required.

Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre. The management team had established links with the public health team and HSE lead for their area. A local COVID-19 management team had been established within the geographical area and the person in charge was involved in these

Staff were seen to be knowledgeable about residents and regular staff meetings took place. Training records and staff spoken to confirmed a high level of ongoing training was provided and encouraged in the centre. Staff had completed up-to-date mandatory training in fire, safeguarding and moving and handling. Ongoing infection control was provided through the HSE website and staff had undertaken infection control, the donning and doffing of PPE, hand hygiene and preparedness for COVID-19. However, a number of staff had not received responding to responsive behaviours training.

There was evidence of regular meetings held with residents and the management team were clearly known to residents and relatives to whom the inspector spoke with. Many residents and the visitors met were very complementary of care and support provided by the staff. Although there was evidence of good staffing levels

and skill mix during the day with three nurses and the person in charge on duty, this reduced to only one nurse at night time which required review.

The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training. Areas of concern identified in the last inspection had been addressed such as improvements in the provision of hold backs for fire doors and in the provision of extra shower rooms in close proximity to residents bedrooms. Where areas for improvement were identified in the course of the inspection; the management team demonstrated a conscientious approach to addressing these issues with immediate effect where possible.

The arrangements for the review of accidents and incidents within the centre were robust. However improvements were required in the notification of incidents to the Chief Inspector. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

### Regulation 15: Staffing

The inspectors identified that the skill mix at night time required review as there was only one nurse available after 20.00 to administer the night time medication and provide nursing care up to 43 residents. The nurse was also responsible for the supervision of the care staff on duty. The night time medication took a length of time to administer and during this time the nurse should not be disturbed, therefore if a resident required nursing care, sustained a fall or was at end of life the nurse would not be available or would have to leave the medication round.

Night staffing also required review in light of the requirement for a timely evacuation of a compartment of 13 residents with three staff after 22.00 hrs which is further outlined under regulation 28.

Judgment: Not compliant

### Regulation 16: Training and staff development

Mandatory training in the management of responsive behaviours was not in place for 15 staff, the person in charge said she would prioritise this for completion this year



Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined and staff were aware of same. There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There was evidence of weekly management meetings and of actions taken following same. There was evidence of good consultations with residents particularly during the COVID-19 pandemic. Resources were available to ensure the effective delivery of care in accordance with the centres statement of purpose.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The contracts of care had been updated since the previous inspection with the room number and type. During the inspection contracts were further updated as recommended by the inspectors with fees for extra services such as chiropodist, pharmacy, hairdressing and all additional fees for services not covered by the main fee. They were then found to meet requirements of legislation.

Judgment: Compliant

### Regulation 31: Notification of incidents

There were two incidents of serious injury to residents that had not been notified to the Chief Inspector as required by legislation. One was from 2020 and one from 2021 this was retrospectively notified following the inspection.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process, however the policy on display did not offer recourse to the ombudsman. This was updated during the inspection to include this information and was displayed prominently near the main entrance.

Inspectors reviewed the complaints log which was seen to detail the complaint, the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents with whom the inspectors spoke stated that any complaints they may have had were dealt with promptly and were satisfied with the outcome.

Judgment: Compliant

## Quality and safety

Overall, the care and support provided to residents was seen to be of a good standard providing a holistic and person centred service for residents. Resident's spoke of the warm and friendly atmosphere in the centre. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However inspectors identified that some improvements were required with the premises, residents records, management of fire drills and medication management.

Staff were found by the inspectors to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments. Resident's healthcare needs were well met and there was a choice of General Practitioners' (GP's) that supported the centre. Inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. There were adequate arrangements in place for consultation with relatives and families. There was evidence that resident meetings took place and ongoing communication had taken place with families during the COVID-19 pandemic. Assessments were undertaken using a variety of validated tools which informed the care plans. Improvements were required to ensure care plans were personalised and easily accessible to fully directed care.

The design of the premises was homely and an ongoing programme of regular maintenance was in place. There had been ongoing improvements with the decor particularly in the communal areas providing a bright and homely appearance. As previously outlined further improvements were required in some bedroom areas. The person in charge had put in place a large bedroom with en-suite facilities and a second room that could be used as a sitting room or visiting area. This room was accessible for visitors without having to fully enter the centre. It was available for

GP's to use to examine residents, and for isolation or end of life purposes.

The centre was seen to be very clean and the management team had a comprehensive COVID-19 preparedness plan in place. Contingency plans were in place for the management of the centre in the absence of the senior team. Social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

Systems were in place to promote safety and effectively manage risks. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspectors noted that the means of escape and exits, which had daily checks, were unobstructed. Door closures were in place on all fire doors that closed when the fire alarm was activated. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Up-to-date fire training was in place for staff and although some fire drills had been undertaken the inspectors were not assured from these drill records that the centres largest compartments of 13 residents could be evacuated in a timely manner with minimal staffing levels available during the night.

Generally, good practice was observed regarding medication management in line with current NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020). However some improvements were required to ensure medications were administered in line with the format prescribed. There were systems in place to safeguard residents from abuse and training for staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement of work in the centre.

## Regulation 11: Visits

Indoor visiting had recommenced on the day of the inspection in line with the HPSC guidelines. A visiting room had been set up which enabled safe visiting abiding by social distancing guidelines. Families booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. Inspectors met a number of visitors during the inspection who were delighted to be able to get into visit their family member again. The centre also facilitated visiting for compassionate reasons and window visits. Residents also kept in touch with their families via telephone video conferencing, mail and other technological means.

Judgment: Compliant

### Regulation 17: Premises

The inspectors noted that some areas in the centre mainly a small number of bedrooms were in need of decoration. There was evidence of wear and tear with cupboards and under sink cabinets in need of repainting as exposed wood was seen. A bed frame had torn surfaces that would be difficult to clean and tiles required repair in an en-suite bathroom.

Judgment: Substantially compliant

### Regulation 27: Infection control

Staff have access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks. Alcohol gel was available throughout and staff were observed to use appropriately. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE.

The centre was observed to be very clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The centre used a machine to sterilise rooms on a very regular basis.

The person in charge had ensured each resident had an individual commode if they required it in case a resident had to isolate in their bedroom that did not have en-suite facilities. Residents returning from the acute sector and new admission isolated in their rooms for 14 days.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspectors noted that there were two compartments of 13 residents in the centre and night time staffing levels reduced to three staff after 22.00hrs. Although fire drills had taken place the inspectors were not satisfied that the 13 residents could be evacuated with the reduced night time staffing levels in a timely manner and further assurances were required.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspectors identified a few issues with medication management during the inspection. Medications were being administered in an altered format such as crushed to a small number of residents. The inspectors noted that these medications had not been prescribed to be crushed by the general practitioner and therefore this practice could lead to errors.

It was also noted that maximum doses for as required (PRN) was not in place for all PRN medications which could lead to excess medication being administered.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Some improvements were required in care planning to ensure that the care plans were easily assessable and sufficiently detailed to direct all aspects of care for the resident. Although the centre had a computerised system of assessment and care planning the person in charge told the inspectors she kept various different folders with pieces of residents information. For example, end of life discussions were kept in one folder, key to me information in another, discussions and reviews of care with families in another. This disjointed approach to care planning did not provide a cohesive and comprehensive record for staff to follow care for residents and the person in charge agreed to review the system she has in place for a more streamlined system to ensure comprehensive care for the residents.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. There was evidence of good access to medical staff with regular medical reviews in residents files. During the COVID-19 pandemic the regular GP practices continued to provide a service to the residents.

Residents had access to a range of allied health professionals which had continued throughout the pandemic with reviews taking place online. Residents' weights were

closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. However at the time of the inspection there were 13 residents using bedrails as a form of restraint. There was evidence that when restraint was used there was evidence of an assessment to ensure it was used for the minimal time and checks were in place. Restraint review meetings took place and the person in charge was aware this was a high percentage of bedrail use. They are currently reviewing the use of restraint to further reduce its use and aim towards a restraint free environment.

Judgment: Compliant

### Regulation 9: Residents' rights

A programme of varied and innovative activities was in place for residents and the inspector saw many lively and quieter activities taking place. Information on the day's events and activities was displayed in the centre. Residents to whom the inspectors spoke with confirmed that the activities were very important to them and said staff went above and beyond to keep them entertained. Inspectors saw that residents' spiritual needs were met through regular prayers in the centre and Mass celebrated. Residents of other religious denominations were facilitated as required.

There was evidence that residents and/or the representatives were consulted with and participated in the organisation of the centre. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any concerns or issues raised. Residents had access to newspapers televisions and media as required.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Woodlands Nursing Home OSV-0000304

Inspection ID: MON-0031561

Date of inspection: 22/03/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have a good compliment of staff nurses and we will trial a new shift 10 am -10pm to allow for a better redeployment of nursing staff at hours that they are required. The issue of evacuation will be addressed by structural changes as per regulation 28.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training of all staff in management of responsive behaviours is now complete. Please see attached report.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The failure of reporting has been identified as an important oversight by the PIC. A new system of notification will be implemented that enhances communication between nurses that record the fall and the PIC who reports.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  While we have always maintained a regular system of redecoration and maintenance, The COVID 19 pandemic has made it difficult to access outside services due to IPC measures. A schedule of works to be attended to has been drawn up and as these services are now more available we will catch up with any of the outstanding issues.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  We have spoken with our fire consultant in regard to creating sub -compartments within the problem fire zones. We have decided to divide each corridor into two compartments which will leave a maximum of 7 residents per compartment and therefor allow for a quick and safe evacuation even with reduced night staffing levels.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  Medication records have been reviewed to ensure compliance with regulation. We are in the process of sourcing an e-transcribing system which will further reduce medication error.</p>	
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>	

The folder we keep in regard to end of life, key to me, etc are hard copies of private conversations held with residents in their rooms. This information is then transferred to their care plan in Epiccare. A lot of these decisions agreed upon during these meetings require signed agreement so we feel that hard copies should be kept.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/04/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/06/2021
Regulation	The registered	Not Compliant	Orange	31/12/2021

28(1)(e)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/04/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	01/04/2021
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	01/04/2021

	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.			
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