Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dundalk Care Centre
Name of provider:	Tempowell Limited
Address of centre:	Inner Relief Road, Marsh South, Haggardstown, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	30 September 2024
Centre ID:	OSV-0008237
Fieldwork ID:	MON-0043951

About the designated centre

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

Dundalk Care Centre is nestled on the edge of the peaceful townland of Haggardstown. It is registered to accommodate 130 residents all in single ensuite bedrooms and offers an extensive range of short term, long term and focused care options to residents. The ethos of Dundalk Care Centre is to provide quality person centred care, where residents are offered choice in their in their way of life and are consulted and participate in decisions regarding their care. The nursing home is set in landscaped gardens with exceptional views across fields of outstanding beauty. There are a number of enclosed outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	109

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
Monday 30 September 2024	08:20hrs to 16:15hrs	Sheila McKevitt	Lead
Monday 30 September 2024	08:20hrs to 16:15hrs	Sinead Lynch	Support
Monday 30 September 2024	08:20hrs to 16:15hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day. Dundalk Care Centre is a designated centre for older people, registered to provide care to 130 residents. There were 109 residents living in the centre on the day of this inspection. Throughout the inspection, the inspectors spoke with residents and staff and spent time observing practice throughout the six units. Residents who spoke with the inspectors provided mixed reviews on their life in the centre.

Residents said the staff were good to them, they were kind and caring. Residents told inspectors that there were enough care staff to meet their care needs on a daily basis.

Residents feedback in relation to activities was poor. Many residents said they were 'bored' and 'fed-up just sitting here'. On the day of inspection there was one health care assistant nominated to provide activities to the 109 residents living in the centre. This made one-to-one activities impossible and as the residents are accommodated over two floors many residents remained in their bedrooms un-stimulated for long periods.

The meal experience was observed by the inspectors. The food served to residents in the dining room and in their bedrooms appeared to be appetising and nutritious. Residents were complimentary about the food. For those served meals in their bedrooms they were served directly from a hot box and residents said they were served at an appropriate temperature. Inspectors observed the morning tea and coffee service in one unit, some of the crockery used at this service was heavily stained and the container used to store the confectionery to residents was not clean. This was pointed out to the person in charge who immediately rectified the issue.

Inspectors observed that the main dining room felt cold and two residents in the room said that they were feeling cold in this room. While the temperature of the room appeared on the wall monitor as sufficient there were windows open which enabled a cold breeze into the dining room. This was highlighted by inspectors to staff who closed all the open windows. Another resident was sitting in the corridor of one unit on the ground floor, they informed an inspector that their bedroom was too cold to sit in so they moved to the corridor. The inspector went to their bedroom, to find that window was open and the room felt cold.

One resident alerted inspectors to the fact that they required assistance. The inspectors attempted to use the call bell but identified that the resident's call-bell was not working. Following this incident, the inspectors checked other call-bells in the corridor and found a second resident's call bell was plugged out of the wall-mounted unit. This restricted the residents' rights to call for assistance when needed. This was pointed out to the person in charge at the time and they assured the inspectors that there were new call bells due to be installed where issues were

identified.

Inspectors observed that visitors were coming and going throughout the inspection. Arrangements were in place to support residents to meet visitors in their bedrooms or in a variety of communal rooms. The inspectors spoke with visitors throughout the inspection and the feedback was positive. One relative who spoke with the inspectors said 'my relative is safe here and is very settled', while another visitor said 'staff are very good and always keep me updated'.

Many parts of the centre required improvements in relation to the standard of cleanliness. Inspectors observed that some bedroom floors appeared stained and dirty, also some sluice rooms and corridor floors were not cleaned thoroughly. The cleaning practices required review to ensure residents were not exposed to the risk of acquiring an infection.

Alcohol-based product dispensers were conveniently located along corridors and within resident bedrooms. They facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks had recently been installed throughout the centre, they were located within easy walking distance of all resident's bedrooms. These sinks were compliant with the specifications of a clinical hand hygiene sink. However, there was no hand soap or paper towels available therefore they were not being used by staff.

Inspectors observed that some areas of the centre were not in a good state of repair. For example, some bedroom and corridor walls were heavily scuffed. One occupied bedroom had badly damaged walls, with paint chipped off and cement exposed. This bedroom had cobwebs hanging off the ceiling and contained dirty clinical equipment used by the resident. Some ceilings had roof tiles missing, bedrooms contained broken toilet brushes and damaged rubbish bins.

Residents were invited to regular 'residents' meetings' where they could share their view on the centre and their lived experiences. Minutes of these meetings were provided to the inspectors. The management appeared to have taken a pro-active approach in implementing changes as the residents requested them.

The centre had a complaints procedure in place. However, these complaints were not always appropriately investigated or not closed in line with the centre's complaints policy. One relative highlighted the fact that the coffee machine accessible to visitors was out of order for some time and although reported as a complaint in early August it was still not operational. Inspectors followed-up on this issue and found that a new machine had been purchased and was in place, however it was not operational as the coffee beans required for its use had not been purchased.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection which took place over one day, to monitor on-going compliance with the regulations. The findings of this inspection were that while some improvements had been observed in relation to food and nutrition and care planning further improvements were required in relation to premises, infection prevention and control, staffing, medication management, resident rights and complaints.

Tempowell Limited is the registered provider of Dundalk Care Centre, and part of the Silver Stream Healthcare group. The person in charge works full-time and was responsible for the day-to-day operation of the centre in addition to providing oversight of clinical practice. They were supported by two assistant directors of nursing, clinical nurse managers, a team of nurses and health care support staff. This team was supported by a director of clinical governance and quality, a chief operating officer, a group facilities manager, human resource staff, and administrative supports.

A system for the oversight of practices had been established and implemented. In some areas the oversight was good, for example, the provider had identified the issues referenced in this report in relation to the premises in a September audit, and they were in the process of putting a plan in place to address these issues. However, the oversight of other areas of practice required strengthening as referenced under Regulation 23: Governance and Management.

There were not enough staff available to ensure the needs of the residents were met and to ensure the up-keep of the centre was maintained to an acceptable standard as referenced under Regulation 15: Staffing.

There was a complaints procedure in place, however, it was not followed when managing individual complaints. The complaints were received but many investigations were not available for the inspectors to view. There were 10 complaints that had remained open for more than 30 days, this was outside the centres own complaint's policy.

Record-keeping systems comprised of an electronic and paper-based systems. Residents' records were not kept in a safe and secure environment and therefore, the safe-keeping of records required further review as detailed under Regulation 21: Records.

Records such as contract of care and policies were available for review some required further updating.

Regulation 15: Staffing

The number and skill mix of staff was not 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. For example, due to a lack of:

- activity staff, residents did not have the appropriate opportunities to participate in activities in accordance with their interests and capacities.
- maintenance staff, the premises did not conform to the matters set out in Schedule 6.
- catering staff, the oversight of food service was not robust enough.
- house-keeping staff, the premises was not clean.

Judgment: Not compliant

Regulation 16: Training and staff development

Notwithstanding the completion of mandatory training, the inspectors observed that some staff required further relevant training to support them in the provision of person-centred care, specifically in the following areas;

- 64 of the 108 staff had completed further training in relation supporting and promoting resident's independence at all times. The remaining 44 staff had yet to complete this training.

Judgment: Substantially compliant

Regulation 21: Records

Records specific to residents were not always kept in a safe and accessible manner. During the inspection there were two nurses stations left unattended where residents' records were accessible in an unlocked cupboard.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre did not have sufficient resources in place to ensure the effective delivery of care in accordance with the statement of purpose dated 16

August 2022 and attached to the centre's current certificate of registration.

The oversight of a number areas of care required strengthening including the following;

- The oversight of complaints was not adequate. Inspectors found that at a clinical and quality compliance meeting on 26th September, it was reported that there were 28 open complaints in this centre, however no action had been taken to address this issue.
- The oversight of the safe storage of medications was not adequate. The revised storage practices had not been identified on recent medication management audits or included in the medication management policy.
- The provision of activities was reactive rather then planned.
- Poor infection control practices had not been identified in the centre's own infection control audits and meetings to date.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their representative. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure in place was not followed when a complaint was received. For example:

- there were 27 open complaints on file.
- 10 of these complaints had remained open for more than 30 days.
- there was no investigation details or evidence of communication with the complainant for some of the open complaints viewed.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that all the policies prepared in writing were detailed enough to guide practice and to ensure they were implemented in practice: For example;

- the medication management policy, although updated, required more specific details in relation to the storage of medications. In the current updated format it did not outline the procedures to be followed by nurses to ensure medications were stored safely.

Judgment: Substantially compliant

Quality and safety

Some improvements were observed in relation to the quality and safety of care provided. However, further improvements were required in relation to residents' care and welfare. The areas of care that required improvement included, the premises, residents' rights, medication management, infection prevention and control together with resident assessments and care plans and food and nutrition.

Some areas of the premises required attention to ensure they conformed to the Schedule 6 requirements. The premises were found to be generally unclean. Flooring required cleaning particularly in the bedrooms where stains and visible debris was found. This is outlined further under the Regulation 17: Premises.

In relation to infection prevention and control there were on-going concerns in relation to the risk of cross-infection to residents. For example, there were two commodes in a sluice room, it was not possible to identify if these were clean or dirty. The tagging system used to identify if an item was cleaned or not was not used effectively. In addition, the systems in place for the disposal of clinical waste was poor. For example, one resident's bedroom contained two used urinary draining bags with the tip of the connecting tubes on the floor; in addition, the oxygen tubing used by the resident in this bedroom was on the floor. Such examples pose a health and safety risk to the residents and this is further discussed under Regulation 27: Infection Prevention and Control.

The registered provider had implemented some improvements in relation to food service. New hot boxes were in place to ensure residents' meals were maintained to an appropriate temperature. The meals served appeared nutritious, wholesome and residents said the food was hot. However, the service at the morning tea and coffee time required improvement.

Residents' care plan and assessments did not guide practice. The COVID-19 care plan for one resident indicated that they were to isolate for five days, however, staff informed the inspector the resident was in isolation for 10 days. An assessment had been completed prior to a resident's admission which did not identify the health and social care needs of the resident in relation to the vaccination status or, if they were

a diabetic. On two residents pre-admission assessment the question in relation to if the resident had diabetes was left blank, however, under nutrition status the residents were required to have a diabetic diet.

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services. Residents weights and observations were completed at least monthly or more frequently if required.

Medications were not safely stored in a number of areas in the centre.

The inspectors saw that behaviour support plans were in place for residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Inspectors saw staff engage with residents in a dignified and respectful way during the inspection.

Residents did not have access to opportunities to participate in meaningful activities when they wished. A healthcare assistant had been allocated to deliver activities on the day of inspection as there were no dedicated members of the activities team on duty. This resulted in only one staff member available to meet the social care needs of over 100 residents. Many residents were observed to be in their room with no stimulation or one-to-one or group only activities provided or offered to them.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements. For example:

- The premises was not kept in a good sate of repair internally.
- Flooring, furniture and equipment were not clean in many areas.
- There was inappropriate storage in the sluice room.
- Damaged equipment was not disposed of.
- Emergency call bell in one residents bedroom was not working while another residents emergency call bell was plugged out of the wall.
- Suitable heating was not in provided in all areas of the building.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents did not have access to a safe supply of fresh drinking water at all times. There were two drinking water dispensers that were not working and another

located in a communal day room, was not accessible to residents as it was blocked with armchairs.

The tea trolley was found to have crockery that was heavily stained and not appropriate for hot drinks to be served from.

The coffee machine in reception had been replaced. However, residents and visitors continued to be unable to use this as this had not yet been set up.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Residents' equipment was not maintained in a clean states at all times. For example; an oxygen concentrator were observed as dirty with the oxygen tubing on the ground.
- Inappropriate segregation of clean and dirty equipment were observed throughout the centre, which posed a cross-contamination risk. For example, two shower chairs were stored in the sluice room and one unclean wheelchair was stored with other clean equipment in a store room.
- There were new wash hand sinks on a corridor but there was no hand soap or hand towels made available to facilitate effective hand hygiene.
- In one residents bedroom there were two night draining catheter bags left on a window, which were not appropriately stored or disposed of.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that all medicinal products supplied to residents were stored securely at all times. For example:

- The treatment room was found to be unlocked and the press in the room was also unlocked. It contained a large amount of stock medication.
- The entrance to the medication room on one unit had the code written on the door. The inspector was able to access this room and the internal storage press where medications were stored was also found to be unlocked.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A computerised system was used for care planning. Overall, the standard of care planning had improved and were found to be person-centred with some exceptions. For example;

- The person in charge had prepared a care plan for resident's needs. However, these care plans were not implemented and did not include enough detail to guide practice. For example, one resident was currently in isolation and their care plan specified that they were in isolation for five days. However, staff informed the inspector that they were in isolation for 10 days.
- The pre-admission assessment did not guide the admitting nurse in relation to the residents needs. There were two residents who had the question in relation to diabetes left blank however, on their completed nutritional assessment both residents were identified as diabetics and both required a diabetic diet.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was clear documentation of the types of restraint used in the centre and overall good practice in the assessment and use of restraint. Risk assessment reviewed included alternatives trialled and tested prior to restraint being considered for use.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not have access to appropriate meaningful activities each day. There was one healthcare assistant in the role of activities on the day of the inspection. This number of activities staff was not sufficient to meet the social care needs of all the residents living in the centre. Residents' rights were not upheld at all times. For example, two residents did not have access to their call bell to enable them to call for assistance when required, and exercise choice.
Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Substantially 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	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Not compliant

Compliance Plan for Dundalk Care Centre OSV-0008237

Inspection ID: MON-0043951

Date of inspection: 23/10/2024

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: To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required: • To ensure that there is enough activity staff to provide the appropriate opportunities to participate in activities for the residents in accordance with their interests and capacities, we are currently in the process of hiring one additional WTE Activity staff. While this process is under way HCAs in each unit are being supported to deliver activitites as required. Additional external activity providers have been booked. • To ensure the home conforms to the matters set out in schedule 6 the centre has a dedicated Maintenance Operative in attendance 3 days per week. Further to this, at least one member of the Technical services team (Electrical, Plumbing and Carpentry) visits on days when the MO is not on site . An additional supplement to manitenance requirements in the home is provided by means of attendances by another MO at weekends to tend to grounds maintenance (and any other urgent issues that may arise while they are on site) . To provide further assurance the RPR has implemented a robust task logging/reporting system to record all maintenance issues as required. This system is overseen by the group EEM and DCGQR to ensure works are completed in a timely manner. • A full review of the kitchen process and work flow is under way and ongoing. The newly appointed Kitchen Manager is reviewing their team to ensure the oversight of food service is robust and meets residents needs. Additional equipment and changes to rostered hours has been implemented. A weekly dining experience audit is being completed by the RPR team for four weeks to review and ensure compliance, it will then move to monthly. • A full and comprehensive review took place and all actions identified have been communicated to our external cleaning company. This is reviewed by a member of the RPR team every two weeks to ensure compliance and by the PIC management team. This will continue until the process is consistent within the centre. The RPR team together with our PIC are meeting weekly the cleaning company. The findings of the audits are discussed and an action plan agreed to ensure complaince is achieved.	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To ensure compliance the PIC will have the following implemented and actioned as required
• The PIC has booked dates for training for the remaining 44 staff to receive training in supporting and promoting resident's independence at all times. Newly recruited staff will have this training completed within 3 months of starting. This training for the 44 remaining staff will be completed by end of November.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
To ensure compliance the RPR will have the following implemented and actioned as required
To ensure all records specific to residents kept in a safe and accessible manner the PIC has ensured that all staff have been informed to ensure that presses are locked and records cannot be accessed. The RPR team members will review compliance of this weekly when in the centre. All care staff will have Fundementals of GDPR training on HSELand will be completed.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance the RPR will have the following implemented and actioned as required
• The RPR Clinical Governance team now overview all the complaints weekly with the homes PIC and homes management team. Support is provided as required to ensure complaints are actioned and responed to and closed within 30 days ,the complaint is re activated if an appeal is requested.

• A member of the RPR Clinical governace team is reviewing medication managememt with a member of the homes management team on a weekly basis to ensure the oversight of the safe storage of medications. All nursing staff have completed an update in medication managemnet and our policy has been updated to reflect same.All Medication audit findings will be reviewed by a member of the RPR Clinical govermnace team to ensure non compliances are actioned and learnings indentified.
• We are curently recruiting one additional WTE activity staff. Once in position an activity timetable will be agreed with residents and delivered by staff. The Activity timetable is reviewed with residents at their resident committee meetings.
- A member of the RPR Clinical governance team will complete an IPC audit every month and action findings with the PIC and their management team. Learning will be communicated and actioned prior to the next audit taking place.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
To ensure compliance the RPR will have the following implemented and actioned as required
• All complaints have been reviewed and are now closed within 30 days of receiving. Weekly review with member of the RPR Clinical Governace team and PIC are now taking place to ensure this process is followed as per policy.
• Any complaints open more than 30 days have been closed.
• The PIC will ensure all investigation details are documented in the complaints log. All open complaints will be reviewed weekly with the PIC and their managemmet team by the RPR Clinical Governance team.
• All staff will complete training and education in complaints manangement as per our policy.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
To ensure compliance the RPR will have the following implemented and actioned as required
• The medication management policy has been updated to include more specific details in relation to the storage of medications. The policy now outlines the procedures to be followed by nurses to ensure medications were stored safely.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance the RPR will have the following implemented and actioned as required

• The premises was not kept in a good sate of repair internally. Facilities inspections are carried out on a 4-6 basis by the Estates & Engineering Manager wherby general condition of fabric finishes are assessed and noted. Contract painters are brought in to the home as required. Damaged fire doors have been replaced by external contractors as required and in a timely manner. Cracking to internal walls has been noted throughout various areas and there is currently actions being put in place to address this issue. Flooring repairs continue to carried out if and when required. There are currently some minor floor repairs currently awaiting attention and this work has been scheduled.

• To ensure the flooring, furniture and equipment are clean a detailed cleaning schedule has been implemented both internally and from our external cleaning company. Cleaning audits take place monthly by a member of the RPR team and weekly by a member of the homes internal management team.

• A full and comprehensive storage review is underway and will be revieved weekly by the RPR team to ensure all items stored correctly.

• All damaged equipment has now been disposed of.

• A daily call bell audit is now in place to ensure all call bells in working order and plugged in. All staff have been met with re ensuring bells are not plugged out.A full review and edication session have taken place in how the call bell system works both within the room and at the display unit.

• Suitable heating is provided throughout the home by means of controlled under floor heating. It was noted on the day of inspection that an oversight by staff in the dining room meant that the room was cold due to all windows being left in the open position that morning. Steps have been taken to correct this situation and signage put in place.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
To ensure compliance the PIC will have the following implemented and actioned as required

• To ensure all residents have access to drinking water the following is in place. Clear signage to ensure drinking fountains are kept clear of objects to allow for access. Each resident has a jug of water delivered daily to their room. Each Lounge area has an

assortment of drinks in jugs available to residents. Staff reminded to offer fluids to those residents that require assistance. A named staff member is allocated daily to ensure this process.
• The tea trolleys now are reviewed by the Head chef prior to leaving the kitchen to ensure appropriate drinking untensils and clean crockery are available.
• The coffee machine in reception has now been set up and is in use.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
To ensure compliance the RPR will have the following implemented and actioned as required
• To ensure Residents' equipment is maintained in a clean state at all times, a detailed cleaning schedule is now in place. This is vervified by a member of the RPR team weekly.
• A full review has taken place to ensure that all inappropriate segregation of clean and dirty equipment is maintained through out the centre to ensure there is no cross contamination.
• The new wash hand sinks on the corridors now have hand soap and hand towels in place.
• A daily check is now completed by the staff nurses and CNMs on duty to ensure the catheter draining bags are correctly stored and disposed of.
• A member of the RPR Clinical governance team will complete an IPC audit every month and action findings with the PIC and their management team. Learning will be communicated and actioned prior to the next audit taking place.
• A full and comprehensive review took place and all actions identified have been communicated to our external cleaning company. This is reviewed by a member of the RPR team every two weeks to ensure compliance and by the PIC management team. This will continue until the process is consistent within the centre. The RPR team together with our PIC are meeting weekly the cleaning company. The findings of the audits are discussed and an action plan agreed to ensure complaince is achieved.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
To ensure compliance the RPR and PIC will have the following implemented and actioned as required

• All treatment rooms are key locked with the internal presses also locked. Each nurse on duty carry the set of keys. The Centres management team check daliy to ensure compliance and when a member of the RPR team is on sitre they too complete a check.
• All Medications rooms in each unit are key locked with the internal presses also locked. Each nurse on duty carry the set of keys. The Centres management team check daliy to ensure compliance and when a member of the RPR team is on sitre they too complete a check.

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:
To ensure compliance the RPR and PIC will have the following implemented and actioned as required
• The PIC is continuing to review all residents care plans to ensure they meet the current needs of the residents. A member of RPR Clinical Governance team reviews samples on a weekly basis to oversee the complainace and reports findings and actions if required to the PIC and their team. This include a resonable timeframe to complete actions as required and theses are then followed up and verifved by the RPR Clinical Governance team memeber
The pre-admission assessment has now been reviewed to ensure that they guide the admitting nurse in relation to the residents needs. The pre admisison assessment will be reviewed to ensure compliant care plans.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance the RPR and PIC will have the following implemented and actioned as required
- To ensure residents have access to appropriate meaningful activities each day we are in the process of hiring one WTE activity coordinators. This will ensure that we meet the social care needs of the residents. Activity lead in the process of creating
• a record of residents who prefer to stay in rooms, this will include a history of discussions of one to one activities that are available. Regular meetings with residents who like to stay in room take place.
• All call bells are reviewed daily to ensure they are in working order and availble to residents to access. All staff have been met with re ensuring bells are not plugged out. A full review and edication session have taken place in how the call bell system works both

within the room and at the display unit.

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	31/12/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/11/2024
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	13/12/2024
Regulation	The person in	Substantially	Yellow	05/11/2024

18(1)(a)	charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Compliant		
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	05/11/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/11/2024
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	Orange	31/12/2024
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	31/12/2024

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	05/11/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	05/11/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Not Compliant	Orange	05/11/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has	Not Compliant	Orange	05/11/2024

	been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Not Compliant	Orange	05/11/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Not Compliant	Orange	05/11/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any	Not Compliant	Orange	05/11/2024

	investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	05/11/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/01/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Substantially Compliant	Yellow	30/01/2025

	care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	Orange	05/11/2024
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.	Not Compliant	Orange	05/11/2024