



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Cara Nursing Home
Name of provider:	Shannore Management Ltd
Address of centre:	Redemption Road, Blackpool, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	22 July 2024
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0044389

## About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoined day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

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

Number of residents on the date of inspection:	26
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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 July 2024	08:45hrs to 17:00hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

This unannounced inspection took place over one day in Mt Cara Nursing Home. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met with many residents during the inspection and spoke with 10 residents in more detail to gain insights into their experience of living in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided and the kindness of staff. They said that staff were very approachable and helpful. It was apparent that they knew the person in charge and staff, and in general, sociable interaction was observed throughout the day.

The inspector was guided through the centre's risk management procedures, which included a signing in process and hand hygiene. There were 26 residents residing in Mount Cara Nursing Home at the time of inspection.

This was a single-storey building. The main entrance was wheelchair accessible and led to a small porch; the reception office and the parlour were located beyond the porch. The parlour was a smaller sitting room used by residents to meet with their visitors, if they preferred a quiet room and privacy. Registration certification, current insurance certificate and complaints procedure were displayed within the lobby. Also available at reception was a copy of the statement of purpose, residents' guide, inspection reports and leaflets with information on health matters. A suggestion box was available for people to leave their feedback. Information posters regarding complaints, patient advocacy services and SAGE advocacy were displayed around the centre.

The main fire alarm system was in the reception area and secondary fire panels were located on corridors off the foyer. Leading from the reception was the large foyer which had a high glass dome making the space bright and airy. Residents were seen here throughout the day having their morning and afternoon coffee, chatting and reading the newspaper. Offices of the nursing staff and the clinical room were here. Communal rooms were within easy access of the main foyer and included the dining room, lounge day rooms, oratory and toilet facilities. Residents' bedroom accommodation was along two adjoining corridors to the right of the foyer area. There were two bathrooms available to residents with specialist baths.

The main day room was a large bright room which led into another large room via an archway; both rooms had a large flat screen TV. There was ample space and comfortable seating for residents; pressure-relieving cushions were seen on several chairs in day rooms and in the foyer for residents' comfort. Off these day rooms there was a smaller conservatory with seating and access to the garden. The smokers' room was located beyond the small conservatory with outdoor exit access to the enclosed garden. This room had a wall mounted electric cigarette lighter

which negated the requirement for matches or lighters; there was a call bell and fire blanket.

Other communal space available to residents included the sun room which was a lovely bright room with comfortable seating and small resting tables for residents to place their beverage, book or newspaper. One resident explained that there was loads of books and as she was an avid reader she was delighted with the array of reading material. There was a patio door exit to the outdoor patio area which led to the garden and walkways around the building. Residents were seen enjoying the sun-room reading and others enjoyed the company of their visitors in this room.

The hairdressers room was along the back corridor and the hairdresser visited the centre on a fortnightly basis. Orientation signage was displayed around the building to allay confusion and disorientation. There were lots of photographs displayed of residents enjoying parties and activities. The oratory was a lovely peaceful room located off the main foyer. Residents were seen calling into the oratory throughout the day for quiet relaxation.

The dining room had tea, coffee and toast making facilities which enabled residents to make their own if they chose. Menu choice was displayed by the dining room entrance. The inspector spoke with residents and they reported that the quality of food was really good. The layout of the dining room was changed and residents said it was much better and more sociable. The presentation of meals was lovely and food looked appetising.

All bedrooms were single occupancy and were of adequate size and layout and could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe space for storage and hanging their clothes. All bedrooms had handwash sinks as part of their vanity unit; some of the vanity units were seen to be chipped exposing wood underneath. Bedroom doors had residents' names displayed. Also on bedroom doors was signage with reminders to staff to knock before entering bedrooms. Staff were seen to knock before entering residents' bedrooms and announce themselves to residents in a friendly manner. Call bells were fitted in bedrooms, bathrooms and communal rooms. Communal shower, toilet and bath facilities were located within easy access of communal areas and bedrooms. Assistive equipment such as hoists, pressure-relieving mattresses and cushions were in place for the comfort of residents.

The centre was visibly clean and household staff spoken with were knowledgeable regarding cleaning regimes and cleaning solutions. Cleaning trolleys had lockable storage to ensure cleaning solutions could be appropriately secured. There was ample space to facilitate storage of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms. Hand hygiene gel dispensers were replaced following findings of the last inspection. Staff were seen to comply with infection control best practice regarding donning and doffing disposable gloves and aprons, and hand hygiene.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was seen to have current servicing records; emergency evacuation plans were displayed with primary evacuation routes and point of orientation identified. Fire smoke detectors were located in rooms such as bedrooms, storage rooms, laundry and communal rooms. A sample of internal fire doors on corridors were checked and were seen to be correctly aligned.

The laundry was secure to prevent unauthorised access. There were two sinks with one designated hand-wash sink for staff. The clean and dirty side of the laundry was marked to assist staff in adhering to best practice regarding movement between the sides. The laundry was seen to be untidy with debris and items on the floor. Linen stores were well stocked with sheets, pillow cases, blankets and pillows.

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

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to records maintained in the centre, fire safety precautions, some Schedule 5 policies and procedures, features of infection control, the risk register and associated risk management policy updated. Further attention was necessary regarding regulations relating to Schedule 5 policies and procedures, the annual review, features of care documentation, aspects of infection control and residents' access to meaningful activation throughout the day. These will be discussed throughout the report under the relevant regulations.

Mount Cara is a residential care setting operated by Shannore Management Limited. It is registered to accommodate 26 residents. The governance structure comprised the nominated person representing the registered provider, the person in charge who reported into the nominated person, and deputising arrangements for the person in charge. The person in charge was supported on site by nursing, care staff, catering and household staff.

Quality and safety of care and quality of life was monitored through audits and maintaining weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, antibiotic usage were examples of the range of KPIs monitored. These along with the results of monthly audits informed the monthly quality management meetings. The quality meetings had set agenda items comprising clinical, HR, external reports, health and safety items and quality of life items included complaints, feedback from residents meetings, accidents and incidents for example.

The risk management policy and register were updated to reflect the specified risks detailed in Regulation 26. Schedule 5 policies regarding volunteers, staff training and development, complaints procedure were updated to reflect current legislation and best practice guidelines, nonetheless, further action was necessary regarding other Schedule 5 policies and procedures and these are further outlined under Regulation 4, Written policies and procedures. An annual schedule of audit was evidenced, and while some of the audits were robust in identifying deficits to enable quality improvement, some audits did not enable issues, identified for improvement on this inspection, to be captured through the centre's own audit process.

The provider representative and person in charge assured the inspector that there was ongoing monitoring and oversight of the staff complement with ongoing recruitment to ensure the duty roster was maintained for eventualities such as holiday and sick leave. However, residents had either very limited or no access to meaningful activities when the activities co-ordinator was not on duty. Further details regarding this are reported under Regulation 9, Residents' Rights. The training matrix was examined and showed that mandatory training was up to date for all staff. Additional fire safety and hand hygiene training was scheduled as part of ongoing training to ensure all staff training remained current.

The annual review was examined; it was developed following engagement with residents and relatives. It was very easy to read and while it outlined quality initiatives, there was limited information on the social engagement and community involvement residents reported on inspection.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse, working full-time in post and had the necessary experience and qualifications as required in the regulations. She actively engaged in the governance and operational management of the service, and positively engaged with the regulator.

Judgment: Compliant

#### Regulation 16: Training and staff development

Action was required to ensure staff were appropriately supervised:

- two staff members were observed in the day room, one standing and the second staff sitting and not engaging with residents. While they explained they were supervising residents at risk of falls, they did not engage with residents reflective of a social model of care.



Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the marital status, religion and location from where the resident was admitted from, to ensure compliance with specified regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

Action was required regarding some of the governance and management systems in the centre to ensure the service was effectively monitored:

- some audits were not sufficiently detailed to enable a robust assessment to identify deficits to be captured to inform a quality improvement plan
- the annual review did not comprehensively reflect the quality of life experience of residents
- there were inadequate resources to ensure effective delivery of care as residents' had limited access to meaningful activation on a daily basis. This is further discussed under Regulation 9, Residents' rights.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The accident and incident log was reviewed and notifications submitted correlated with these records. The person in charge was knowledgeable regarding her responsibilities relating to notifying the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure and suggestion box for feedback were displayed at reception. The complaints' log reviewed showed that issues were recorded appropriately and followed up by the person in charge in a timely manner. Matters

were investigated and action plans discussed with the complainant to enable the issue to be resolved in accordance with the complainant's wishes.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were in line with current legislation as follows:

- the policy relating to provision of information to residents did not include information relating to the residents' guide as specified in the regulations
- the policy relating to the creation of, access to, retention of, maintenance of and destruction of records referenced Schedule 4 records, however, Schedule 2 and 3 records were not detailed as specified in the regulations; guidance in the policy relating to transfer of records did not comply with regulatory requirements
- information relating to records associated with the transfer of a resident to another facility required additional information to ensure regulatory compliance.

Judgment: Substantially compliant

#### Quality and safety

The inspector observed that, in general, care and support given to residents was respectful; staff were familiar with residents preferences and choices and facilitated these in a friendly manner.

Overall, residents' healthcare needs were met to a good standard. There were effective systems in place for the review of healthcare needs of residents. Residents' medications were reviewed as part of consultation with their GP; records showed there was ongoing monitoring of and responses to medication to ensure best outcomes for residents. Residents had access to specialist services such as psychiatry and community psychiatry, palliative care, tissue viability, speech and language, geriatrician, dietitian and optician. The chiropodist was on site every 6 -8 weeks. Good clinical oversight was demonstrated regarding restrictive practices. A chemical restraint and bed rail register was also maintained and this information fed into their clinical governance meetings.

When residents were temporarily absent in another healthcare setting, the person in charge ensured that comprehensive information was submitted to the receiving centre and copies of transfer letters were maintained on site. Regarding residents'

care documentation, a daily narrative for night and day duty was maintained for residents to reflect their current status and well-being. Care plan documentation reviewed showed improvement. In general, comprehensive assessments were completed in the sample of care documentation reviewed, however, occasionally, known risks were not detailed in relevant assessments; this is further discussed under Regulation 5, Individual assessment and care plan. Care plans were person-centred with resident-specific information to guide and inform individualised care and these set out the goals and supports necessary to achieve those goals.

The nurse spoken with described best practice regarding medication management. Associated administration charts seen were comprehensively maintained. Medication requiring controlled management were secure and maintained in line with professional guidelines.

Minutes of residents' meetings showed that meetings were well attended by residents and there was good discussion regarding life in the centre and residents' feedback was sought regarding all aspects of care. Issues highlighted were followed up by the person in charge and actions taken to ensure residents' requests were fulfilled, such as changes to menu choices for example. Other suggestions such as additional music with one musician coming to the centre once a week and a second musician coming once a fortnight. Nonetheless, issues were identified regarding the activities programme and this is further detailed under regulation 9, Residents' rights.

In relation to fire precautions, appropriate certification was in place for emergency lighting and fire fighting equipment such as fire extinguishers. Emergency floor plans were displayed throughout the centre with clear evacuation routes and emergency exits. Details of daily fire checks were available to the inspector and these were comprehensively maintained. Personal emergency evacuation plans were in place for all residents. Improvement was noted following findings from the last inspection in that fire drills and simulated evacuations occurred frequently, including evacuation of the largest compartment; these sessions included residents. Records showed incremental improvement in evacuation times. Nonetheless, a review of fire exits was required and this is further discussed under Regulation 28, Fire precautions.

The regime regarding flushing of infrequently used taps and showers to mitigate the risk of legionella was in place. Current records had the water outlets identified to be flushed every Monday. While the person in charge was knowledgeable regarding residents with a history of multi-drug resistant organisms (MDROs), a register of MDROs was not maintained in line with current guidance. Other issues identified regarding infection control are further discussed under Regulation 28, Infection control.

## Regulation 11: Visits

There was an open visiting policy in the centre in line with the current guidance issued by the Health Protection Surveillance centre (HPSC). There was a parlour

room at reception for residents to meet with visitors in private if the wished. Visitors were seen calling to the centre throughout the day and visit residents in the day rooms and sun-room.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to a double wardrobe, beside locker, and drawers as part of their vanity unit in their bedrooms to store and display their personal belongings and mementos.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure the premises was maintained in good working order, as follows:

- there was a strong mal-odour of stagnant water in one bathroom
- a call bell was broken in one of the assisted bathrooms so there was no facility to call staff if required.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents gave positive feedback about their meals and quality of food served. Medications were administered before or after meals so as not to disturb or interrupt residents while having their meal. Kitchen staff were observed to call to residents and discuss the menu choice for their main meal and evening meal; she offered loads of choice and knew residents' preferences and took time to explain options to them. Mealtime was a relaxed and social affair and residents were seen to enjoy the dining experience.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Transfer letters accompanied residents upon transfer to another service and copies of these letters were maintained on site and demonstrated that comprehensive information was provided to the receiving centre to enable care to be provided in line with the current assessed needs, wishes and preferences of the resident. Where relevant, the infectious history and multi-drug resistant organism (MDRO) history was included in the transfer information. Reports reviewed showed comprehensive information was received upon residents transfer back in to the centre to ensure the resident could be cared for in accordance with their changed needs and medical management.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was updated following the findings of the last inspection to include the specified risks as detailed in Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

The following issues relating to infection control were identified as requiring action:

- there were not enough hand hygiene dispensers to ensure staff had easy access to hand hygiene facilities at point-of-care locations
- while there were handwash sinks in sluice rooms these were not compliant with current recommended guidelines
- some furniture such as chairs were worn and chipped so effective cleaning could not be assured
- one duvet was seen to be badly stained and a damaged mattress was seen in the courtyard
- an MDRO register was not maintained in line with current guidance to inform care practices.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following concern was identified relating to fire precautions and required action:

- there was a small step at the fire evacuation exit off the sun-room making evacuation difficult.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The nurse spoken with regarding medicines described best practice. Medication administration charts were comprehensively maintained and medications requiring controlled management were securely maintained and managed in line with professional guidelines. A nurses' signature list was part of medication management. Additional quality measures were in place as part of medication management oversight as follows:

- a list of residents, their medical and medication review date and next medical and medication review due date was included in the medication administration folder
- routine blood tests and specialist blood tests due in accordance with their medical histories and specific prescription requirements
- anti-microbial register which identified the infection type, duration and response and outcome of treatment
- psychotropic register including regular and 'as required' medications.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Assessment and care planning documentation required action as follows:

- care plans were not consistently discontinued in accordance with the residents' changing needs, for example, when a resident had an acute infection and completed antibiotic treatment, the care plan was not discontinued to reflect the resident's improvement
- where a resident was a known falls risk, this information was not part of their assessment such as mobility or environment safety assessment for example
- resuscitation decisions were detailed in their care plan but not detailed in the assessment to reflect the decision-making process between the resident and GP for example.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to GP services and specialist services such as psychiatry and community psychiatry, palliative care, tissue viability, speech and language, geriatrician, dietitian and optician. The chiropodist was on site every 6-8 weeks.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Good oversight of restrictive practices was demonstrated. A restrictive practice record was maintained which included a separate record of chemical restraint prescribed and used. The person in charge liaised with residents' GP's on a regular basis to ensure best outcomes for residents regarding 'as required' PRN medications.

Judgment: Compliant

## Regulation 8: Protection

The service was not a pension agent for any resident and the service did not hold petty cash belonging to any resident. Staff training was up to date for safeguarding and residents reported they could raise concerns with the person in charge and staff and issues would be followed up.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required to ensure residents had access to a meaningful activation programme; this was a repeat finding:

- during the inspection, there were no activities seen during the morning aside from staff offering beverages mid-morning. In the afternoon, staff facilitated games for a short time, however, there were no scheduled activities as one of the activities co-ordinator was on sick leave. When there is no staff rostered for activities, residents spend long hours without opportunities to participate in activities in accordance with their interests and capacities.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Mount Cara Nursing Home OSV-0000747

Inspection ID: MON-0044389

Date of inspection: 22/07/2024

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>PIC will continue to supervise the staff to reflect social model of care. Staff meetings and Hand over sessions will be used to highlight the importance of communication. Staff are advised to attend training on communication in nursing homes.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward audits will be sufficiently detailed to enable a robust assessment to identify deficits to be captured to inform a quality improvement plan. Management will ensure meaningful activities are provided to the residents and the annual review will reflect the same.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  Sechele 5 Policies and Procedures are now in line with current legislation. Going forward any changes in legislation will be reflected in a change of policy.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Extra Hand hygiene dispensers have been installed throughout the Centre  Clinical hand wash sink has been ordered for the Sluice Room  All worn furniture, mattresses and duvets has been removed and replaced  MDRO register has started in line with the current guidelines to inform care practices.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A ramp will be installed to remove the small step at the fire evacuation exit</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:  Care plans and assessments are now updated to compliance with regulation. PIC will do regular audits to ensure compliance. Nurses are made aware of the regulation of individual assessment and care plan.</p>	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Going forward an activity Co Ordinator will be rostered to ensure residents rights are met.</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/08/2024
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.	Substantially Compliant	Yellow	22/08/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	22/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	01/11/2024

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/10/2024
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	15/09/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before	Substantially Compliant	Yellow	22/08/2024

	or on the person's admission to a designated centre.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	22/08/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	22/08/2024
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	22/08/2024