



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Tralee
Name of provider:	Aperee Living Tralee Limited
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0033837

About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 64 residents. It is a single storey building set on a large landscaped site. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with three single en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 48 single bedrooms and eight twin bedrooms; all with full en suite facilities of shower, toilet and wash-hand basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the large foyer with comfortable seating, sitting rooms, Oak dining room, art room and oratory, and quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical and intellectual disability, psychiatry of old age, and residents with palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Wednesday 11 August 2021	09:50hrs to 18:40hrs	Breeda Desmond	Lead
Wednesday 11 August 2021	09:50hrs to 18:40hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall residents were seen to have a good quality of life in the centre that was respectful of residents rights choices and wishes. The inspectors met the majority of residents present on the day of the inspection and spoke to eight residents in more detail. The inspectors also met four sets of visitors during the inspection. Residents reported it as a good homely place to live, with kind and caring staff. Relatives spoken with were complimentary about the staff and the care provided to their family member.

This was an unannounced inspection to monitor compliance with the regulations. On arrival to the centre the inspectors were guided through the infection control assessment and procedures by the administrator. An opening meeting was held and the inspectors were accompanied by the person in charge on a tour of the centre. During the tour and throughout the day, the inspectors saw that despite the person in charge only commencing in the centre approx three weeks ago, it was evident that she knew the residents and their care needs well. Residents were also very familiar with the person in charge and stopped to talk with her.

The centre was a large single-storey building located in a scenic rural setting near Tralee town and could accommodate 64 residents. Landscaped gardens with walkways for residents were available at the front and sides of the building and residents were observed walking around these during the inspection. An internal secure garden area was available for residents which was easily accessible through the oratory/activities room. However the inspectors noted the lack of garden furniture for residents to be able to sit out and enjoy the fresh air and sunshine.

The centre was set out in four main wings called Beech, Oak, Torc and Dunloe, and Mangerton wing had one twin and two single bedrooms off main reception. Resident accommodation comprised 46 single bedrooms and nine twin bedrooms, all of which had full en-suite facilities, with additional specialist bath, shower and toilet facilities located throughout the centre. Communal facilities included a large dining room, two sitting rooms, a visitors' room and one meeting room. Residents also had use of a large art room and oratory. The sitting areas, oratory, art and large dining room were seen to be used throughout the day and evening. These rooms were furnished with radios, televisions, lamps, reading and activity material. This added to the home-like, relaxing and comfortable environment. There was a variety of seating areas available to residents including seating in the spacious foyer. This was an open plan area where some residents liked to sit for periods during the day. Residents told inspectors that they liked to chat together and to watch the general activity as this was the main access point for visitors and for residents going into the dining room. The management team showed inspectors a new additional sitting room for residents which was near completion. The dining room and sitting areas had good lighting and provided pleasant views of the surrounding countryside. Social distancing was facilitated throughout and additional dining space was included

in the main sitting room to ensure this.

Inspectors observed that bedrooms were homely and very personalised. Residents were encouraged to bring in their personal furniture, pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents and relatives to bring in personal items to remind residents of home, of family members and of significant events. Each resident's bedroom door had a lovely montage of photographs including pictures of their hobbies and interests such as their favourite TV programme, teams they supported and music they liked. This provided a great talking point and helped staff to get to know the resident and their interests. However, inspectors observed that in some bedrooms wardrobe space required review; one bedroom only had a single wardrobe, and in a number of twin rooms residents shared one double wardrobe. This was not adequate space for residents' clothing.

Information available to residents and their families included the statement of purpose, inspection reports and the complaints policy; these were all displayed at main reception along with other health-related information. Signage to guide residents was appropriately positioned and was meaningful and easy to interpret, and facilitated residents to move around the building independently. Many residents were seen to walk around the centre during the inspection; one resident said it helped them to keep active.

Communal rooms were generally nicely furnished, laid out in a homely style, and arranged to promote social distancing, whilst retaining a friendly, social atmosphere. However, inspectors saw that the premises was in need of full redecoration. Paint was peeling from internally and external walls; a number of chairs were seen to be worn or torn.

Inspectors met the resident dog who was a firm favourite with residents and had his bed in one of the day rooms. He was seen to wander freely around the centre meeting and greeting residents and staff alike. One resident who assisted the maintenance man had a badge identifying the role. This resident enjoyed showing inspectors what they did and the part they played in the running of the centre. The inspectors were informed that the management expressed their gratitude by providing weekly treats such as Chinese take-away, the resident's favourite - a much deserved reward for their contribution to the centre.

The inspectors met the activity co-ordinator who worked 4 days per week; a care assistant provided activities two afternoons a week in her absence. This required review as this was not enough activity hours for the centre of its size with 64 residents; some residents said days can be long when activities are limited. During the inspection the inspectors saw lively exercise session and an interactive game of bingo.

At the time of this inspection they had been successful in keeping the centre COVID-19 free. Nonetheless, inspectors acknowledged that residents and staff has been through a challenging time implementing and adhering to public health guidelines.

As per current public health guidelines (August 2021), the centre had resumed visiting. Inspectors had the opportunity to communicate with a number of visitors on the day and they were complementary regarding the care provided. Residents expressed their delight at being able to see their family again and looked forward to more day trips which were resuming. One resident was seen to go out daily and another resident told the inspectors how they had been out the previous day with their family and really enjoyed it. There were effective controls in place to minimise the risk of inadvertent introduction of COVID-19 by visitors. Residents and staff were monitored for signs and symptoms of COVID-19, with temperatures being recorded twice per day in line with the current Health Protection Surveillance Centre (HPSC) guidance. The inspectors saw this taking place during the inspection. The inspectors observed that the centre was clean throughout, and there were two household cleaning staff on weekdays. However, they was only one cleaning staff on duty at weekends, which was not adequate to clean a centre of this size and occupancy.

Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. One family commented to the inspectors that their relative was impeccably dressed when they visited and commented that staff did not know we were coming today so were delighted to think this is common practice daily. The inspector observed interactions between the staff and residents throughout the day and found that they were warm, respectful and person-centred. Many residents were getting their hair up-styled by the hairdresser, in a newly renovated hairdressing room. Residents told the inspectors they enjoyed this so much and were delighted with the new room as they used to have their hair done in their bedrooms and now they felt they were going to a salon. The hairdresser expressed great satisfaction with the new facility and a better working environment. Residents were observed calling into the salon during the day to admire the new room and decor, and chat with the hairdresser.

Mealtimes was observed and there was an excellent serving system seen where residents seated together at tables, were all served together. Residents were offered choice for their main meal as well as choice of fluids. Nonetheless, mealtime was not protected as medications were administered to residents during their meal and this impacted on the social interaction between residents while sharing a meal. While meals were pleasantly presented and looked appetising, some of the meat or fish portions appeared small and not in keeping with adult portion sizes.

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 and a well managed centre, where a high quality

person-centred approach to care was promoted. Inspectors reviewed the actions from the previous inspection and found that actions were taken in relation to the appointment of a person in charge; social distancing in the dining room and communal day room; and improved care documentation. Further attention was necessary regarding regulations relating to staff training records, activity provision and the layout and work-flow in the laundry, which was a repeat finding. An urgent compliance plan was issued on inspection regarding fire safety precautions as drills to simulate the evacuation of compartments had not occurred to ensure that all staff were competent to safely evacuate residents from a compartment in an emergency.

Aperee Living Tralee was operated by Aperee Living Tralee Limited, the registered provider. It was part of the Aperee Living group, which owned and operated a number of other nursing homes throughout the country. The management team within the centre was supported by the Aperee Living senior management team. The provider had effective management systems to monitor the quality and safety of the service through auditing and weekly collection of key performance indicators such as falls, restraints, infection, weights and pressure ulcers. Where deficits were identified, action plans were developed, with progress recorded. This information fed into the monthly clinical governance meetings, where issues such as human resources, incidents, audits, and key performance indicators were discussed and monitored. In addition to these, quality and standards management meetings supported the oversight of quality indicators within the care setting; these minutes had responsibility assigned and status reported on each area with monthly updates. This ensured a continuous monitoring of the service.

On a daily basis, care was directed by the recently appointed person in charge, who provided good leadership to the team and was well-known to residents. The person in charge was supported in the role by an assistant director of nursing, a practice development officer, and the extended team of nurses, care assistants, catering, maintenance, administration, activities and housekeeping staff. The person in charge communicated with staff regularly, during daily hand-overs and safety pause meetings, as well as formal meetings, and ensured staff were appropriately supervised in their work.

A sample of staff files were examined and these were maintained in line with the requirements set out Schedule 2. Inspectors were given assurance that vetting disclosures were in place for all staff. The staffing levels and skill-mix of staff was discussed with the person in charge, who provided assurances that staffing levels were under continuous review in line with the changing needs of residents. She had identified additional health-care staff needs and recruitment was in progress at the time of inspection. The person in charge outlined the induction programme for new staff and this was comprehensive. The new induction booklet was due to be rolled out and the person in charge gave assurances that this would be implemented for newly recruited staff. The inspectors identified some gaps in staff mandatory training which was outlined under Regulation 16.

Contracts of care were updated at the time of inspection to include room numbers and occupancy of the room. There was a comprehensive record of all accidents and incidents that took place in the centre, and all had been notified to the Chief

Inspector as required by the regulations. Complaints were recorded and the person in charge was well-versed regarding complaints made, actions taken, consulting with the complainant and following up when required. The complaints' policy was available as part of resident information displayed at reception, however, the complaints procedure did not have the detail as required in the regulations.

Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care, with a rights-based approach to care delivery promoted.

Registration Regulation 6: Changes to information supplied for registration purposes

Appropriate notification was timely submitted to the Chief Inspector relating to the appointment of the new person in charge.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required qualifications specified in the regulations. She demonstrated good knowledge regarding her regulatory responsibilities and commitment to promoting a rights-based approach to care. She was actively engaged in the governance and day-to-day operational management and administration of the service. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels required review to ensure that the number and skill mix was appropriate having regard to the needs of the residents and the size and layout of the designated centre:

- on the day of the inspection there were seven care staff rostered for work, but due to sickness there were just six care staff present in the centre. The person in charge informed the inspectors that a review of staffing was underway and that eight care staff were required per day shift
- there was only one cleaning staff on at the weekends to clean a centre of 64 residents; this did not allow for adequate infection control and cleaning procedures to be implemented in a centre of this size and occupancy

- the activity staff member worked four days a week, on the other days a care staff undertook activities in the afternoon only, however this essential role of social stimulation for the residents was not included in the duty roster. As there was a shortfall of care staff identified, staff could not be allocated to facilitate activities.

Judgment: Not compliant

Regulation 16: Training and staff development

Notwithstanding that training was scheduled for staff, the training matrix demonstrated some gaps in mandatory training and a number of staff required refresher training:

- two recently appointed staff did not have fire safety training, and 11 staff were overdue refresher training
- three staff did not have training in managing behavior that is challenging and two required refresher training
- three staff required training in manual handling
- three recently appointed staff were due training in safeguarding vulnerable adults.

Judgment: Substantially compliant

Regulation 21: Records

Staff files reviewed on the day of the inspection were generally found to meet the requirements of regulations. Garda vetting was in place for all staff prior to commencing work in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. There were management systems in place to oversee the service and the quality of care, and they were effective at identifying and addressing areas for improvement.

The appointment of the new person in charge ensured that the service was

compliant with the additional condition of registration.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were updated at the time of inspection to include the room number and the occupancy of the bedroom.

Judgment: Compliant

Regulation 3: Statement of purpose

The following in the statement of purpose required updating:

- the governance structure to include the current person in charge
- floor plans to correlate with the current layout of the premises
- complaints procedure to include the details as required in regulation 34.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, inspectors were satisfied that notifications were submitted as required by the regulations, to the Chief Inspector. There was also evidence of learning from incidents to improve the quality of care and safeguard residents and staff.

Judgment: Compliant

Regulation 34: Complaints procedure

While the complaints policy was displayed in the centre, an accessible complaints procedure was not displayed as required in the regulations. The complaints policy had not been revised to provide the following information:

- The person nominated to deal with complaints
- A person nominated to ensure that complaints were appropriately responded

to and records maintained in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Aperee Living Tralee. The rights and independence of residents was at the forefront of care provided, and residents were consulted about the service.

There was satisfactory evidence that residents had timely access to health-care and medical services. Monitoring procedures were in place to ensure any deterioration in residents' health or well-being was identified. Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented, in consultation with the resident. Where appropriate, records evidenced that families were also consulted with. Care plans including visiting care plans were very personalised with names of family members the resident liked to see visiting. When relevant, a smoking assessment and care plan were in place. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example. Residents' notes included transfer information following a resident's transfer into and out of the service, to ensure the relevant information was communicated when a resident was transferred.

There was evidence of good oversight of residents with complex needs. Residents were actively managed and all avenues were explored to ensure best outcomes for residents. This included access to specialist services such as psychiatry and disability expertise.

Residents' nutrition and hydration needs were comprehensively assessed. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was appropriate intervention by residents' general practitioners, the dietician and speech and language therapist. There were sufficient staff available in the dining room to assist residents with their meals. Portion sizes required review as discussed under regulation 18.

The centre had a comprehensive COVID-19 contingency plan in place and all staff had received up-to-date training in infection control. Overall, equipment in the centre was clean. The registered provider was implementing procedures in line with best practices for infection control and at the time of inspection they were

addressing the non compliance following their infection control audit of June 2021.

A review of fire safety precautions showed concerns relating the integrity of heat and smoke seals on fire doors, and compartment evacuations to be assured that an evacuation could be done in a timely and safe manner. Fire seals were replaced in the two bedrooms identified following the inspection. An urgent action plan was issued on inspection requesting evacuations of a compartment to be completed cognisant of night duty staffing levels.

Information relating to advocacy services was displayed in the dining room. Residents were consulted about the care and services that they received. Resident meetings were held and where suggestions were made these were followed up and used to inform continuous quality improvements. There was a clear emphasis on improving the quality of life for residents. Overall, this inspection found that management and staff had strove to ensure residents received a safe and quality service.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had excellent knowledge of residents and their communication needs. Staff actively engaged with residents to promote their independence and enable them to be involved in the life and activity in the centre.

Judgment: Compliant

Regulation 11: Visits

Visiting had opened up in line with current HPSC guidance of August 2021, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre). Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 17: Premises

There were a number of issues identified with the premises during the inspection that were not in line with the requirements of the regulation:

- the centre was in need of a full redecoration as internal and external painting had pealed off the walls, and
- flooring in some areas was bubbling and worn and required replacement
- some chairs and soft furnishing were torn and in need of repair or replacement
- one bedroom was seen to only have a single wardrobe, and in a number of twin rooms residents were sharing a twin wardrobe which did not provide adequate space for residents clothing
- there was very limited garden furniture available for residents to sit out and enjoy the gardens.

Judgment: Not compliant

Regulation 18: Food and nutrition

While meals were pleasantly presented and looked appetising, some of the meat or fish portions appeared small and not in keeping with adult portion sizes.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available, to be assured that relevant information was provided so the resident could receive appropriate care.

Judgment: Compliant

Regulation 26: Risk management

The safety statement and risk registers were up-to-date with current information and had been reviewed and updated in June 2021.

Judgment: Compliant

Regulation 27: Infection control

The following infection control concerns were identified:

- there were no hand wash sinks in sluice rooms
- inadequate storage racks for urinals and slip bedpans in sluice rooms
- cleaners' trolleys did not have lockable storage facilities to prevent unauthorised access to chemicals
- as identified on the previous inspection, the layout of the laundry required review to ensure the segregation of clean and dirty linen; ironing of clean clothing continued to take place in the area where soiled linen came into the laundry.

Judgment: Not compliant

Regulation 28: Fire precautions

While fire drills were undertaken routinely, evacuation of compartments had not occurred to be assured that this could be completed in a timely and safe manner by all staff. An urgent compliance plan was issued on inspection requiring the provider to organise simulated evacuations of the largest compartment mindful of night duty staffing levels. The provider was requested to complete these simulations with all staff until such time as they were assured that all staff were competent in evacuation procedures.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Issues identified with medication management that required review to prevent errors in medication administration:

- eye drops were not consistently marked with the opening date which was required to ensure the drops were disposed of in a timely manner
- crushed medications were not individually prescribed to ensure nursing staff were administering medications in accordance with the instructions of the prescriber.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The sample of care plans examined showed that assessments and care planning was completed in line with the regulations. Care plans were person centred, and contained a good level of detail to enable individualised care to be delivered. Validated assessment tools were in place to inform the care planning process.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care including GP services, psychiatry of old age, geriatrician and allied health professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection demonstrated that management and staff had good oversight and insight into residents to ensure best outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

As actioned under staffing, there were inadequate hours allocated to activities considering the number of residents accommodated in the centre, and the size and layout of the building.

Screening curtains were seen to be missing in two of the shared rooms which did not promote the privacy and dignity of residents living in these bedrooms.

Residents dining experience was disrupted as the medication round occurred during this time with medications administered while residents engaged in the social activity of dining.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aperee Living Tralee OSV-0000219

Inspection ID: MON-0033837

Date of inspection: 11/08/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing complement is continuously under review and where required additional staff are allocated to meet the Residents assessed needs. We will continue to monitor these staffing levels and recruit additional staff as required.</p> <p>An additional cleaning staff member is now allocated at weekends.</p> <p>Activities are provided over a 7-day period and we will ensure that protected time is provided for Activities at weekends.</p>	
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>All staff shall receive Mandatory Training in the areas as identified in this report.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

It was explained at inspection that the Statement of Purpose was in the process of being reviewed due to the change in the footprint of the building and the registration of additional day room and bedroom facilities.

The statement of purpose will be submitted to the chief inspector with all amendments requested.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The complaints procedure has been updated to reflect the changes required.

In addition to the Complaints policy being available to the Residents in the centre, and the multiple notices for SAGE Advocacy and the evidence of compliant handling of complaints by the Home, we have placed a poster for the Residents in the Home advising of the complaints officer and how a complaint can be made.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A capital development project for the Nursing Home is planned for 2021/22 and this was explained to the inspectors at the time of inspection. It was further explained that the fabric of the building and furnishings would be updated as a part of the capital development.

All matters highlighted in the report and any additional capital refurbishments will be completed at that time.

Minor capital projects such as painting and furnishings will be completed in advance.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and

nutrition:

All Residents meals are tailored to their dietary assessments and appetites, as evidenced in the narrative of this report. Residents malnutrition risk, weight and BMI's are assessed monthly and appropriate supportive action from the multi-disciplinary team is immediately provided where necessary. Additional portions, snacks and choices are always available.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The laundry facility will be reviewed to further segregate clean and dirty laundry. The laundry facility is used for Residents clothing and personal attire. Linen is provided by an external contractor and is laundered off site.

Hand washing sinks will be provided in sluice rooms in the facility upgrade as a part of the capital development plan. Adequate hand washing facilities are available in the Nursing Home and alcohol hand sanitizer is placed throughout the facility.

Storage racks will be provided in the sluice room in addition to those already present.

Cleaners trolleys are being procured to replace existing ones.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drill evacuations of all compartments will occur simulating different scenarios (i.e. full compartment evacuation and nighttime staffing levels) and will include all staff.

Fire Training sessions are scheduled to incorporate all staff and will be completed by October 21st.

Door seals on the Fire Doors were reviewed and repaired immediately after the inspection.

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: All medications have an individual crush order.</p> <p>Staff will be reminded to write the opening date on all eye drops.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Curtains are provided in all twin rooms.</p> <p>Medication round will be scheduled to prevent interruption during meal times where possible unless requested by the Resident.</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).

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	30/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/10/2021
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.	Not Compliant	Orange	31/12/2021
Regulation	The person in	Substantially	Yellow	12/08/2021

18(1)(c)(iii)	charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Compliant		
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	31/12/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures,	Not Compliant	Orange	21/10/2021

	building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch 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	31/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	31/08/2021

	appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	31/08/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	31/10/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph	Substantially Compliant	Yellow	31/10/2021

	(1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2021