



**Health  
Information  
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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:	Boyne View House
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	28 January 2021
Centre ID:	OSV-0000532
Fieldwork ID:	MON-0031197

## About the designated centre

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

Boyne View House provides services for adult male and female residents over the age of eighteen years who have a diagnosis of dementia. It is a designated secure unit for people with different types of dementia. It provides care to residents on a long term care basis and respite basis. It can provide care to a maximum of 23 residents within five twin and 13 single bedrooms.

The centre is situated on an Health Service Executive (HSE) site with other HSE buildings and services. It is situated on a hill overlooking in Drogheda town. The town is within walking distance from the centre, hence it is in close proximity to public transport and all required services.

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

Number of residents on the date of inspection:	18
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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
Thursday 28 January 2021	09:00hrs to 15:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

From interactions with residents and observations made on the day, the residents were content living in Boyne View House. It was a homely and comfortable place to live. Many of the residents in the centre were of high dependency and were living with dementia. As a result, there were some limitations to the conversation between the inspector and residents. Residents who did speak with the inspector expressed great satisfaction with the staff and service provided to them. One resident said she had been living in Boyne View House for several years and was very happy there. This resident explained that there was always someone she could talk to and she rarely felt lonely. She enjoyed having good friends around her in both other residents and staff, and that she enjoyed the activities offered and the social aspect of life in the centre. Those residents who could not articulate for themselves appeared very relaxed, were nicely dressed and staff were observed to know the residents well.

The caring and respectful nature of staff towards residents was observed several times throughout the inspection. Staff knew the residents and their individual personalities well and residents were seen to be very comfortable with staff and appeared to enjoy being in staffs' company. The inspector saw that there was enough staff on duty to meet the needs of the residents in the centre.

The inspector observed staff using appropriate personal protective equipment (PPE) throughout the inspection. Face masks were worn correctly by staff. However, the inspector did observe that some staff did not clean their hands correctly during mealtimes despite a hand sanitizing dispenser being available in the dining room.

From the outside, the centre was a single storey building which appeared old and in a state of disrepair. Additional portacabins had been placed in the grounds to meet the growing needs of the service. The inspector was informed that two portacabins were being used for storage of equipment and another was being used by the administration staff. No resident facilities were located in the portacabins. The site behind the existing centre was being cleared for the construction of a new centre. The plan was that residents would move into this new centre once constructed and registered by the Chief Inspector.

The inspector observed the interior of the centre was clean and the communal areas were tidy. The environment as a whole had a very calm and tranquil atmosphere. The inside of the main door had a large mural of an ocean scene which was very joyful and colourful. The person in charge explained that this mural has helped reduce the exit seeking behaviour of some residents and instils a sense of calm and reduces anxiety. One resident informed the inspector he was off for a wander down the town. The inspector observed the resident mobilising contently around the communal room. The resident went on to inform the inspector he'd be back for a snack as the food was good here.

At the reception's seating area, there was a whiteboard which documented the residents' opinions on, and experiences during the COVID-19 pandemic. This highlighted the impact that COVID-19 had had on residents with regards missing their loved ones and how life for them has been altered by the pandemic. This area also had a small aquarium for residents to enjoy. The inspector observed that there was sufficient communal spaces for the residents, including a cosy sitting room which offered features such as a fireplace, bookshelf, comfortable seating, and a computer which residents could use for activities and for Skype calls with loved ones. During the morning, the inspector observed a number of residents receiving a hand massage which the residents appeared to be really enjoying. One resident said it was lovely and relaxing first thing in the morning.

The sitting and dining rooms to the front of the building were bright and warm as they caught the morning sun. Residents congregated in these rooms, throughout the day to allow for social distancing.

The residents said that the food provided was nice, and that they were offered a choice at mealtimes. A daily menu was clearly visible in the form of a large whiteboard in the dining room. This outlined the food choices available for that day for all meals. Staff were observed to ask residents what their preferred option was at lunch and there was sufficient staff available to assist residents in a discreet, relaxed and respectful manner. Residents were not rushed and staff were seen to respond to residents' requests promptly and in a pleasant manner. Water dispensers were present in the centre where residents could get a drink of fresh water as required throughout the day.

Overall the centre was found to be clean and tidy. The inspector saw frequently touched surfaces were cleaned during the inspection and housekeeping staff said these areas were cleaned three times a day. Hand rails, call bells and light switches were included in these now routine cleaning practices.

Due to limitations associated with COVID-19, the inspector was unable to enter all bedrooms in the centre. However, signage was present on all bedrooms and bedrooms that were visited contained residents' personal items. There was sufficient storage space available to residents to allow for appropriate and safe storage of their belongings. The inspector also observed one room which was being held for a new admission. It was noted to have chipped paint on walls and surfaces. In addition items of incontinence wear were being stored in this room. This was brought to the attention of the person in charge at the time of the inspection.

The inspector observed a programme of ongoing refurbishment was being carried out where four single bedrooms were being reconfigured into two larger single rooms with ensuite facilities. The person in charge informed the inspector that these two rooms would be fitted with an overhead tracking hoist once completed. The rooms along with the ensuites were observed to be of a generous size and offered pleasant views out onto the central garden. This would reduce the overall number of beds in the centre from 23 to 21. The central courtyard area was accessible to residents from several areas within the centre.

A shower room adjacent to the coffee room was observed to be locked from the outside. The PIC explained that the door was locked because the water from the shower had tested positive for Legionnaires. This was being addressed by the maintenance team and the shower would be out of use in the mean time. The inspector went on to unlock and enter the room where they noted that the door was not able to be locked from inside. This meant that resident's or staff would not be able to lock the room when it was in use which could impact on the privacy and dignity of residents using the facility.

In addition the visitor's toilet was also observed to be locked from the outside and the key was missing from the hook beside the door, however the PIC did locate the key. The inspector also observed that the assisted bathroom was locked from the outside and the PIC explained that it was not being used as a bathroom but had been re-designated as a store room for equipment and clean linen which was why it was locked.

In addition, store room 18, was observed to contain continence wear, personal protective equipment (PPE) and toiletries. Storage of these items was not safe as continence wear had the outer packaging removed and were left open and at risk of contamination. Equipment was being stored underneath shelving on the floor and tiles were observed to be missing from the floor leaving the concrete visible. This meant the floor could not be cleaned and presented an infection prevention and control risk. The inspector acknowledged that the provider had already identified some of these issues and had sought a quotation to replace the flooring. Overall, a lack of appropriate storage space was identified as an issue in the centre.

A further communal shower room was observed on inspection where the shower head was not attached to the shower hose. Additionally, in this shower room, there was a broken corner shelf where only the wall mounted bracket remained with screws and sharp corners exposed. This was brought to the attention of the person in charge on the day of inspection and the inspector acknowledged that this was removed and made safe before the end of the inspection.

The location of the staff toilet was not appropriate. It was ensuite to the medication/clinical room and posed an infection control risk as staff were passing through the clean medication room on their way to and from the toilet.

The sluice room was seen to have inappropriate storage on the draining board. It was used to store items including gloves, wipes and bags. Equipment including wash basins, vases and housekeeping buckets were being inappropriately stored, and there was no clinical waste bin in the room. These issues were raised with the PIC immediately and it was noted that they were all addressed prior to the end of the inspection. Throughout the inspection, several areas were observed for dust and debris and overall, a high standard of cleaning was observed. Housekeeping staff spoken with were very informed and clear about the cleaning procedures to be carried out in the centre. The cleaners' room was observed to contain all the appropriate equipment including an industrial machine for cleaning mop heads.

In summary, Boyne View House was seen to be a good and homely centre with a pleasant and caring team of staff who knew the residents well and who demonstrated empathy and respect for those they cared for. The staff were observed to deliver support and safe and appropriate care and support to residents which was person-centered and respectful towards the residents in the centre. The residents in the centre expressed satisfaction with the service provided to them. Some areas require improvement and these are discussed in further detail in the body of this report.

## Capacity and capability

This was a well-governed centre. Good leadership and management arrangements were in place. The non compliance's identified on the last inspection had been addressed and there were improvements in the centre's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). An outbreak of COVID-19 had been reported on 08 April 2020. A total of 33 confirmed cases had been identified (14 residents and 19 staff members). Sadly one resident who had contracted COVID-19 during the outbreak had died.

The management structure was clear. The management team was made up of the provider representative and the person in charge. Their lines of authority and accountability were clearly outlined and reflected in the statement of purpose. However a review of the prescribed information was carried out following the inspection which showed that the PIC had not completed the required management qualification for the role.

The management team communicated with each other and other colleagues in the Louth County to discuss all areas of governance and action any issues identified without delay. This enabled shared learning and facilitated continuous development and improvements in care and services across the region.

The centre was clean and furnished in a homely manner. It continued to meet the needs of residents. The servicing of equipment was up-to-date, however further resources were required to ensure the premises were well maintained.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs residents. The supervision of staff was good and all staff had the required mandatory training in place.

Residents were safeguarded by a robust recruitment policy which was implemented in practice.

The schedule 5 policies and procedures were available for review and met the legislative requirements. The SOP was over all complaint but required updating to reflect the internal renovations in progress.

#### Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of this centre had been submitted late. Therefore, the centre does not have section 48 protection. The Statement of Purpose (SOP) and floor plans submitted to support the application to renew did not reflect the status of the centre on inspection. A revised SOP and set of floor plans were requested and subsequently submitted.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The staffing levels and skill-mix were adequate to meet the needs of the 18 residents living in the centre on the day of inspection. Staffing levels were reviewed on a frequent basis by the person in charge to ensure they were adequate to meet residents' needs. The inspector noted that improvements had been made to the allocation of staff, for example, there was always a staff member available to supervise residents in communal areas. The number of staff taking breaks at the same time had reduced which facilitated increased numbers of staff being available to supervise residents and respond to call bells promptly.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge supervised staff when on duty Monday to Friday. There was a registered nurse on duty each shift.

All staff had the required mandatory training in place. Staff also had received training to ensure they remained competent in their role, this included training in cardio-pulmonary resuscitation, donning and doffing personal protective equipment, hand hygiene and breaking the change of infection.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their lines of authority and accountability. The team included the provider representative and the person in charge. A new system of communication had been established and maintained during the pandemic. This appeared to be working well and the PIC stated she felt well supported.

A system for auditing was in place. The inspector saw that auditing in key areas clinical areas such as infection control, mealtime experience by residents, nursing documentation, medication management, infection control and hand hygiene had been completed in 2020. The audit findings were analysed in a timely manner and the findings were being used to improve outcomes for residents. However, the oversight of maintenance of the premises was not robust and required review. The current process did not ensure that all areas were maintained to a high standard.

Sufficient resources were in place for the effective delivery of care, however further resources were needed to maintain the interior of the building while awaiting the completion of the new build which was now delayed due to the pandemic. An annual review for 2020 was in progress but had not yet been completed

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. The procedure reflected the legislative requirements. The inspector was informed that there was one open complaint which the PIC also the named complaints officer was dealing with as per the centre policy.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All schedule five policies were available for review. Some had been updated within the past three years others had not. For example the fire safety policy. In addition the inspector was not assured that staff had access to the updated policies relevant to their area of work. As a result, a review of the accessibility of the latest copy of each policy was required to ensure staff had access to the policies at all times.

Judgment: Substantially compliant

## Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for. However, the age and poor maintenance of the building and the lack of storage facilities in the centre did not ensure that care and services could be delivered in a safe and pleasant environment.. In addition improvements were required in relation to infection prevention and control, and residents rights.

The residents were receiving evidence based nursing care. They had access to all members of the allied health care team without delay. This had a positive impact on the life the residents lived and this was reflected in how they appeared and interacted on the day of inspection.

The premises in this centre was dated and a new build was at the very early stages of construction. While waiting on its completion a long term maintenance programme for the centre was required. As described at the beginning of this report, some of the bedrooms were not aesthetically pleasing for residents living in them long term. In, addition, the absence of privacy locks on shower doors did not ensure that residents could have a shower or use the toilet in these rooms in private.

Because two of the four communal shower/bathrooms on the day of this inspection were being used for storage or were decommissioned because of water quality 18 residents living in the centre on the day of the inspection had access to only two shower rooms. The rationale given for making the two communal shower/bathrooms in accessible to residents was not in line with putting the resident first. A long term solution to issues such as storage was required to ensure it did not have the potential to negatively impact the quality of care delivered to residents.

The centre had access to an infection control nurse who had completed infection controls audits in the centre. On foot of these audits the need for two single ensuite bedrooms, new floor covering for the storage room and other pertinent infection control some improvements had been highlighted. Some such as the need for additional hand sanitizers had recently been implemented. In addition hand hygiene audits were taking place and as a result further training for staff in hand hygiene had been organised for the week following this inspection.

The premises did not enable staff to maintain residents right to privacy at all times. This was reflected in the position of privacy locks on the outer side of communal bathroom doors rather than on the inner side of the door. The inclusion of a more robust environmental audit could facilitate the identification of these issues and ensure they were addressed in a more prompt fashion.

## Regulation 17: Premises

The private and communal areas of the premises met the needs of residents although some areas of minor upkeep was required. However significant improvements were required in the maintenance of the building as set out below:

- A broken shelf in one shower room required repair
- Door frames and skirting boards through out the centre had chipped paint and wood
- Some interior walls had chipped paint.
- There was a lack of suitable storage space for items such as continence wear and equipment.
- The refurbishment of the two single ensuite bedrooms was not fully completed
- In addition there were not sufficient bath/shower rooms for the number of residents accommodated in the centre as two of the four communal shower/bathrooms were inaccessible to residents

Judgment: Not compliant

## Regulation 18: Food and nutrition

Improvements were observed since the last inspection. Mealtimes were now protected times, the inspector did not observe any clearing of dishes when the residents were eating their lunch and medications were not administered to residents during lunch.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. There was a risk register was in place which identified the current risks. It was reviewed on a regular basis. It included the risk associated with Legionnaires found in the water taps through out the building and the plans put in place to address this risk.

Judgment: Compliant

## Regulation 27: Infection control

Overall the Infection Control Practices and oversight of same were good. However, the following areas required further review:

Staff hand hygiene practices.

Unsealed flooring in the store room

Equipment storage in the residents bathroom

Items were being stored on floor of store room

The staff toilet was ensuite to the medication/clinical room - this ensuite door was left open, which posed a potential infection control risk. Staff had to walk through the medication/clinical room to access the toilet.

There was a contingency plan for dealing with a COVID -19 outbreak which had been communicated to staff. However the plan did not include:

The plan for staffing the centre in the event of staff going off due to COVID-19

The plan for washing staff uniforms, it was not clear if they were being washed in the centre or by staff or at what water temperature.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The action plan from the last inspection had been addressed. Fire drills were being conducted with staff at least every quarter. Staff who rotated from day to night duty were included in these fire drills. They included a simulated drill with three staff which reflected a night time scenario. There had been one fire drill conducted to date in 2021. The records of all fire drills were clear, concise and reflected the actions staff took.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

A sample of medication prescription charts were reviewed and the following positive changes were noted:

- The maximum dose for as required (PRN) medications was now reflected on each chart.
- The signature column had been amended to clearly identify the discipline of the signatory.

- All medications that require crushing were now individually prescribed to be administered as crushed
- The template for recording the receipt of blister packs had been amended to capture the individual signatures of both nurses responsible and there was evidence that this practice was taking place.
- The administration of crushed medications had been reviewed. The policy had been amended to reflect this practice.
- The expiry date of stock medications were now checked monthly and were signed off by two nurses when the check had been completed.

The medication audit tool now includes all these areas and these areas of medication practices are continually monitored and reviewed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvements had taken place since the last inspection. Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review. Relatives of those with dementia were also involved in care plan reviews.

Judgment: Compliant

### Regulation 6: Health care

The healthcare needs of residents were being met. Residents had access to members of the allied health care team including physiotherapy, occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services as required. Referrals were made promptly. Residents were being reviewed by their GP every four months.

Residents had their weight and other aspects of their health monitored regularly.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and effective supervision of staff. A review of a sample of staff files assured the inspector that staff had a garda vetting disclosure in place prior to commencing employment.

The centre was not a pension agent for any residents' pensions.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld and care was found to be person centred and respectful. There were opportunities for recreation and activities. Residents were encouraged to participate in accordance with their interests and capacities. These were co-ordinated by staff who knew the residents well including the activities they enjoyed and how much they felt comfortable participating in those activities. The inspector found that there were a range of dementia specific activities available for those residents with cognitive impairments.

Residents had access to an environment which enabled them to undertake activities in private within their bedroom. However, residents right to privacy was not always adequately considered. For example, two bathroom doors did not have privacy locks in place.

Residents were offered choices in all aspects of their day-to-day life and the inspector found that their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Boyne View House OSV-0000532

Inspection ID: MON-0031197

Date of inspection: 28/01/2021

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The Registered Provider has submitted as per Schedule 1 of the Health Act 2007 (Registration of Designated Centres For Older People) Regulations 2015 an application for re registration of the Centre for consideration by the Chief Inspector.</p> <p>A revised floor plan and revised Statement of Purpose was requested and was re submitted to the Chief Inspector to accurately reflect the status of the centre at the time of inspection.</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>Resources to ensure the effective delivery of care in accordance with the statement of purpose were reviewed.</p> <p>The provider has set up a team to ensure compliance in relation to maintenance. This team includes the provider representative, person in charge, director and assistant director of nursing and infection control nurse and lead worker representative.</p>	

The following has been costed and is in the process of completion.

1. The second bedroom will be refurbished when the shower room and toilet facilities are completed in order that works in one section of the building are completed first. When this area of work is completed, work will commence in another area of the building to convert two more rooms into bedrooms with ensuite shower and toilet facilities.
2. Current shower room on Daisy lane being converted to staff toilet.
3. Current toilet on Daisy lane being converted to toilet and separate shower room for residents.
4. Toilet has been removed from clinical room which is being repainted and toilet space converted to storage space with new floor covering.  
The statement of purpose and the floor plans will be updated to reflect these structural layout changes
5. Room 18 realigned and new floor covering being applied

Current oratory has been moved to room 23 and oratory now converted into linen store room. The statement of purpose and the floor plans will be updated to reflect these structural layout changes

6. The current linen store room is being converted into room specifically for incontinence wear.  
The statement of purpose and the floor plans will be updated to reflect these structural layout changes
7. Assisted bathroom has been completely de cluttered of personal protective equipment and is now a working bathroom for residents.
8. All toilet doors and all shower rooms have had all locks changed so that residents can easily access same and also can lock same from inside to ensure dignity and privacy for residents.
9. All corridor areas have a plan in place for repainting

10. All doors and wooden surrounds are all for painting and have been costed for by painter and this has commenced.
11. The infection control nurse and the person in charge have an agreed framework for the continuous auditing of the environment to ensure compliance with Regulations as well as infection control standards. These will include sluice room audits and action plans where issues are found. Environmental audits of the whole environment on a weekly basis will be undertaken.
12. An additional oversight group has been established to continuously monitor for water quality including risks for legionella in water supplies. This group includes person in charge, director of nursing, maintenance manager, company representative that supplies water testing. Water quality issues are now entered on the risk register. A risk assessment on legionella has been completed and a new policy in line with National Policy for the Control of Legionella has been drawn up specific to the centre.
13. A system of auditing is in place to ensure compliance with environmental infrastructure maintenance and hygiene with corrective action plans to ensure timely resolution of any identified issues.
14. The annual review of the quality and safety of care for 2020 and plan for 2021 has been completed in consultation with residents and families and copies of the review are available to residents and families.
15. The contingency plan in relation to COVID 19 pandemic has been revised to ensure that all practicalities are planned for in so far as is reasonably practicable.

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:</p> <p>All schedule 5 policies are now being revised to ensure they are up to date.</p> <p>All schedule 5 policies are available and accessible to staff to ensure that their practices are based on up to date information.</p> <p>All schedule 5 policies are now available for use by staff and can be accessed on hard copy version or can be accessed on a shared drive available on each computer within the centre.</p> <p>The person in charge shall ensure through regular audit that all policies and procedures are up to date and reflect best practice.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider representative and the person in charge has commenced a series of work to ensure that the centre is appropriate to the number and needs of residents as set out in the statement of purpose.</p> <p>On the exterior of the building, two new storage areas will be provided with camouflage covering to ensure this area looks attractive to resident's visitors and staff working there.</p> <p>The new car park is due for opening prior to Easter 2021 which will ease the congestion of car parking around the centre.</p> <p>The external areas of walls and windows have a plan in place for painting to brighten up the building from the exterior and give a more modern effect.</p> <p>The car parking and footpath areas have a plan in place for power washing and re planting of shrubs and greenery.</p> <p>In the interior of the building,</p> <ol style="list-style-type: none"> <li>1. The second bedroom will be refurbished when the shower room and toilet facilitates are completed in order that works in one section of the building are completed</li> </ol>	

first. When this area of work is completed, work will commence in another area of the building to convert two more rooms into bedrooms with ensuite shower and toilet facilities.

2. Current shower room on Daisy lane being converted to staff toilet.

3. Current toilet on Daisy lane being converted to toilet and separate shower room for residents.

4. Toilet has been removed from clinical room which is being repainted and toilet space converted to storage space with new floor covering.

The statement of purpose and the floor plans will be updated to reflect these structural layout changes

5. Room 18 realigned and new floor covering being applied here.

6. Current oratory has been moved to room 23 and oratory now converted into linen store room.

7. The current linen store room is being converted into room specifically for incontinence wear.

The statement of purpose and the floor plans will be updated to reflect these structural layout changes

8. Assisted bathroom has been completely de cluttered of personal protective equipment and is now a working bathroom for residents.

9. All toilet doors and all shower rooms have had all locks changed so that residents can easily access same and also can lock same from inside to ensure dignity and privacy for residents.

10. All corridor wall areas have a plan in place for repainting

11. All doors and wooden surrounds are all for painting and have been costed for by painter and this has commenced.

12. The infection control nurse and the person in charge have an agreed framework for the continuous auditing of the environment to ensure compliance with Regulations as well as infection control standards. These will include sluice room audits and action plans where issues are found. Environmental audits of the whole environment on a weekly basis will be conducted with associated action plans which will be highlighted to the provider representative if resources are required.

13. Due to the current pandemic, a number of homely items were removed from walls and bedrooms on advice of infection control specialists. These will now be replaced in order to ensure a homely and dementia friendly feel to the centre that gives a sense of stimulation and well-being for all residents.

14. Three shower rooms and an assisted bathroom are now all available for use by residents.

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

The provider representative and the person in charge have an agreed audit programme in place for infection prevention and control. The infection prevention and control policy has been updated and is under continuous review in line with emerging recommendations currently.

Specific cleaning schedules are in place for all parts of the premises with safety data sheet (MSDS) for all environmental cleaning products and manufacturer's instructions for preparation of cleaning and disinfectant solutions.

Specific operational policies for the management of the laundry are in place and the management of healthcare risk waste and Legionella control Procedures.

All staff have completed training in Hand Hygiene, PPE Donning and Doffing and breaking the Chain of Infection. Staff supervision is in place to ensure training is

implemented in practice and adherence to infection prevention and control policies by staff.

A separate area<sup>s</sup> has been identified for the storage of continence wear and basins.

Floor covering has been ordered for the unsealed store room.

The toilet has been removed from the clinical room.

The four communal shower/bathroom are available for use by all residents.

The contingency planning procedures includes a staff management plan.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Each resident's right to privacy will be ensured. The two identified bathrooms without locks will have locks fitted and all other toilets and shower facilities will be reviewed and if required have privacy lock<sup>s</sup> fitted. These will have a safety mechanism to allow staff unlock from the external side in the event staff are summoned to help a resident.

## 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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended	Substantially Compliant	Yellow	12.04.2021

	registered provider.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30.04.2021
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.	Substantially Compliant	Yellow	30.04.2021
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	22.02.2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	22.02.2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	29.03.2021
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	29.03.2021
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	05.04.2021